



AGENDA

REGULAR MEETING OF THE EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS

Monday, May 22, 2017 – 3:30 pm

El Camino Hospital | Conference Rooms E, F, & G (ground floor)
2500 Grant Road, Mountain View, CA 94040

PURPOSE: The purpose of the District shall be (i) to establish, maintain and operate, or provide assistance in the operation of, one or more health facilities (as that term is defined in California Health and Safety Code Section 1250) or health services at any location within or without the territorial limits of the District, for the benefit of the District and the people served by the District; (ii) to acquire, maintain and operate ambulances or ambulance services within or without the District; (iii) to establish, maintain and operate, or provide assistance in the operation of free clinics, diagnostic and testing centers, health education programs, wellness and prevention programs, rehabilitation, aftercare, and such other health care services provider, groups, and organizations that are necessary for the maintenance of good physical and mental health in the communities served by the District; and (iv) to do any and all other acts and things necessary to carry out the provisions of the District's Bylaws and the Local Health District Law.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER	Peter Fung, MD, Board Chair		3:30 -3:31 pm
2. SALUTE TO THE FLAG	Peter Fung, MD, Board Chair		3:31 – 3:34
3. ROLL CALL	Peter Fung, MD, Board Chair		3:34 – 3:35
4. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter Fung, MD, Board Chair		3:35 – 3:36
5. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Peter Fung, MD, Board Chair		information 3:36 – 3:39
6. EL CAMINO HOSPITAL BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT, CANDIDATE INTERVIEWS, AND DISCUSSION ATTACHMENT 6	David Reeder, District Ad Hoc Committee Chair		discussion 3:39 – 4:39
7. EL CAMINO HOSPITAL BOARD MEMBER ELECTION a. Election Process b. Resolution 2017-04	Peter Fung, MD, Board Chair	<i>public comment</i>	a. roll call vote b. possible motion 4:39 – 4:44
8. REVIEW OF FY18 COMMUNITY BENEFIT ADVISORY COUNCIL GRANT APPLICATION RECOMMENDATIONS ATTACHMENT 8	Barbara Avery, Director, Community Benefit		discussion 4:44 – 6:44
9. ACHD REPORT a. Informational Report b. Approval of Proposed Revisions to ACHD Bylaws c. Appointment of Delegate ATTACHMENT 9	Julia Miller, ACHD Vice President	<i>public comment</i>	possible motion(s) 6:47 – 6:52

A copy of the agenda for the Regular Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10. ADJOURN TO CLOSED SESSION	Peter Fung, MD, Board Chair		motion required 6:52 – 6:53
11. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter Fung, MD, Board Chair		6:53 – 6:54
12. Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters: - Executive Session	Peter Fung, MD, Board Chair		discussion 6:55 – 7:00
EXECUTIVE SESSION			
13. ADJOURN TO OPEN SESSION	Peter Fung, MD, Board Chair		motion required 7:00 – 7:01
14. RECONVENE OPEN SESSION / REPORT OUT	Peter Fung, MD, Board Chair		7:01 – 7:02
To report any required disclosures regarding permissible actions taken during Closed Session.			
15. PACING PLAN <u>ATTACHMENT 15</u>	Peter Fung, MD, Board Chair		information 7:02 – 7:07
16. BOARD COMMENTS	Peter Fung, MD, Board Chair		information 7:07 – 7:09
17. ADJOURNMENT	Peter Fung, MD, Board Chair		motion required 7:09 – 7:10 pm

Upcoming Meetings

- June 20, 2017
- June 28, 2017

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	El Camino Hospital Board Member Election Ad Hoc Committee Report, Candidate Interviews, and Discussion El Camino Healthcare District Board May 22, 2017
Responsible party:	Dave Reeder, ECH Board Member Election Ad Hoc Committee Chair
Action requested:	For Discussion
<p>Background:</p> <p>El Camino Hospital ("ECH") Director Neal Cohen, whose second term expires on June 30, 2017, has decided not to pursue a third term. With the assistance of the executive search firm, the Ad Hoc Committee interviewed six candidates and has identified two finalists who have accepted our invitation to interview with the El Camino Healthcare District Board for a position on the ECH Board of Directors. Each of the finalists has been interviewed by Director Miller, ECH Governance Committee Member Gary Kalbach, Cindy Murphy, Board Liaison, and me. We have found them both to be very credible candidates.</p> <p><u>Planned Interview Process</u></p> <p>We will interview the candidates in an order that was convenient to their schedules. In accordance with the process we used in June of 2015 when we selected Lanhee Chen, I have asked each candidate to be prepared to give a presentation lasting 10 -15 minutes. The presentation should address their knowledge of and specific experience and ability to contribute to the ECH Board with particular emphasis on the five competencies that this Board selected this year.</p> <ul style="list-style-type: none"> • Complex Market Partnerships • Long Range Strategic Planning • Healthcare Insurance Payor Background/Experience • Finance/Entrepreneurship • Clinical Integration/ Continuum of Care <p>Following each candidate's presentation, I suggest each Board member take the opportunity to ask one question of the candidate who will be given one minute to respond to each question. We will then take public comment. At the conclusion of all interviews, the Board will have an opportunity to discuss the candidates and then vote in accordance with an approved process during the next agenda item.</p>	
Committees that reviewed the issue and recommendation, if any: Ad Hoc Committee	
Summary and Session Objectives: To interview and discuss the qualifications of two candidates for the ECH Board.	
Suggested discussion questions: None.	
Proposed Board motion(s), if any: None.	
<p>LIST OF ATTACHMENTS: Candidate Profiles</p> <ol style="list-style-type: none"> 1. Robert Rebitzer 2. Tarangini (Gini) Deshpande 	

Robert Rebitzer

Bob.Rebitzer@gmail.com

415-987-2491

SUMMARY OF QUALIFICATIONS

Expertise: Healthcare, Clinical and Business Strategy, Execution

25+ years of experience leading and advising organizations seeking to reduce the cost and improve the quality of healthcare in the United States. Recognized for the ability to link clinical and business strategies and to manage the different groups needed for successful execution, including: clinicians, payers, policy makers and the scientific community.

- Strategy Development
- New Care Model Design
- Health Plan Operations
- Lean/Six Sigma/Industrial Design
- Healthcare Policy/Philanthropy
- IT Enabled Care
- Executive Leadership
- Team Building/People Development
- Program Management

EXPERIENCE

Avia

December, 2016 - Present

Avia leads a network of health systems working together to solve pressing challenges with digital solutions

Executive in Residence: Work with the leadership team to make Avia's offerings more impactful for its member health systems.

Paradigm Outcomes

March - November 2016

Paradigm Outcomes cares for workers with catastrophic injuries and complex medical needs. The company bears risk for financial and clinical outcomes.

Advisor to Executive Leadership: Advise the leadership team on ways to extend their services to insurance markets beyond worker's compensation:

- Assessed market opportunities in various payer markets including group health, Medicare Advantage and Medicaid Managed Care
- Initiated an alliance strategy with local providers in targeted geographies
- Negotiated a pilot test of new services with a Midwestern health plan
- Developed the data analytics approach for evaluating a proposed series of pilot tests in markets across the country

Stanford University Clinical Excellence Research Center (CERC)

2010 - 2016

CERC discovers, designs and demonstrates new methods of healthcare delivery that safely reduce population-wide health spending and disability.

Chief Operating Officer: Help CERC's director realize his vision of using science to improve the value of healthcare:

- Developed the initial concept for CERC and built an organization now numbering 34 people
- Raised \$40 million in philanthropic commitments to support the work
- Facilitated the development of ten new care models and initiated pilot tests at 15 sites across the country.
- Initiated collaborations with major foundations (Peterson Center for Healthcare, The Gordon and Betty Moore Foundation), industry partners, and other academic centers (Stanford Artificial Intelligence Lab, Harvard Center for Healthcare Delivery Sciences)
- Organized national scientific and scholarly conferences to further CERC's research mission
- Established and managed the program's administrative infrastructure.

The California Healthcare Foundation (CHCF)

2008 – 2010

CHCF is a major California philanthropy that seeks to increase access to care for the underserved, improve the value of care for all patients and provide data for policy makers about the cost and quality of care in California.

Advisor to the CEO: Provide an external perspective to the CEO on major initiatives and support program officers to improve execution:

- Helped plan and implement a strategy to use philanthropic funds to enable the State of California to maximize funds available under the Recovery Act of 2009 to modernize healthcare IT infrastructure
- Evaluated the utility of Lean as a way to improve the efficiency of California safety net providers
- Helped revise a comprehensive telemedicine strategy for the diagnosis of diabetic retinopathy in rural California by
 - Recommending changes in the governance and operations of the program
 - Supporting development of a very low-cost fundus (retinal) camera for use by primary care physicians
- Developed a framework for the use of CHCF programmatic funds to invest in new technologies and business models for safety net providers
- Advised CEO and senior program officers on issues of organization and strategy

United Behavioral Health (UBH), UnitedHealth Group

2003 – 2007

UBH was the mental health subsidiary of UnitedHealth Group. With revenues of one billion dollars, it was one of the nation's largest behavioral health companies. UnitedHealth Group is a diversified health benefits and services company and is currently #14 on the Fortune 500.

Senior Vice President for Business Process: Strengthen the non-clinical operations to create a platform for rapid growth:

- Led the claims and customer services center for UBH
 - Increased productivity 8% each year
 - Instituted a balanced score card of service metrics
 - Substantially reduced proportion of paper claims
 - Resolved long-standing performance issues with the State of Minnesota
 - Redesigned customer complaints unit to signal early warnings of system failures
- Initiated Just Right Service Program (Lean/Six Sigma)
 - Recruited and managed core team (green belts/black belts)
 - Developed a pipeline of projects
 - Developed policies and procedures to ensure successful integration of core team back into the organization when their tour was complete

- Supervised replacement of core claims payment and medical management systems
- Reorganized regulatory compliance and contract management functions
 - Ensured compliance with regulations in all 50 states
 - Managed regulatory issues as they arose nationally
- Led new product development
 - Developed prototype of product to offer behavioral health services to members experiencing episodes of serious somatic illness
 - Explored integration of on-line cognitive behavioral therapy with standard product offerings

Accenture

1988 - 2003

Accenture is a \$31 billion global management consulting, technology and outsourcing firm

Partner (Andersen Consulting/Accenture): Build a globally distinguished healthcare practice. 1996 - 2003

- Helped found the Firm's strategy practice for the healthcare industry, a practice that grew to involve hundreds of consultants and more than \$100 million in revenue world wide
- Managed the relationship with the Firm's largest healthcare client
- Served a diversity of clients including integrated delivery systems, health plans, physician groups, pharmaceutical companies and state agencies
- Developed new product/service offerings, including:
 - Telemedicine/IT enabled care
 - Clinical service line strategies
 - Clinical quality measurement
- Led recruitment for the strategy practice across industries in the Western United States
- Developed and taught the Firm's main courses in problem solving and communications nationally and internationally

EDUCATION

- **UCLA Anderson School of Management**
- Master of Business Administration
- **University of Illinois Urbana-Champaign**
- Bachelor of Science, Honors Biology Program

ADDITIONAL INFORMATION

COMMUNITY BOARD

Gideon Hausner Jewish Day School, 2007-2013, board director and finance committee member; board member, The Center for Care Innovations (CCI)

OTHER

Practice Chinese martial arts, enjoy road biking and hiking, speak Spanish at a conversational level

Tarangini (Gini) Deshpande, PhD.

Menlo Park, CA 94025

(650) 521-6363
gini.deshpande@numedii.com

ENTREPRENEUR

High energy, hands-on entrepreneurial leader with track record for delivering results. Strong strategic thinker adept at turning cutting edge science into products for patient benefit. Proven success with global complex negotiations, team-building and project management. In-depth technical knowledge across life sciences.

CAREER ACCOMPLISHMENTS AND PROFESSIONAL EXPERIENCE

NuMedii, Inc. Mountain View, CA

2008-present

Founder and CEO, Member Board of Directors

- Incorporated the company and developed business strategy and financing plan.
- Raised \$5.5M in Series A from leading VC firms
- Built core team and recruited experts to the company's strategic and clinical advisory boards.
- Secured partnerships with large Pharma and specialty Pharma partners.
- Licensed core technology from Stanford University.
- Co-authored key publications highlighting components of core technology.
- Secured \$725K in non-dilutive grant funding for the company.

Independent Consultant, Menlo Park, CA

2007-2008

5RiverBioMed Consulting

Stem Cell Startup

- Evaluated market potential for a novel stem cell technology, conducted primary and secondary market research to identify most profitable market segments and made recommendations to the Board of Directors. Project completed on time and under budget. Recommendations resulted in the company obtaining \$20M in Series A financing from two top tier VC firms.

Consumer Genomics Startup

- Created a virtual ecosystem for R&D by evaluation of large network of service provider firms. Negotiated and structured pivotal agreements with 3 key service providers for key aspects of services needs. Agreements enabled the company to raise \$6M from private investors.

Affymetrix, Inc. Santa Clara, CA

2005 - 2007

Senior Manager, Strategic Marketing and Market Development

- Built and led global cross-functional team of 13 internal and external staff for complex market research project to evaluate key applications, market potential, and customer input for new platform. Project completed on time and under budget.
- Saved over \$12M in R&D expenses via recommendations to senior management to redirect investment away from new platform.
- Uncovered new microarray applications and products of interest to existing and new industry and academic customers from primary and secondary market research data. Presented findings to senior management, resulting in changes to product development prioritization.
- Created unique strategic sales-per-account predictive model for the U.S. microarray market and identified revenue opportunities of \$20M per year. Presented model to sales management and developed marketing campaign to increase revenues by \$1-2M per select account.
- Effectively restructured the Affymetrix Core Lab Program, increased membership by 25%, created a Core Lab specific website and organized the 2007 Core Lab Directors' Meeting.

Tarangini Deshpande, Ph.D.

Provided unique hands-on data analysis workshops to overcome critical technology adoption bottlenecks for core labs.

- Spearheaded the development of a Scientific Advisory Council to formulate global marketing program for stem cell and regenerative medicine markets. Required understanding of the legal, ethical, scientific and funding issues involved.

Intellectual Property Office, Children's Hospital, Boston, MA

2001 – 2005

Director, Pediatric Product Development Initiative 2004 – 2005

- Recognized as “Best in Class” by senior management. Recruited to restructure and lead pediatric product development business unit, featured for its innovative work in the January 2005 issue of New Yorker magazine.
- Responsible for the profit and loss operations of business unit, with initial seed investment of \$300,000. Secured additional \$2.5M in federal grant funding for prototype development for 2 complex medical device projects.
- Successfully managed and grew productive relationships with 35 angel investors through provision of unprecedented access to inventors and projects.
- Initiated and managed collaborations between clinicians and engineering firms for medical device prototype development. Ensured success of collaborations through effective interactions with angel investors, hospital executives, legal counsel and business development counterparts.
- Productively structured, negotiated and closed pivotal prototype development agreements for 6 medical device products, with company while it was being acquired and restructured.

Intellectual Property Office, Children's Hospital, Boston, MA

2001 – 2005

Licensing Manager 2001 – 2004

- Simultaneously managed over 50 complex Intellectual Property and license portfolios worth over \$10M.
- Solely negotiated and closed 17 licensing and sponsored research deals worth over \$8M with assorted corporations.
- Independently performed all phases of technology licensing including assessment, patent firm selection and engagement negotiation, marketing, business term negotiations, contract development, and licensing of tissue engineering, diagnostic, therapeutic and software technologies.
- Effectively interfaced with technology transfer offices, research scientists, legal counsel, business developers and senior management to structure and manage inter-institutional and commercial partnership agreements.
- Initiated first of its kind partnerships with emerging country industry leaders to co-develop Children's Hospital's pediatric vaccine technologies.
- Led international team for a \$12M proposal to Bill and Melinda Gates Foundation. Aligned stakeholders at 10 Universities and 2 Corporations located in 6 countries to meet tight deadline through creation of “win-win” situation.
- Streamlined operations saving \$300,000 in patent expenses.

Massachusetts General Hospital and Harvard Medical School, Boston, MA

2000 – 2001

Postdoctoral Research Fellow in Medicine

- Characterized developmental defects of p190A Rho–GAP knockout mouse.

EDUCATION

- Ph.D., Biological Sciences, Purdue University, West Lafayette, IN
- National Science Foundation/Sloan Course in Applied Management Principles, Krannert School of Management, Purdue University

Tarangini Deshpande, Ph.D.

- Master of Science, Molecular Biology, University of Poona, Pune, India
- Bachelor of Science, Zoology, University of Bombay, Mumbai, India

PROFESSIONAL AFFILIATIONS

- Member, Association of University Technology Manager (AUTM)
- Member, Licensing Executives Society (LES)
- Member, Women Entrepreneurs in Science and Technology (WEST)

HONORS AND AWARDS

- RSA for outstanding performance and contributions to Affymetrix
- Purdue Research Foundation Cancer Center Fellowship
- Outstanding Graduate Teaching Assistant Honor Roll
- CSIR (Indian National Science Foundation) Junior Research Fellow
- M.Sc. Program, Top of Class, University of Poona

PUBLICATIONS

[Exploiting drug-disease relationships for computational drug repositioning.](#) Dudley JT, Deshpande T, Butte AJ. Brief Bioinform. 2011 Jul;12(4):303-11. Epub 2011 Jun 20.

Disease signatures are robust across tissues and experiments. Dudley JT, Tibshirani R, Deshpande T, Butte AJ. Mol Syst Biol. 2009;5:307. Epub 2009 Sep 15.

Dynamism in Gene Expression Across Multiple Studies. Morgan AA, Dudley JT, Deshpande T, Butte AJ. Physiol Genomics. 2009 Nov 17. [Epub ahead of print]

FitSNPs: highly differentially expressed genes are more likely to have variants associated with disease. Chen R, Morgan AA, Dudley J, Deshpande T, Li L, Kodama K, Chiang AP, Butte AJ. Genome Biol. 2008;9(12):R170. Epub 2008 Dec 5.

Human PIR1 of the protein-tyrosine phosphatase superfamily has RNA 5'-triphosphatase and diphosphatase activities. Deshpande T, Takagi T, Hao L, Buratowski S, Charbonneau H. J Biol Chem. 1999 Jun 4;274(23):16590-4.

GRANTS

Qualifying Therapeutic Discovery Project, 2010. Amount of funding: \$240,329.25

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	El Camino Hospital Board Member Election El Camino Healthcare District Board May 22, 2017
Responsible party:	Mary Rotunno, General Counsel
Action requested:	For Discussion
Background: <u>Recommended Voting Procedure</u> <ol style="list-style-type: none"> 1. At the conclusion of the interviews and discussion in Agenda Item 6, each Board member shall have the opportunity to vote for their candidate of choice. Votes will be taken by oral roll call. 2. The candidate receiving three affirmative votes shall be elected to the El Camino Hospital Board. 3. If no candidate receives at least three affirmative votes, there will be additional rounds of roll call voting for the candidates until one candidate receives at least three affirmative votes or the Board adopts a motion to seek additional recommendations from the ECH Board Member Election Ad Hoc Committee. 4. The detailed results of all rounds of voting will be recorded in the Minutes. 	
Committees that reviewed the issue and recommendation, if any: None.	
Summary and Session Objectives: To elect a new member of the El Camino Hospital Board of Directors.	
Suggested discussion questions: None.	
Proposed Board motion(s), if any: To elect a new member to the El Camino Hospital Board of Directors to serve a three year term beginning on July 1, 2017.	

DRAFT

**EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2017-04**

WHEREAS, effective July 1, 2017, there will be one vacancy on the Board of Directors of El Camino Hospital; and

WHEREAS, pursuant to the Bylaws of El Camino Hospital, the El Camino Healthcare District, the sole voting Member, has the right to nominate and elect all members of the Board of Directors of El Camino Hospital; now, therefore, be it

RESOLVED, that the nominations be closed and that a unanimous ballot be cast in favor of the individual named below for election as Director of El Camino Hospital for a term to commence July 1, 2017 with an initial term of office as set forth below:

NAME

TERM OF OFFICE

Three Years

DULY PASSED AND ADOPTED at a Special Meeting held on May 22, 2017, by the following votes:

AYES:

NOES:

ABSENT:

ABSTENTIONS:

Julia E. Miller
Secretary, El Camino Healthcare District

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

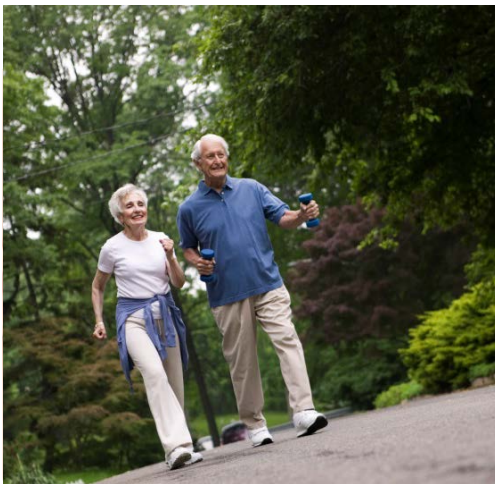
Item:	FY18 Community Benefit Program Proposals Study Session El Camino Healthcare District Board of Directors May 22, 2017
Responsible party:	Cecile Currier, VP, Corporate & Community Health Services and CEO, CONCERN:EAP Barbara Avery, Director, Community Benefit
Action requested:	None - For Discussion Only
Background:	Members of the District Board requested a study session to review the FY18 Community Benefit program proposals.
Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives :	<p>Objective: Provide Board with opportunity to discuss the FY18 Community Benefit proposals.</p> <p>Summary:</p> <ul style="list-style-type: none"> • FY18 Community Benefit proposals were received in mid-February. Staff conducted an in-depth assessment of all requests over two and a half months, culminating in the development of a grant summary and funding recommendation for each proposal. • Due to extensive outreach efforts, ECHD received 60 proposals, an 11% increase over FY17. There was an 18% increase in total requests to ECH and ECHD: 113, compared to the prior year of 96. • Eleven proposals were for new programs, and 13 of the 60 proposals were for Support (small) Grant requests. • Requested funding totaled \$7,707,300; grant funding available totaled \$6,750,000. Variance totaled \$957,300. • Funding requests include: grant application, cover letter, audited financials, evaluation tools/surveys, IRS Determination Letter, Board of Directors roster, and MOUs for delivery site, if applicable. • The CBAC met on 4/24. The excellent process created significant and effective discussion for over three hours. A consensus was reached on recommended funding for FY18. • Proposal summary sheets, revised to reflect the CBAC recommendations were prepared for the Board Study Session.
Suggested discussion questions:	None.
Proposed board motion, if any:	None. This is a discussion item.
LIST OF ATTACHMENTS:	<ol style="list-style-type: none"> 1. FY18 Community Benefit Program Proposal Summary Sheets 2. FY17 Midterm Dashboard 3. Community Benefit Staff Responses to Questions

ECHD BOARD MEETING AGENDA ITEM COVER SHEET



Community Benefit Proposal Summaries

Fiscal Year 2018



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

FY18 Healthy Body Proposal Summary



5210 – Health Awareness Program Partnership

Program Title	5210 Numbers to Live By!		
Grant Goal	Since 2010, PAMF and El Camino Healthcare District have provided a school based healthy lifestyle program known as 5210 Numbers to Live By. For FY18, the 5210 program aims to deliver the program at select preschool, elementary school, and afterschool program sites in the Sunnyvale School District and Fremont High School freshmen.		
Community Need	<p>Nearly 33% of Santa Clara County's children are overweight or obese, though this percentage is even greater among some subsets of young people.</p> <ul style="list-style-type: none"> Latino/Hispanic children are the single largest ethnic group in the County's public schools, comprising nearly 37% of students, and they are more likely to be overweight or obese than their peers due to a variety of socioeconomic factors. Today, over 38% of Santa Clara County's Latino/Hispanic children ages 2 – 19 are considered overweight or obese. Overweight and obese children are at greater risk for high cholesterol, high blood pressure, Type II diabetes, and bone or joint conditions. Researchers have linked obesity to attention deficits, cognitive declines, as well as social and emotional disturbances that can negatively impact academic performance. 		
Agency Description & Address	El Camino Healthcare District collaboration with Palo Alto Medical Foundation. 701 East El Camino Real, Mountain View, CA		
Program Delivery Site(s)	Sunnyvale School District, Columbia Neighborhood Center and 9 th graders at Fremont High School in Sunnyvale		
Services Funded By Grant/How Funds Will Be Spent	<p>Students will be engaged through introductory assemblies, social marketing, poster and activity contests, and goal setting behaviors for each of the 5210 health messages.</p> <ul style="list-style-type: none"> Fifth graders will receive three 50-minute nutrition lessons At least 10 lunchroom tastings introducing new fruits or vegetables will be held each month. This will get students excited to try new healthy foods, taste them, and have an opportunity on the lunch line to explore more options. Information on the tastings will be sent home to encourage healthy eating behaviors. 5210 staff will partner with community groups, like Safe Routes to School and UC extension, to provide education and outreach to the broader community audience. <p>Funds will support partial instructor salary and program supplies.</p>		
FY18 Funding	FY18 funding requested: \$25,000 FY18 funding recommended: \$25,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$30,000 FY17 Approved: \$30,000 FY17 6-month metrics met: 100%	FY16 Approved: \$30,150 FY16 Spent: \$9,478 FY16 6-month metrics met: 0% FY16 annual metrics met: 100%	FY15 Approved: \$30,000 FY15 Spent: \$18,704 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
<i>Note: Unanticipated funding received post-Board approval, offsetting total expenses.</i>			
FY18 Dual Funding	FY18 funding requested: \$15,000 FY18 funding recommended: \$15,000		
Dual Funding History	FY17	FY16	FY15
	FY17 Requested: \$20,000 FY17 Approved: \$20,000	FY16 Approved: \$29,500 FY16 Spent: \$2,638	FY15 Approved: \$15,000 FY15 Spent: \$4,669

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FY18 Healthy Body Proposal Summary



5210 – Health Awareness Program Partnership

[Continued from previous page]

<i>FY18 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Students served	5,000	7,000
	Students who report being active one or more hours per day after 5210 engagement	N/A	55%
	Students who report the knowledge to limit sweetened beverages to 0 per day after 5210 engagement	N/A	80%



FY18 Healthy Body Proposal Summary



Community Service Agency Mountain View

Program Title	Intensive Clinical Case Management for Seniors			
Grant Goal	This program will reduce the rate of re-hospitalizations of seniors within 30-days of discharge and optimize functioning to avoid premature institutionalization by providing case management.			
Community Need	Eighteen percent of Medicare patients are readmitted to the hospital within 30-days of discharge, adding billions to healthcare costs and anxiety to patients and their families.			
Agency Description & Address	Community Services Agency provides vital social services for residents of Mountain View, Los Altos and Los Altos Hills. 204 Stierlin Road, Mountain View, CA			
Program Delivery Site(s)	Services will be delivered at agency site in Mountain View, CA			
Services Funded By Grant/How Funds Will Be Spent	<p>Expanded clinical case manage to:</p> <ul style="list-style-type: none">• Provide staffing for social worker case manager, RN case manager, and licensed vocational nurse (LVN) to provide intensive case management for low-income seniors with chronic conditions being released from hospital• Provide seniors with tools to better manage their health conditions, resulting in the reduction potential hospital readmissions, and increase the likelihood for them to live independently in their own homes <p>Funds will support staffing of a social worker case manager, RN, and LVN, pharmaceuticals and program materials.</p>			
FY18 Funding	FY18 funding requested: \$221,401 FY18 funding recommended: \$221,401 <i>Note: Agency is adopting a best practice model with input from ECH Care Coordination Department to increase efficiency of managing chronic diseases and increasing capacity to serve more at-risk older adults; model aligns with Hospital Readmissions Reduction Program (HRRP) which includes the addition of Licensed Vocational Nurse (LVN) position. FY18 request for clients served and services is proportional to increased request in funding compared to previous years.</i>			
Funding History and Metric Performance	<div>FY17</div> <div>FY17 Requested: \$151,551 FY17 Approved: \$151,551 FY17 6-month metrics met: 100%</div>	<div>FY16</div> <div>FY16 Approved: \$133,500 FY16 Spent: \$122,188 FY16 6-month metrics met: 25% FY16 annual metrics met: 83%</div>	<div>FY15</div> <div>FY15 Approved: \$146,282 FY15 Spent: \$112,113 FY15 6-month metrics met: 100% FY16 annual metrics met: 83%</div>	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Clients served		97	142
	Services provided by LVN, RN, and social worker case managers		2,249	4,532
	Clients who were re-hospitalized within 30 days for reasons related to a chronic health condition*		1%	1%
	Clients who were re-hospitalized within 90 days for reasons related to a chronic health condition*		4%	4%
	Clients who were able to maintain or improve their fall-risk score		50%	50%
	Patients with hypertension who attained or maintained a blood pressure of less than 140/90 mm Hg		60%	60%

*Low percentage of re-hospitalization is desired



FY18 Healthy Body Proposal Summary



Cupertino Union School District

Program Title	School Nurse Program
Grant Goal	Provide additional nursing and clerical support to schools serving the more underserved populations within the Cupertino Union School District. The additional nursing and clerical support allows for extensive follow-up for health screening failures, additional staff trainings for EpiPen administration in response to allergic reactions, and assistance with access to healthcare services through community resources.
Community Need	There are significant barriers in accessing healthcare for students in the target schools. Data from Lucile Packard Foundation for Children's Health (2016) indicates that 23% of students in public schools within Santa Clara County are English Learners compared to 22% statewide. These students are more likely to have difficulty accessing quality healthcare, which may result in health disparities for these students as adults compared to children in English-speaking households. Additionally, the target school sites have a greater percentage of minority students compared to other district school sites. Santa Clara County Measures of Economic Security Report (2014) indicates ethnic disparities in Santa Clara with minorities having greater rates of unemployment and poverty, which ultimately contribute to poor health outcomes. Furthermore, the school nurse serves a population of students who have a high truancy rate. Analysis of absenteeism in students who took the National Assessment of Educational Progress (NAEP) in 2011 and 2013 showed that high absenteeism is associated with lower test scores in every state and city tested. Attendance concerns are often attributed to unmanaged chronic health conditions or students receiving medical treatment outside of school. Case management by the School Nurse can help lower rates of truancy, which will ultimately increase the child's class time and improve their access to education.
Agency Description & Address	The Cupertino Union School District serves over 18,000 TK – 8 students across 25 schools. 10301 Vista Drive, Cupertino, CA
Program Delivery Site(s)	Nimitz and Stockelmeir Elementary Schools
Services Funded By Grant/How Funds Will Be Spent	<p>The proposed activities and services are focused on increasing student and family access to health care services, health literacy, and health education. The grant nurse will work alongside the health clerk to focus on providing the following services:</p> <ul style="list-style-type: none"> • Extensive follow-up and case management at target schools following state mandated health screenings. Follow-up will include additional written referrals and phone calls, referrals to health care resources, and detailed data tracking. • Promotion of dental health through on-site dental screenings at target school sites. Dental screenings will promote early detection and prevention of dental health problems. School nurses will organize screenings at target schools and follow-up with students who were identified with having dental health concerns. • Promotion of health literacy and physical activity through marketing and presentation of Go Noodle health curricula. Promotion will include email blasts to educators, Go Noodle flyers, and presentation of Go Noodle health resources during staff meetings. • Intensive training for as many staff as possible at target schools to understand severe food allergies, anaphylaxis response, and EpiPen usage. <p>Funds will be used for the partial salaries of a credentialed school nurse, LVN and health clerk.</p>

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FY18 Healthy Body Proposal Summary



Cupertino Union School District

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FY18 Funding	FY18 funding requested: \$72,481		FY18 funding recommended: \$72,481	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$68,997 FY17 Approved: \$68,997 FY17 6-month metrics met: 100%	FY16 Approved: \$34,411 FY16 Spent: \$34,411 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%	FY15 Approved: \$33,990 FY15 Spent: \$33,990 FY15 6-month metrics met: 75% FY15 annual metrics met: 100%	
	<i>Note: Total grant funding has remained relatively flat. Proportion has changed to a 50/50 split between Hospital and District; this reflects the location of schools currently served.</i>			
FY18 Dual Funding	FY18 funding requested: \$72,481		FY18 funding recommended: \$72,481	
Dual Funding History	FY17	FY16	FY15	
	FY17 Requested: \$68,997 FY17 Approved: \$68,997	FY16 Approved: \$103,233 FY16 Spent: \$103,233	FY15 Approved: \$101,696 FY15 Spent: \$101,696	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		924	1,848
	Students who failed a mandated health screening who saw a healthcare provider		40%	74%
	Students in Kindergarten who were identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist		N/A	75%
	Teachers accessing Go Noodle health education curricula and activities		50%	74%
	Teachers/staff at target schools who receive training on severe allergies, anaphylaxis, and EpiPen usage		45%	65%



FY18 Healthy Body Proposal Summary



Fresh Approach

Program Title	VeggieRx Nutrition Education and Freshest Cargo Mobile Farmers' Market – Increasing Knowledge and Access to Fresh Fruits & Vegetables
Grant Goal	Increase access to nutritious and affordable food and nutrition education in underserved communities in the District and help reduce low income resident's risk for developing Type II Diabetes and other diet-related illnesses. Both VeggieRx and Freshest Cargo target low income District residents who are in need of increased access to affordable fresh produce, and VeggieRx more specifically targets low income District residents who struggle with overweight/obesity or other diet-related health conditions.
Community Need	Diet-related diseases are prevalent among low-income populations. Significant barriers prevent lower income populations from consuming sufficient quantities and an adequate diversity of fruits and vegetables. These barriers include lack of access (significant distance from home to healthy food, and often lack of transportation), lack of income (inability to afford healthier choices), and lack of nutrition knowledge. Fresh Approach's Freshest Cargo Mobile Farmers' Market program was developed to support healthy eating in areas where healthy foods are unavailable or unaffordable and communities are underserved. In Santa Clara County, 28% of the population lives at or below 200% FPL (CHIS 2015) and El Camino Hospital's 2016 Community Health Needs Assessment indicates that Latino and African American communities have higher incidences of overweight and obesity than White communities.
Agency Description & Address	Fresh Approach was formed in 2008 by the Pacific Coast Farmers' Market Association to respond to a community need for access to nutritious food and health education. Fresh Approach improves access to healthy local food, offers nutrition education programs, and provides outreach to low-income communities about CalFresh acceptance at Bay Area farmers' markets. Fresh Approach partners with community-based organizations, public health departments, community clinics, and other groups in the communities it serves. Programs are operated in six Bay Area counties including Santa Clara County. 5060 Commercial Circle, Suite C, Concord, CA
Program Delivery Site(s)	<ul style="list-style-type: none"> • Columbia Neighborhood Center, 789 Morse Ave, Sunnyvale, CA • Sunnyvale Public Library, 665 West Olive Ave, Sunnyvale, CA • Sunnyvale Elementary School District, 819 W Iowa Ave, Sunnyvale, CA
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide two series of VeggieRx classes (16 group nutrition education classes, lasting 1.5 hours each) with cooking demonstrations that offer participants BMI monitoring and vouchers to spend on fruits and vegetables at local farmers' markets and mobile farmers' markets. • 45 weeks of Freshest Cargo Mobile Farmers' Market service in Sunnyvale. One day per week of service at two different locations in Sunnyvale, equating to a total of 90 stops offering over 180 hours of access to low-cost high-quality fresh produce (prices well below market prices). • Provide dollar-to-dollar matching funds for CalFresh and WIC shoppers up to \$20/day so \$20 in benefits equals \$40 worth of fresh produce. <p>Funds cover part of program staff salaries as well as supplies and administrative costs.</p>

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FY18 Healthy Body Proposal Summary



Fresh Approach

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FY18 Funding	FY18 funding requested: \$100,000		FY18 funding recommended: \$70,000	
	(Veggie Rx Nutrition Education and Freshest Cargo Mobile Farmers’ Market)			
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$97,017 FY17 Approved: \$35,000 FY17 6-month metrics met: 50% (Unmet metric was close to target) (Veggie Rx Program)	N/A New program in FY17	N/A New program in FY17	
FY18 Dual Funding	FY18 funding requested: \$90,000		FY18 funding recommended: Do not fund	
Dual Funding History	FY17	FY16	FY15	
	N/A New proposal FY18	N/A New proposal FY18	N/A New proposal in FY18	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served through VeggieRX classes		120	220
	Individuals served through fruit and vegetable vouchers		90	150
	Freshest Cargo route stops in Sunnyvale		30	90
	Participants who attend at least 6 classes will lose 3% or more of their original body weight and/or improve their BMI		N/A	32%
	Participants who attend at least 6 classes will report regularly eating at least 2 additional servings of fruits and vegetables		N/A	82%
	Participants who report increasing fruit and vegetable consumption since starting to shop at Freshest Cargo		N/A	60%



FY18 Healthy Body Proposal Summary



Health Mobile

Program Title	Mobile Dental Services in Mountain View and Sunnyvale		
Grant Goal	This program will provide free, comprehensive dental care services to low income families and the homeless population.		
Community Need	Access to dental care for low income residents is extremely limited in Santa Clara County. The 2014 Santa Clara County Health Assessment found that only 26% of low income respondents had dental coverage. CHIS reported that 16% of low income adults had not received dental care in the past five years. According to Health Trust reports, 33% of low income adults in Santa Clara County had lost a tooth due to decay. There is a severe lack of affordable providers to deliver dental care services. Medi-Cal and its dental arm, Denti-Cal, cannot always provide adequate coverage.		
Agency Description & Address	Health Mobile is a non-profit organization providing onsite dental care since 1999. In 2008, the agency added primary medical care to the services and changed its name from Tooth Mobile to Health Mobile. In 2015, the agency obtained two new mobile clinics with a financial support of a Health Resources & Services Administration grant. Health Mobile currently owns and operates seven mobile clinics and one “fixed” clinic, making them the largest mobile clinic health care 1659 Scott Boulevard, Suite #4, Santa Clara, CA		
Program Delivery Site(s)	Program services will be delivered in Mountain View and Sunnyvale		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Dental exams • X-Rays, cleanings, and fillings • Root canal referrals and extractions <p>Funds will support clinic staff, including dentist and dental assistants, as well as lab expenses, dental supplies, and other administrative costs.</p>		
FY18 Funding	FY18 funding requested: \$148,832 FY18 funding recommended: \$148,832		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$148,832 FY17 Approved: \$148,832 FY17 6-month metrics met: 75% <i>(Unique number of patients served metric was close to achieving target but not met, whereas services provided greatly exceeded target. This was due to complexity of cases from years of oral hygiene neglect and lack of access to oral health insurance.)</i>	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	Low-income and homeless individuals served		145
	Dental procedures provided		576
	Patients who report increased knowledge about their oral health		83%
	Patients who report no pain after their first visit		83%



FY18 Healthy Body Proposal Summary



Healthcare Foundation of Northern & Central California

Program Title	The Medical Respite Program
Grant Goal	The Medical Respite Program (MRP) is designed as a community resource that provides a clean, safe place for homeless patients to live when they are discharged from the hospital. The MRP supports homeless patients as they recuperate and receive on-going medical and psychosocial services. The objective is to link the homeless patient to a primary care home, to help them access entitled benefits, and to house them when they leave the MRP.
Community Need	<p>According to the Santa Clara County 2014 Health Assessment, a total of 7,631 homeless individuals were counted during the Santa Clara County Homeless Census and Survey. Of these, two-thirds (5,674 or 74%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas). The Homeless Census and Survey estimated that 19,063 individuals in Santa Clara County experienced homelessness over the course of a year. Additional findings include:</p> <ul style="list-style-type: none"> • Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions • 68% reported currently experiencing mental health conditions • 75% of the population has mental health diagnoses or issues <p>66% of the population is dual diagnosed with both mental health & substance abuse issues</p>
Agency Description & Address	<p>The Healthcare Foundation of Northern and Central California is a supporting organization of the Hospital Council of Northern and Central California. The Healthcare Foundation's purpose is to help hospitals provide high quality health care and to improve the health status of the communities they serve.</p> <p>1215 K Street Suite 800, Sacramento, CA</p>
Program Delivery Site(s)	EHC Lifebuilders in San Jose
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • A semi-private room and 3 meals are provided for each patient while they are in Medical Respite • A primary care home is established with the on-site clinic where they are seen for all outpatient medical needs • Patients are thoroughly assessed for medical and psychosocial needs. • Referrals and coordination with specialty care is provided as needed • Supervision and education regarding medications is provided by the RN manager

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FY18 Healthy Body Proposal Summary



Healthcare Foundation of Northern & Central California

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- Mental health services are provided at the on-site clinic
- Counseling and group sessions are held on site by the County Drug & Alcohol Services
- Support groups are led by the staff psychologist for patients during and after their MRP stay to help them establish their goals and to make progress toward them
- Social workers and case managers assist the patient in obtaining identification, birth certificates, and documents needed to apply for benefits
- Social work and case management assist the patient in applying for entitled benefits, such as Medi-Cal, food stamps, and SSI (income)
- Assistance with job searches and training is provided for those who are able to work
- Applications for housing and housing subsidies are made for eligible patients

Funds will be spent on the partial salaries of staff medical director, case manager, medical social worker, psychologist, RN, medical assistant and supplies.

FY18 Funding	FY18 funding requested: \$80,000		FY18 funding recommended: \$80,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$80,000 FY17 Approved: \$80,000 FY17 6-month metrics met: 100%	FY16 Approved: \$55,000 FY16 Spent: \$55,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$55,000 FY15 Spent: \$55,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
FY18 Dual Funding	FY18 funding requested: \$13,500		FY18 funding recommended: \$13,500	
Dual Funding History	FY17	FY16	FY15	
	FY17 Requested: \$13,500 FY17 Approved: \$13,500	FY16 Approved: \$13,500 FY16 Spent: \$13,500	FY15 Approved: \$13,500 FY15 Spent: \$13,500	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served (program total/ECHD funding)		100/6	200/13
	Hospital days avoided (program total)		400	800
	Patients linked to primary care home		92%	92%
	Patients completing the program who are discharged to transitional or permanent housing rather than back to the streets		72%	72%



FY18 Healthy Body Proposal Summary



Healthier Kids Foundation – 10 Steps Program

Program Title	10 Steps to a Healthier You Program		
Grant Goal	Enhance parental skills for implementing healthy lifestyle behaviors among upstream audiences, or populations that have not yet developed BMIs >85%.		
Community Need	Childhood obesity is defined as a Body Mass Index (BMI) greater than the 95% for gender and age. A BMI of greater than 85% for gender and age is considered overweight. According to the 2014 Obesity, Physical Activity, and Nutrition in Santa Clara County Report, 18-28% of children ages 5-11 in Santa Clara County using the Children Healthy and Disability Prevention (CHDP) program have BMIs > 85%, with higher rates among Latino children (up to 32%) for that age group.		
Agency Description & Address	Healthier Kids Foundation (HKF), formerly Santa Clara Family Health Foundation, focused its first twelve years (since 2001) on raising funds for the Children's Health Initiative and the Healthy Kids program in Santa Clara County. Through its leadership in raising the funding to provide almost 1.9 million months of coverage to low-income children enrolled in the Healthy Kids program, HKF serves as a distinct advocate for children obtaining and retaining health coverage, as well as accessing health services once they are insured. 4010 Moorpark Avenue, Suite 118, San Jose, CA		
Program Delivery Site(s)	Schools in the following school districts: Sunnyvale, Mountain View Whisman and Santa Clara		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Provide the 10 Steps three-class series Funds support partial program staff, contractors, facilitators, child supervision and materials.		
FY18 Funding	FY18 funding requested: \$45,000	FY18 funding recommended: \$30,000	
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$100,000 FY17 Approved: \$30,000 FY17 6-month metrics met: 33% (Agency examining survey questions to address baseline data variance from predicted targets.)	N/A New program in FY17	N/A New program in FY17
FY18 Dual Funding	FY18 funding requested: \$45,000	FY18 funding recommended: Do not fund	
Dual Funding History	FY17	FY16	FY15
	FY17 Requested: \$100,000 FY17 Approved: \$0	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	Individuals served		270
	Classes provided (ten, three-class series)		30
	Encounters provided		406
	Average number of days per week that participants serve their children vegetables		6.25
	Increase in participants who serve vegetables 5 or more days per week		25%
	Average number of days per week that participants serve their children juice per week		2.5
	Decrease in participants who serve juice 2 or more days per week		25%



FY18 Healthy Body Proposal Summary



Healthier Kids Foundation – DentalFirst NEW

Program Title	DentalFirst		
Grant Goal	Provide dental screening to children and follow up referrals and case management as needed for children without dental insurance.		
Community Need	Cavities are the single most common chronic childhood disease in the United States. Childhood cavities causes intense pain, difficulty eating, speaking and sleeping, which can lead to trouble concentrating, school absence and poor academic performance. Cavities adversely affect a child's nutrition, growth and development, ultimately limiting long term productivity and prospects. If a child does not learn and practice oral hygiene measures when they are young, they will have an increased risk for periodontal disease in adulthood. Research has shown links between periodontal disease and diabetes, cardiovascular disease, stroke, and pre-term labor.		
Agency Description & Address	Healthier Kids Foundation (HKF), formerly Santa Clara Family Health Foundation, focused its first twelve years (since 2001) on raising funds for the Children's Health Initiative and the Healthy Kids program in Santa Clara County. Through its leadership in raising the funding to provide almost 1.9 million months of coverage to low-income children enrolled in the Healthy Kids program, HKF serves as a distinct advocate for children obtaining and retaining health coverage, as well as accessing health services once they are insured. 4010 Moorpark Avenue, Suite 118, San Jose, CA		
Program Delivery Site(s)	<ul style="list-style-type: none"> Schools in the Mountain View Whisman and Sunnyvale school districts Preschools and other sites established through partnership with the City of Santa Clara 		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Screen children for dental-related issues and recommend follow up care Provide oral hygiene education and literature Provide parents with screening result Provide case management for families whose child showed a dental issue Funds support part of program staff time and administrative costs.		
FY18 Funding	FY18 funding requested: \$20,000	FY18 funding recommended: \$10,000	
FY18 Dual Funding	FY18 funding requested: \$20,000	FY18 funding recommended: \$20,000	
Y18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Children screened	225	450
	Children who receive a referral	59	118
	Case managers who are able to reach the parents of children that receive a referral	85%	85%
	Case managers who confirm that those children who received a referral received appropriate services by a dentist	75%	75%
	Of those who received a referral, the percent who received dental treatment	55%	55%



FY18 Healthy Body Proposal Summary



Healthier Kids Foundation - HearingFirst

NEW

Program Title	HearingFirst		
Grant Goal	Detect undetected hearing issues in children and provide appropriate interventions early, so that children may become healthy and remain healthy.		
Community Need	Hearing loss, in varying degrees, affects two in every 100 children under the age of 18 and can be devastating when it goes undetected. If a child has hearing loss that is undetected and untreated they will miss learning from the speech and language that is happening around them, which may result in delayed language and speech development, trouble concentrating, behavioral and academic challenges. The most effective treatment for varying hearing problems is early intervention. Early diagnosis, hearing aid fittings, and an early start with special education programs maximizes a child's hearing potential and gives the child a strong pathway to successful speech and language development.		
Agency Description & Address	Healthier Kids Foundation (HKF), formerly Santa Clara Family Health Foundation, focused its first twelve years (since 2001) on raising funds for the Children's Health Initiative and the Healthy Kids program in Santa Clara County. Through its leadership in raising the funding to provide almost 1.9 million months of coverage to low-income children enrolled in the Healthy Kids program, HKF serves as a distinct advocate for children obtaining and retaining health coverage, as well as accessing health services once they are insured. 4010 Moorpark Avenue, Suite 118, San Jose, CA		
Program Delivery Site(s)	Preschool, charter school, public school, and community based organizations sites mainly in Sunnyvale area		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide hearing screening to children and appropriate follow up, as needed • Provide parents of children screened with their child's screening results • Provide case management (bilingual), as needed Funds support part of program staff time and administrative costs.		
FY18 Funding	FY18 funding requested: \$20,000	FY18 funding recommended: \$10,000	
FY18 Dual Funding	FY18 funding requested: \$20,000	FY18 funding recommended: Do not fund	
FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Children screened	225	450
	Children who receive a referral	29	58
	Case managers are able to reach the parents of children that receive a referral	65%	65%
	Case managers confirmed that those children who received a referral accessed services	35%	35%
	Of those who received a referral, the percent that received treatment	20%	20%



FY18 Healthy Body Proposal Summary



Living Classroom

Program Title	Garden-Based Nutrition Program			
Grant Goal	To inspire children to learn and value the natural world through the creation of student gardens and garden-based education while also increasing the amount of fruits and vegetables they eat and providing outdoor physical activity.			
Community Need	Over 38% of Santa Clara County’s Latino children ages 2 to 19 are considered overweight or obese. By the 5th grade, only 30% of Mountain View Whisman School District (MVWSD) students meet the statewide fitness standards. In six of seven MVWSD grade schools, 25% or more of the students have been designated “at risk” due to poor scores in body composition on their CA Physical Fitness Test.			
Agency Description & Address	Living Classroom is an award-winning outdoor education program, dedicated to children’s physical and emotional health and academic success, on school campuses in Santa Clara County. P.O. Box 3501, Los Altos, CA			
Program Delivery Site(s)	Ten schools in the Mountain View Whisman School District and Fairwood Explorer Elementary School in the Sunnyvale School District			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none">• Nutrition-related lessons that seamlessly integrate required Common Core science, math, and social studies standards and interspersed with health and nutrition topics• Provide a garden-to-cafeteria component in coordination with food services at the schools• Outdoor physical activity that combines with health education content standards in the Nutrition Education Resource Guide for California Public Schools• Expand the Farm to Lunch Program• Pilot K-5 Class-time lesson program at Fairwood Explorer Elementary School in Sunnyvale• Summer program pilot at Crittenden Middle School in the Mountain View Whisman School District providing edible garden-enrichment activities to 1st – 6th grade students Funds support partial salaries of several program staff roles, including instructor and garden manager, as well as supplies and other administrative costs.			
FY18 Funding	FY18 funding requested: \$100,000 FY18 funding recommended: \$78,000			
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$98,959 FY17 Approved: \$78,000 FY17 6-month metrics met: 75%	FY16 Approved: \$74,000 FY16 Spent: \$74,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 33%	N/A New program in FY16	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		2,743	4,730
	Students eating vegetables and fruits grown in school gardens during lunch-time taste testing days		2,000	3,800
	Students involved in planting and harvesting fruits and vegetables from Farm-to-Lunch programs		150	300
	Students increasing the amount of fresh produce intake by at least one serving on an average daily basis		20%	50%



FY18 Healthy Body Proposal Summary



Lucile Packard Foundation for Children's Health

Program Title	Mobile Adolescent Health Services Program (TeenVan)
Grant Goal	Funding being requested to continue the Mobile Adolescent Health Services Program (TeenVan) to Los Altos High School and Alta Vista High School and to serve students from Mountain View High School. The program consists of a medical team and mobile clinic to address the unmet medical needs of the most underserved pediatric population in the community. Services include medical exams, medications, laboratory work, nutrition counseling, psychosocial and mental health counseling. Patients who require specialty care, dental, or vision care are provided a referral and often receive treatment at no cost.
Community Need	According to kidsdata.org, 28% of children ages 6 – 17 who live in Santa Clara County are uninsured or rely on public insurance. Of the homeless youth population in Santa Clara County, 46% are in grades 6 –12 (kidsdata.org). This population often has complex unaddressed health problems, which include lack of immunizations and medications; high-risk sexual activity leading to elevated rates of sexually transmitted disease and unintended pregnancies; tobacco, alcohol, and other substance abuse; malnutrition and eating disorders; poor performance in school; family problems including abuse and neglect; relationship problems including domestic abuse; and mental health issues such as anxiety and depression. Because homelessness can cause severe trauma, children and teens that experience short or long-term homelessness are more likely than others to suffer from physical and mental health problems. These youth generally do not know how to access services available to them and wait to seek treatment until their condition requires a costly emergency room visit. Relying on the emergency department for medical care also often means that important physical and mental health conditions are not diagnosed until they are very serious, and otherwise preventable complications have developed.
Agency Description & Address	The Mobile Adolescent Health Services Program is focused on making medical care accessible to the most underserved pediatric population in the community which includes homeless and low-income pre-teens, teens, and young adults. 400 Hamilton Ave. Suite 340, Palo Alto, CA
Program Delivery Site(s)	Los Altos High School and Alta Vista High School; Mountain View High School students access services at either school
Services Funded By Grant/How Funds Will Be Spent	Comprehensive services include: <ul style="list-style-type: none"> • Provide staff of a doctor, nurse practitioner, social worker, and dietician • Provide comprehensive medical care • Provide social services assessments • Provide immunizations • Provide substance abuse, mental health, HIV testing and referral • Provide nutrition counseling • Provide medications

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FY18 Healthy Body Proposal Summary



Lucile Packard Foundation for Children's Health

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FY18 Funding	FY18 funding requested: \$97,667		FY18 funding recommended: \$92,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$90,944 FY17 Approved: \$85,000 FY17 6-month metrics met: 100%	FY16 Approved: \$82,000 FY16 Spent: \$82,000 FY16 6-month metrics met: 75% FY16 annual metrics met: 67%	FY15 Approved: \$75,818 FY15 Spent: \$75,818 FY15 6-month metrics met: 67% FY15 annual metrics met: 100%	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		55	110
	Services provided		200	400
	Patients who receive necessary vaccinations to complete the three-part Hepatitis B series		N/A*	95%
	Patients who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications, after screening positive for depression		95%	95%
	Patients who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management		N/A**	60%
	Patients who use alcohol or drugs and decrease their frequency by 1 level out of 5		N/A**	55%

* All patients will be screened for completion of the full Hepatitis series. However, since the entire series requires three shots over six months, agency will not have a completion rate available at six months.

** These two impact metrics require assessments at six month follow-up visits. These visits will not occur in time to provide an interim metric given the varied appointment dates throughout the grant period.



FY18 Healthy Body Proposal Summary



MayView Community Health Center

Program Title	Uninsured Primary Healthcare and Lab Services
Grant Goal	MayView is requesting funding to support medical/health staff costs related to providing affordable, culturally competent, general medical care, prenatal care, pediatric care, chronic disease case management, cancer screening, family planning, and other preventive services. These services will address the primary health needs of 850 unduplicated patients with 2,250 qualified visits and 2,250 lab services. Through the provision of primary care services, MayView will significantly reduce the suffering of patients, minimize the risk for disabilities and chronic conditions, and support their ability to gain or maintain their livelihood and productivity.
Community Need	This program addresses the health priority area of “Healthy Body” and specifically meets the health needs in the 2016 Community Health Needs Assessment: Access to Healthcare & Delivery, Cancer, Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases, Hypertension, Obesity & Diabetes, and Respiratory Conditions. Poor access to healthcare compromises the physical and financial health of families. For the primary service population, major barriers include lack of insurance, under-insurance, socioeconomic status, lack of proficiency in English, lack of documentation, disability and homelessness. These factors are often related to the social determinants of education and income, as described in the 2016 Community Health Needs Assessment. In 2016, 93% of patients had incomes under 200% of the federal poverty level, 65% had Medi-Cal coverage; 3% have Medicare coverage and 29% were uninsured/self-pay. With the team of bilingual clinic support staff who speak a variety of languages fluently (e.g., Spanish, Farsi, Hindi, and Russian) and through the utilization of language access services, MayView mitigates potential linguistic and/or cultural barriers to care for diverse patients and community members. MayView’s leadership formally adopted as policy the federal guidelines for culturally and linguistically appropriate services, thereby addressing a significant barrier for its patients.
Agency Description & Address	The MayView Community Health Center is the only federally qualified health center (FQHC) community clinic in northern Santa Clara County. MayView provides affordable, culturally competent, general medical care, prenatal care, pediatric care, chronic disease case management, cancer screening, family planning, and other preventive services. MayView emphasizes early access to care and prevention, encourages patient self-responsibility by helping patients participate in decisions about their health, and addresses relevant psychosocial and economic issues. MayView clinics offer a comprehensive system of care that is responsive to the community’s identified healthcare needs. 270 Grant Road, Palo Alto; clinics sites also in Mountain View and Sunnyvale
Program Delivery Site(s)	MayView Clinics
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide 850 unduplicated uninsured patients with 2,250 face-to-face primary healthcare service encounters and 2,250 lab services • Address community-wide service gaps through the provision of preventive medical care, comprehensive perinatal services, and integrated behavioral health by MayView’s healthcare team of family practice, pediatrics, internal medicine, obstetrics/gynecology professionals and behavioral health clinicians as well as lab technicians • Provide on-site lab services to alleviate barriers to access and improve compliance <p>Funds support lab fees for the uninsured, and full or partial salaries and benefits of a clinic physician, nurse practitioners, medical assistants, patient service coordinator, lab technicians and QI/EHR specialists.</p>

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FY18 Healthy Body Proposal Summary



MayView Community Health Center

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FY18 Funding	FY18 funding requested: \$799,871		FY18 funding recommended: \$775,600	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$700,00 FY17 Approved: \$700,000 FY17 6-month metrics met: 86%	FY16 Approved: \$437,320 FY16 Spent: \$437,320 FY16 6-month metrics met: 75% FY16 annual metrics met: 75%	FY15 Approved: \$125,000 FY15 Spent: \$125,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Uninsured patients served		425	850
	Patient visits provided		1,125	2,250
	Lab services for uninsured		1,125	2,250
	Diabetic patients with LDL less than 130 mg/dL		71%	71%
	Diabetic patients with HbA1c Levels less than 9 points		72%	72%
	Hypertension patients whose blood pressure is less than 140/90 mm Hg		78%	78%
	Patients aged 51-75 years with completed annual colorectal screening		48%	48%



FY18 Healthy Body Proposal Summary



Mountain View Whisman School District

Program Title	Mountain View Whisman Health Services (School Nurse Program)
Grant Goal	Mountain View Whisman School District is requesting funding to employ two full-time registered nurses and one part-time health assistant to provide health services to the students in the system. Students will receive direct healthcare services through treatment of minor illnesses and injuries occurring at school, management of chronic illness requiring direct nursing intervention, assessment of health histories, and state mandated health screenings. Students requiring medical follow-up with a provider will receive assistance accessing appropriate healthcare services to ensure that they are healthy and in school, learning, throughout the school year.
Community Need	The school district is experiencing an increased percentage of absenteeism related to uncontrolled chronic illness and untreated acute illness. Statistics indicate a correlation between high absenteeism and school dropout. Increased access to healthcare within the community can address these concerns. In addition, staff and students alike are experiencing increased stress associated with rising demands to meet the extensive changes in education. The addition of two nurses allows the district to provide outreach to families who are under and uninsured and who need assistance navigating available resources within the community. By requesting health examination reports, which include vision and hearing screenings, child health and disability prevention and oral health, nurses are able to identify students who do not access healthcare services and work with their families to connect them to appropriate resources. School nurses dedicate a large amount of time to following up with families to ensure care has been received. This grant also provides the opportunity to introduce students to self-care techniques, otherwise not available, by working with GoNoodle.
Agency Description & Address	Mountain View Whisman School District's mission is to demonstrate a relentless commitment to the success of every child on a daily basis. The school district prepares all children for the world ahead by challenging, inspiring, and supporting the students to thrive in a world of constant change. The District has 10 schools, with approximately 5,000 students from preschool through 8th grade. 750-A San Pierre Way, Mountain View, CA
Program Delivery Site(s)	All 10 schools in the Mountain View Whisman School District
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Vision and hearing screenings • Oral health exam • Child Health and Disability Prevention exam • One-on-one health care for students with chronic health conditions such as diabetes, spina bifida, tracheotomy care • Immunization Review • GoNoodle (breathing, yoga, mindfulness) classroom engagement • Staff training/education - CPR, first aid, medication administration, GoNoodle <p>Funds support two full time school nurses and one part-time health assistant.</p>

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FY18 Healthy Body Proposal Summary



Mountain View Whisman School District

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FY18 Funding	FY18 funding requested: \$ 190,488		FY18 funding recommended: \$190,488	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$220,321 FY17 Approved: \$220,321 FY17 6-month metrics met: 100%	FY16 Approved: \$227,238 FY16 Spent: \$227,238 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$214,000 FY15 Spent: \$214,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 83%	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		1,700	3,400
	Services provided		5,000	7,300
	Students who failed a hearing or vision screening who saw a provider		N/A	78%
	Students needing a Child Health and Disability Prevention exam who saw a provider		30%	65%
	Students needing an oral health exam who saw a provider		N/A	80%
	Students in compliance with California immunization requirements		98%	100%



FY18 Healthy Body Proposal Summary



New Directions

Fiscal Agent: Peninsula HealthCare Connection

Program Title	New Directions		
Grant Goal	The intensive case management intervention will serve disenfranchised individuals with navigating complex systems to access healthcare services and other benefits. This program aims to stabilize the health status and improve the quality of life of vulnerable adults by providing intensive and personalized case management services to patients with complex medical and psychosocial needs.		
Community Need	New Directions directly addresses the need for access to healthcare and healthcare delivery, behavioral health and economic security, as identified in the 2016 Community Health Needs Assessment. Without intensive case management intervention, vulnerable patients with chronic disease, substance abuse and mental health issues will not access primary and specialty care. Consequently, these patients become frequent users of emergency and acute care services. Intensive case management has been shown to be an effective intervention that reduces the frequency of use of Emergency Departments, hospital admissions, length of stay and provides an overall improvement of the quality of life for patients served.		
Agency Description & Address	The mission of Peninsula Healthcare Connection, New Direction's fiscal agent, is to promote integrated primary, preventive and mental health care and advocacy for local community members who are homeless or at risk of becoming homeless. As part of the statewide Frequent Users Initiative, New Directions demonstrated consistent improvement in the outcomes for patients and reductions in the use of high-cost services throughout the Initiative program's populations. 1671 The Alameda, Suite 304 San Jose, CA		
Program Delivery Site(s)	Services are provided at agency site		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide staffing for one full-time social worker case manager to provide intensive case management services • Provide access to primary and specialty care, permanent/appropriate housing for vulnerable adults living on the streets or in shelters • Provide access to mental health and substance abuse treatment, financial assistance, and transportation <p>Funds support social work case manager and part of other staff time as well as administrative costs.</p>		
FY18 Funding	FY18 funding requested: \$140,000	FY18 funding recommended: \$140,000	
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$140,000 FY17 Approved: \$140,000 FY17 6-month metrics met: 100%	FY16 Approved: \$140,000 FY16 Spent: \$140,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$140,000 FY15 Spent: \$140,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%

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FY18 Healthy Body Proposal Summary



New Directions

Fiscal Agent: Peninsula HealthCare Connection

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<i>FY18 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served	20	28
	Services provided	400	700
	Enrolled patients will have a reduction in Emergency Room visits and inpatient days six months after enrollment as compared to the six months prior to enrollment	N/A	65%
	Enrolled patients in need of mental health or substance abuse treatment or services will be referred to and seen by a treatment provider	45%	65%



FY18 Healthy Body Proposal Summary



Pathways Home Health & Hospice

Program Title	Pathways Un/Underinsured Care Program				
Grant Goal	Assist low-income patients in receiving prescribed home health services.				
Community Need	Low-income individuals who are uninsured or underinsured are generally unable to pay for the home health services prescribed by their physician. They may choose to end the care before it is medically appropriate, jeopardizing their health and putting further demand on emergency healthcare services.				
Agency Description & Address	Pathways Home Health and Hospice provides a comprehensive array of health and supportive services: from home health to hospice care, from private duty non-medical attendant to personal care, from elder care to care for children with life-threatening illnesses, from grief support to community education. 585 North Mary Avenue, Sunnyvale, CA				
Program Delivery Site(s)	Patient homes within the El Camino Healthcare District.				
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none">• Provide subsidized home health, palliative and restorative care• Provide nursing visits and 24-hour, on-call nursing service• Provide physical, occupational, and speech therapies, medical social workers and home health aides for personal care• Medication management with pharmacist oversight and consultation• Spiritual and bereavement counselors <p>Funds support partial salaries for a nurse, physical therapist, social worker and other staff as well as administrative costs.</p>				
FY18 Funding	FY18 funding requested: \$50,000		FY18 funding recommended: \$50,000		
Funding History and Metric Performance	FY17		FY16		
	FY17 Requested: \$75,000 FY17 Approved: \$70,000 FY17 6-month metrics met: 50% <i>(Unmet metrics due to fewer referrals, change in insurance status, and nature of disease. Agency adopted new EPIC iCare system to enhance identification of potential patients and referrals. Analysis is currently underway to determine if additional patients are eligible.)</i>		FY16 Approved: \$45,000 FY16 Spent: \$45,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%		
			FY15 Approved: \$45,000 FY15 Spent: \$45,000 FY15 6-month metrics met: 75% FY15 annual metrics met: 100%		
FY18 Proposed Metrics	Metrics			6-month Target	Annual Target
	Individuals served			12	25
	Services provided			87	175
	Home Health 30-day re-hospitalization rates*			12%	12%
	Hospice patients who report getting as much help with pain as they needed			78%	78%

*Low percentage of re-hospitalization is desired



FY18 Healthy Body Proposal Summary



Planned Parenthood Mar Monte

NEW

Program Title	Access to Essential Healthcare
Grant Goal	Funds are being requested to provide essential healthcare to underserved, high poverty populations in the El Camino Healthcare District at its Mountain View Health Center. Services will include pediatric and adult preventative care, treatment for episodic illness and referrals to specialty care as needed. This program will also provide reproductive healthcare and cancer screenings.
Community Need	As described in the El Camino Hospital 2016 Community Health Needs Assessment, healthcare access and delivery are high priority needs for Santa Clara County. Latinos, in particular, are less likely to be insured (68% versus 85% of residents countywide), less likely to see a primary care physician, and more likely to go without healthcare due to cost (20% versus 11% for residents countywide). The shortage of general and specialty practitioners, especially in community clinics, results in long wait times for appointments. The community lacks health system literacy and is in need of patient navigators and advocates. Certain populations, including those experiencing homelessness, linguistically isolated groups, and LGBTQ and black communities, were also identified as lacking access, in part due to the need for culturally competent providers.
Agency Description & Address	Planned Parenthood Mar Monte is committed to providing accessible, affordable, and compassionate primary healthcare and health information through education and outreach programs in the community. These services increase access to healthcare for underserved populations. Local headquarters: 1605 The Alameda, San Jose, CA
Program Delivery Site(s)	Planned Parenthood Mountain View Health Center, 225 San Antonio Road, Mountain, CA
Services Funded By Grant/How Funds Will Be Spent	<p>This grant will support a broad range of pediatric and adult preventative primary care services including:</p> <ul style="list-style-type: none"> • Well child checks and well woman exams • Episodic illness care for pediatrics and adults • Appropriate education and counseling • Annual preventative visits • Preventative screenings, as appropriate, for diabetes, colon cancer, high cholesterol, hypertension, cervical and breast cancer and other medical issues • Immunizations • Management of complex chronic medical conditions, such as hypertension, diabetes, chronic obstructive pulmonary disease, depression, and anxiety • Assessments of social determinants of health • Behavioral health assessments and referrals <p>Funds will support the partial salaries of a center manager, check-out specialist, clinician, physician, health service specialist along with supplies and administrative expenses.</p>

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FY18 Healthy Body Proposal Summary



Planned Parenthood Mar Monte

NEW

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FY18 Funding	FY18 funding requested: \$100,000	FY18 funding recommended: \$100,000	
FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	120	240
	Visits provided	225	450
	Newly assigned primary care patients seen for initial visit	60%	60%
	Patients identified with preventative and chronic care gaps, such as vision exams for diabetes, and Hepatitis C screenings as indicated, receive those services	70%	70%
	Primary care patients referred to specialists who receive care within 90 days	70%	70%
	Patients who are able to get appointments within three days	70%	70%
	Hemoglobin A1c of less than 8 for diabetes patients	70%	70%
	Annual colon cancer screening completed as appropriate for target age group	80%	80%



FY18 Healthy Body Proposal Summary



Playworks, Education Energized

Program Title	Playworks Education Energized
Grant Goal	Playworks' vision is that one day every child in the U.S. will have access to safe, healthy play at school every day. The goal is to establish play and recess as a core strategy for improving children's health and well-being. Playworks' theory of change embraces the notion that a high functioning recess climate leads to a positive recess climate, which therefore positively affects the entire school climate, and surveys from schools across the nation indicate that this is true.
Community Need	<p>Participating in regular physical activity is tied to many positive outcomes among children and adolescents including: short- and long- term health benefits, improved performance at school and a decreased likelihood of engaging in risky behaviors. (Vigorous Physical Activity by Youth. Child Trends Databank 2014. Available at: http://www.childtrends.org/indicators=vigorous-physical-activity-by-youth.) The Centers for Disease Control and Prevention (CDC) recommends children ages 6-17 spend a minimum of 60 minutes each day engaged in moderate to vigorous physical activity. According to the 2016 report, "The Status of Children's Health in Santa Clara County," only 27% of children reported that they were active for 60 minutes in the last 7 days. The percentage is lower for females than for males. According to Project Cornerstone's 2011 Survey of Developmental Assets in Santa Clara County, less than 2/3 of children in elementary schools report they have a 'caring school climate.' Further, according to kidsdata.org:</p> <ul style="list-style-type: none"> • 35% of Santa Clara County fifth graders are overweight or obese. • Less than 27% meet all 6 fitness standards on the California Fitness Test. • 81% of California elementary school staff surveyed reported that bullying is a minor to severe program.
Agency Description & Address	<p>Playworks, founded in 1996 in 2 schools, has grown to serving more than 900 schools in 23 US cities and reaching more than 900,000 students. Playworks coaches stop chaos, shift kids' behavior for the better, and accelerate classroom learning through a well-integrated, multi-component program.</p> <p>Address: 2155 S. Bascom Ave #201, Campbell, CA 95008</p>
Program Delivery Site(s)	<ul style="list-style-type: none"> • Provide full time coaching programs for elementary schools in: <ul style="list-style-type: none"> ○ Sunnyvale School District <ul style="list-style-type: none"> ○ Ellis ○ Lakewood ○ Vargas ○ San Miguel ○ Bishop ○ Mountain View Whisman School District <ul style="list-style-type: none"> ○ Monta Loma ○ Theuerkauf ○ Castro • Provide Team Up Program for elementary schools in Sunnyvale School District: <ul style="list-style-type: none"> ○ Cumberland ○ Cherry Chase ○ Fairwood

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FY18 Healthy Body Proposal Summary



Playworks, Education Energized

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Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Playworks Coach Program places a well-trained coach full time at eight low-income elementary schools to implement the five-component program (before school time, recess, individual class professional development and learning time (class game time). Junior Coach leadership program with expanded opportunities and interscholastic leagues and a professional development conference. • Playworks Team Up program will place a well-trained, experienced site coordinator at 3 campuses to work with a Recess Coach and team on site. The site coordinator will implement class game times, recruit junior coaches and work with the on-site. • Conduct professional development training in Playworks techniques and strategies for recess staff, administrative staff and teachers at all schools. <p>Funding will support program staff, supplies and training.</p>
FY18 Funding	<div>FY18 funding requested: \$289,000</div> <div>FY18 funding recommended: \$278,000</div>
Funding History and Metric Performance	<div>FY17</div> <div>FY16</div> <div>FY15</div>
	<div> <div>FY17 Requested: \$317,000</div> <div>FY17 Approved: \$270,000</div> <div>FY17 6-month metrics met: 100%</div> </div> <div> <div>FY16 Approved: \$261,000</div> <div>FY16 Spent: \$261,000</div> <div>FY16 6-month metrics met: 100%</div> <div>FY16 annual metrics met: 100%</div> </div> <div> <div>FY15 Approved: \$240,000</div> <div>FY15 Spent: \$240,000</div> <div>FY15 6-month metrics met: 100%</div> <div>FY15 annual metrics met: 100%</div> </div>
FY18 Dual Funding	<div>FY18 funding requested: \$112,000</div> <div>FY18 funding recommended: \$112,000</div>
Dual Funding History	<div>FY17</div> <div>FY16</div> <div>FY15</div>
	<div> <div>FY17 Requested: \$122,000</div> <div>FY17 Approved: \$110,000</div> </div> <div> <div>FY16 Approved: \$105,000</div> <div>FY16 Spent: \$105,000</div> </div> <div> <div>FY15 Approved: \$90,000</div> <div>FY15 Spent: \$90,000</div> </div>
FY18 Proposed Metrics	<div>Metrics</div> <div>6-month Target</div> <div>Annual Target</div>
	<div>Students served</div> <div>5,916</div> <div>5,916</div>
	<div>School staff who report Playworks helps teach students cooperation and respect</div> <div>N/A</div> <div>90%</div>
	<div>Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class</div> <div>N/A</div> <div>75%</div>
	<div>Great Recess Framework-Student Improvement percentage from baseline</div> <div>20%</div> <div>50%</div>
	<div>Teachers/administrators reporting that Playworks positively impacts school climate</div> <div>N/A</div> <div>90%</div>



FY18 Healthy Body Proposal Summary



Santa Clara Valley Medical Center

NEW

Program Title	Homeless Healthcare and Dental Services in Sunnyvale and Mountain View
Grant Goal	Funding is requested to increase access to healthcare services experiencing or at risk for homelessness. Funds will support two and a half days per week Valley Homeless Healthcare Program (VHHP) medical mobile unit visits to locations homeless people regularly visit to receive basic needs services, and expanded hours and services at the Valley Health Center Sunnyvale dental clinic.
Community Need	<p>The homeless population in the El Camino Healthcare District lacks access to healthcare. According to the 2015 Santa Clara County Homeless Survey:</p> <ul style="list-style-type: none"> • 42% of respondents relied on hospital emergency rooms as their only source of healthcare with many making frequent visits for health conditions that primary care could prevent or manage. • 65% of Homeless Survey respondents reported having one or more health conditions, including chronic medical illnesses (e.g., diabetes, asthma), chronic substance abuse, and serious mental illness. 52% said a health condition kept them from getting and keeping a job and/or stable housing. • 39% reported a mental health disorder and 38% reported substance abuse. • Homeless people identify dental care as a priority, unmet need.
Agency Description & Address	<p>Since 2003, the Santa Clara Valley Medical Center's (SCVMC) VHHP has served as the "safety net for the safety net," providing comprehensive healthcare and enabling services for persons experiencing or at-risk for homelessness. Care coordination connects homeless patients to comprehensive services at Valley Health Centers, including services specifically designed to meet the needs of people experiencing and at risk for homelessness. VHHP engages hard-to reach homeless patients who lack access to healthcare and over-rely on hospital emergency rooms for care for conditions that primary care prevents and manages.</p> <p>2325 Enborg Lane #320, San Jose, CA</p>
Program Delivery Site(s)	<p>Medical mobile unit will provide services at:</p> <ul style="list-style-type: none"> • Community Services Agency in Mountain View • North County Winter Shelter in Sunnyvale during cold weather months • Our Daily Bread in Sunnyvale • Sunnyvale Community Services
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Mobile homeless healthcare: A new VHHP North County multi-disciplinary care team (Physician, RN, LVN, Psychiatrist, Psychologist, Social Worker, and Outreach Driver) will provide primary care, integrated behavioral health services, and enabling services (nonclinical services such as case management, referrals, translation, transportation) to local agencies serving homeless. • Services for homeless adults and children will include physical exams, immunizations, cancer screenings, treatment for illnesses and minor injuries, chronic disease diagnosis and management, mental health interventions, and mental health medication management. • Scheduled appointments and walk-in basis available.

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FY18 Healthy Body Proposal Summary



Santa Clara Valley Medical Center

NEW

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	<ul style="list-style-type: none">• An RN/Care Coordinator will assist patients with complex or serious conditions to access all needed primary, specialty and behavioral healthcare services and facilitate communication among physicians providing care for patients.• A Social Worker will actively assist patients to connect to housing, food, substance abuse recovery, and other community services.• Dental Services – Expanded dental clinic hours: addition of Dentists, Registered Dental Assistants, a Senior Health Services Representative, and a Medical Translator to meet the needs of low income, underserved patients living in the ECHD area, including homeless people with serious oral health conditions.• Three weekly evening dental clinics to increase access to oral healthcare. <p>Funds will support an RN, provider, driver, social worker, psychologist, psychiatrist, RN coordinator, and licensed vocational nurse.</p>			
FY18 Funding	FY18 funding requested: \$1,295,311	FY18 funding recommended:	\$1,000,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$968,000 FY17 Approved: \$968,000 FY17 6-month metrics met: 83%	FY16 Approved: \$1,039,000 FY16 Spent: \$850,031 FY16 6-month metrics met: 56% FY16 annual metrics met: 78%	FY15 Approved: \$1,400,000 FY15 Spent: \$1,400,000 FY15 6-month metrics met: 88% FY16 annual metrics met: 94%	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Primary care and behavioral health patients		100	200
	Primary care and behavioral health encounters		300	800
	Dental patients		450	1,000
	Dental encounters		1,250	3,000
	Behavioral health patients who adhere to treatment plans after receiving neuropsychological testing and motivational interviews		50%	85%
	Patients screened for clinical depression using Patient Health Questionnaire (PHQ) –9 assessment tool (If screened positive for depression, a follow-up plan is documented)		45%	55%
	Patients whose blood pressure is less than 140/90 mm Hg		56%	66%
	Patients screened for housing and placement using the Vulnerability Index- Service Prioritization Decision Assistance Tool		55%	65%
	Dental or emergency dental patients who require oral surgery treatment of a wisdom tooth/surgical extraction and has the treatment completed in specialty dental clinic		25%	40%
	Increase in patient satisfaction scores		8%	10%



FY18 Healthy Body Proposal Summary



Sunnyvale School District

Program Title	School Nurse Program
Grant Goal	Sunnyvale School District is requesting funding to continue the addition of two full time nurses and one full time equivalent health assistant position to provide comprehensive school health services for District students.
Community Need	<ul style="list-style-type: none"> • Manage students with special health care needs or chronic illnesses, such as diabetes, asthma, severe allergies and seizures. • Provide assessment or screening and referral for health conditions, such as vision, hearing and dental problems. • Connect students and families to a medical home and other community resources when necessary to make sure their health needs are met. • Identify students, who chronically miss school due to illness, provide assessment and necessary interventions.
Agency Description & Address	<p>The Sunnyvale School District's mission is to prepare each and every one of their students with a strong foundation of skills and knowledge to succeed in their educational pursuits.</p> <p>819 W. Iowa Avenue, Sunnyvale, CA</p>
Program Delivery Site(s)	All schools in the Sunnyvale School District and health program at Columbia Neighborhood Center.
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Implement individualized health care plans for students with chronic medical conditions, such as severe allergies, asthma, diabetes and seizures. • Inform school staff of students' medical conditions and provide appropriate training. • Provide vision screening for all students in Transitional Kindergarten/Kindergarten, second grade, fifth grade and eighth grade. • Health assessments and screenings for students in special education. • Follow up on all students who failed vision or hearing screenings to determine whether student was seen by their provider and what the outcome was. • Refer students who are uninsured or underinsured to resources for free eye exams and free glasses. • Provide case management for students with attendance issues where the barrier for attending school is health related. • Participate in IEP (individual educational program) meetings, RTI (Response to Intervention) meetings, 504 Plan (Accommodation Plan) meetings and SARB (Student Attendance Review Board) meetings as needed to provide medical expertise to the team. • Collaborate with the CNC (Columbia Neighborhood Center) to offer an after school Fitness class in the fitness room.

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FY18 Healthy Body Proposal Summary



Sunnyvale School District

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FY18 Funding	FY18 funding requested: \$293,465		FY18 funding recommended: \$275,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$293,778 FY17 Approved: \$275,000 FY17 6-month metrics met: 100%	FY16 Approved: \$265,000 FY16 Spent: \$265,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$267,500 FY15 Spent: \$267,500 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		2,216	4,432
	Students who failed vision or hearing screenings and saw their health care provider		50%	75%
	Students chronically absent due to illness (>10% of school days) who improved attendance		65%	66%
	Kindergarten students who received a well-child exam as measured by the receipt of a completed CHDP (Child Health and Disability Prevention Program) "Health Exam for School Entry" Form		35%	70%
	Staff who received CPR/AED training during Staff Development Days and who reported increased knowledge and confidence in the ability to perform CPR and use of an AED		80%	90%



FY18 Healthy Mind Proposal Summary



Acknowledge Alliance

Program Title	Resilience Program and Social Emotional Learning Lessons			
Grant Goal	Promote lifelong resilience in youth by strengthening the social and emotional skills of children/youth and the caring capacity of the adults who influence their lives.			
Community Need	Students, especially those from marginalized communities, are facing adversities that hinder success, both in and out of school. Those from homes that are not safe or lack support and love are more likely to be unprepared to learn effectively and are at-risk for negative life events, depression and academic failure. Teachers can become burned out from the stressors they face- especially around academic performance— and many lack the skills, training and resources to effectively support the social emotional needs of students.			
Agency Description & Address	The work of Acknowledge Alliance is based on the Theory of Resilience and was implemented to support vulnerable youth through cultivating the wellness and social emotional learning of educators and other caring adults in their lives. 2483 Old Middlefield Way, Suite 208, Mountain View, CA			
Program Delivery Site(s)	Mountain View Whisman School District: <ul style="list-style-type: none">Crittenden Middle School Sunnyvale School District: <ul style="list-style-type: none">Bishop Elementary SchoolCherry Chase Elementary SchoolFairwood ElementarySan Miguel Elementary SchoolColumbia Middle SchoolSunnyvale Middle School			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none">Provide social emotional learning lessons to students in identified Sunnyvale and Mountain View Whisman School District schoolsProvide one-on-one student counselingProvide social emotional training and professional development for teachers Funds support partial salaries of program director and consultants as well as administrative costs.			
FY18 Funding	FY18 funding requested: \$60,000FY18 funding recommended: \$35,000			
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$35,000 FY17 Approved: \$35,000 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		189	573
	Educators served		27	81
	Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly		N/A	90%
	Students will report applying what they learned from the social emotional lessons during the school day sometimes or more often		N/A	50%



FY18 Healthy Mind Proposal Summary



Alzheimer's Disease and Related Disorders Association, Inc. (Alzheimer's Association) – Asian Dementia Initiative

<i>Program Title</i>	Asian Dementia Initiative			
<i>Grant Goal</i>	This program will increase public awareness about Alzheimer’s Disease and Related Dementias (ADRD) in Asian communities and link families with culturally and linguistically competent services.			
<i>Community Need</i>	It is estimated that 35% of the population of Santa Clara County is of Asian descent and over 6,000 have ADRD. The number of those with ADRD in Santa Clara County is expected to increase by 44% between 2015 and 2030. Studies suggest that Asian Americans may not report symptoms of dementia to medical professionals unless family caregivers require assistance with behavior issues.			
<i>Agency Description & Address</i>	The Alzheimer’s Association works on a global, national, and local level to enhance care and support for all those affected by Alzheimer’s and related dementias. 2290 N. First Street, Suite 101, San Jose, CA			
<i>Program Delivery Site(s)</i>	Services will be delivered at a number of community sites including the Mountain View Senior Center and Sunnyvale Senior Center			
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<ul style="list-style-type: none">• Provide program staffing, including part-time Community Outreach Manager and Chinese Outreach Specialist• Improve awareness and understanding of Alzheimer’s disease within Asian communities by providing linguistically and culturally appropriate outreach• Link families and caregivers to services available through the Alzheimer's Association and other related resources Funds will support partial staffing who will provide services and community outreach.			
<i>FY18 Funding</i>	FY18 funding requested: \$ 70,000 FY18 funding recommended: \$70,000			
<i>Funding History and Metric Performance</i>	FY17	FY16	FY15	
	FY17 Requested: \$80,000 FY17 Approved: \$70,000 FY17 6-month metrics met: 100%	FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY16 6-month metrics met: 80% FY16 annual metrics met: 100%	FY15 Approved: \$60,000 FY15 Spent: \$60,000 FY15 6-month metrics met: 33% FY15 annual metrics met: 100%	
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served		520	850
	Services provided		850	1,740
	Participants in Educational Sessions/Forums who indicated they agree or strongly agree that they learned material to help them better care for their loved one with ADRD		95%	95%
	Participants in Support Groups who agree or strongly agree that they know about how family, friends and others can assist them with care and support		N/A	95%



FY18 Healthy Mind Proposal Summary



Alzheimer's Disease and Related Disorders Association, Inc. (Alzheimer's Association) – Latino Family Connections

Program Title	Latino Family Connections – Dementia Support			
Grant Goal	This program will provide culturally and linguistically relevant services to Latino residents dealing with Alzheimer’s Disease and Related Dementias (ADRD).			
Community Need	In Santa Clara County, Latinos/Hispanics living with ADRD numbers over 5,000 community members. Data analysis shows that by 2030, there will be over 275,000 Latinos/Hispanics who will be living with ADRD in California. Data suggests that the Latino population may be at greater risk of developing ADRD than any other ethnic or cultural group due to evidence that indicates that vascular disease risk factors—including diabetes—may also be risk factors for ADRD incidence. Data also suggests that Latino/Hispanics with dementia are low users of formal health care services.			
Agency Description & Address	The Alzheimer’s Association works on a global, national, and local level to enhance care and support for all those affected by Alzheimer’s and related dementias. 2290 N. First Street, Suite 101, San Jose, CA			
Program Delivery Site(s)	Services will be delivered at a number of community sites including the Mountain View Senior Center and Sunnyvale Senior Center			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none">• Provide program staffing, including a part-time Family Care Specialist and Community Relations Manager• Improve awareness and understanding of Alzheimer’s disease within Latino communities by providing linguistically and culturally appropriate outreach and resources• Link families and caregivers to services available through the Alzheimer’s Association and other related resources through 24/7 Helpline, care consultations, monthly support groups, and community education Funds will support partial staffing who will provide services, community outreach, and family medical respite.			
FY18 Funding	FY18 funding requested: \$70,000		FY18 funding recommended: \$70,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$70,000 FY17 Approved: \$70,000 FY17 6-month metrics met: 100%	FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	N/A New program in FY16	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		300	600
	Services provided		980	1,580
	Participants in Educational Sessions/Forums who agree or strongly agree that they learned material to help them better care for their loved one with ADRD		95%	95%
	Participants in Support Groups who said they agree or strongly agree that they know how family, friends and others can assist them with care and support		N/A	95%



FY18 Healthy Mind Proposal Summary

HEALTHY
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Avenidas

NEW

Program Title	Avenidas Rose Kleiner Adult Day Health Program
Grant Goal	To fund a FT Social Worker's position to help provide integrated daily support services at Avenidas Rose Kleiner Center (AKRC), the adult day health program.
Community Need	In response to federal and state policy initiatives authorized by the Affordable Care Act and the Coordinated Care Initiative (CCI), Santa Clara County health and social service departments, health plans, health care institutions and providers are working together to integrate health care and supportive social services with an eye toward reducing rising health care costs. Meeting this goal must include recognition of the vital role that Long- Term Support Services, play in helping adults with multiple chronic conditions maintain daily functioning, manage complex needs and continue to live in the community and "age in place."
Agency Description & Address	Avenidas is a multi-service senior services agency whose mission is to preserve the dignity and independence of members to help participants meet transitions in life due to aging, illness and cognitive decline. Over 40 years ago, Avenidas started the Rose Kleiner Center (ARKC). It is a state licensed adult day health center designed to serve the dependent and medically high-risk segment of the elderly population, many with Alzheimer's Disease and dementia, while supporting their efforts, and those of their family, to remain in their own homes. 450 Bryant Street, Palo Alto, CA
Program Deliver Site(s)	Rose Kleiner Adult Day Center, 270 Escuela Avenue, Mountain View, CA
Services Funded By Grant/How Funds Will Be Spent	<p>The social worker will:</p> <ul style="list-style-type: none"> • Conduct assessments and evaluate psychosocial needs • Work in close collaboration with an Interdisciplinary Team of Registered Nurses, physical, occupational and speech therapists to develop Plans of Care and act as a liaison to community agencies such a hospital discharge planners, community case management staff, IHSS and County Social Services Staff to obtain necessary support services • Support participants' family members to create a safe supportive home environment and strengthen family members' ability to develop robust coping strategies to safeguard their own health and well-being <p>Funds will support a social worker.</p>

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FY18 Healthy Mind Proposal Summary

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Avenidas NEW

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<i>FY18 Funding</i>		FY18 funding requested: \$50,000	FY18 funding recommended: \$45,000
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals Served	75	95
	Older adults served	35	45
	Family members/caregivers served	40	50
	Services provided	1,060	2,120
	Older adults who maintain at least three essential Activities of Daily Living	90%	90%
	Individuals who report having increased their knowledge of effective caregiving techniques, and report that they have implemented successful self-help strategies	90%	90%



FY18 Healthy Mind Proposal Summary

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CHAC

Program Title	Prevention Plus		
Grant Goal	This program seeks to achieve early identification and intervention for social and emotional issues and provide assessment, case management and treatment of symptoms for elementary and middle school students in order to improve behavior, raise achievement, increase attendance, and reduce violence and substance abuse.		
Community Need	Mental illness does not discriminate. Individuals of all ages can experience and suffer from mental illness throughout their life - be it anxiety, sadness or depression, lack of self-worth or feelings of abandonment, or more serious issues such as alcohol and substance abuse or addiction, violence, self-harming behaviors or suicide. CHAC staff is seeing an increase in social emotional issues in students, including: bullying, self-harm behavior in teens, defiant behavior and acting out in class, alcohol and prescription drug abuse. According to the California Healthy Kids Survey (CHKS), 39 percent of 7th graders in local schools reported being bullied in 2013-14 and 19 percent of 7th graders were afraid of being beaten up. Counseling that directly addresses these behaviors can reduce their present and future costs to society. Depression and suicide are also serious issues in children and youth.		
Agency Description & Address	CHAC Community Health Awareness Council is a nonprofit mental health services agency located in Mountain View. It offers counseling, therapy, support groups, classes, and psycho-educational programs to local children, adults, and families. 590 W. El Camino Real, Mountain View, CA		
Program Delivery Site(s)	Schools in the Sunnyvale School District: <ul style="list-style-type: none"> • Elementary Schools: Bishop, Cherry Chase, Cumberland, Ellis, Fairwood, Lakewood, San Miguel and Vargas schools • Middle school sites are Columbia Middle and Sunnyvale Middle 		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide individual school-based counseling • Provide social skills program in schools • Provide crisis intervention • Provide staffing for clinical supervisor to oversee the work of master's and doctoral level graduate interns Funds support partial salaries of clinical supervisor, data analyst, program director and Marriage and Family Therapy (MFT) interns as well as administrative costs.		
FY18 Funding	FY18 funding requested: \$200,000 FY18 funding recommended: \$181,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$181,000 FY17 Approved: \$181,000 FY17 6-month metrics met: 75%	FY16 Approved: \$192,700 FY16 Spent: \$192,700 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$192,700 FY15 Spent: \$192,700 FY15 6-month metrics met: 100% FY15 annual metrics met: 80%

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FY18 Healthy Mind Proposal Summary

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CHAC

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FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	314	786
	Service hours provided	2,808	7,040
	Reduction in the symptoms of students presenting with depression accessing school-based counseling	20%	25%
	Reduction in the symptoms of students presenting with anxiety accessing school-based counseling	20%	25%
	Reduction in the symptoms of students presenting defiance and oppositional behavior accessing school based counseling	20%	25%
	Increase in pro-social behavior among 10% of students presenting with social skills difficulties accessing school based counseling	20%	25%



FY18 Healthy Mind Proposal Summary



Family & Children Services (a division of Caminar)

<i>Program Title</i>	Domestic Violence Survivor Services				
<i>Grant Goal</i>	Enable more victims of domestic violence to receive help earlier and provide professional services to support victims.				
<i>Community Need</i>	The Centers for Disease Control and Prevention estimates that 32% of women experience physical violence from an intimate partner in their lifetime. Domestic violence persists as an under-reported crime, in which shame, stigma, and fear keep women from making police reports or seeking services. Researchers at the University of Pennsylvania found that while nearly 80% of female victims of intimate partner violence visit emergency departments for medical concerns, as many as 72% are not identified as victims of abuse.				
<i>Agency Description & Address</i>	Family & Children Services of Silicon Valley (FCS), now a division of Caminar, strengthens families and increases health and wellbeing through counseling, prevention, and support services. 2600 South El Camino Real, Suite# 200, San Mateo, CA				
<i>Program Delivery Site(s)</i>	<ul style="list-style-type: none">• MayView Community Health Center, 900 Miramonte Ave, Mountain View, CA• Case management services are delivered throughout the community as the case manager accompanies survivors to court, the police department, the Family Justice Center, law offices, and other appointments• FCS’s office in Palo Alto at 375 Cambridge Avenue, Palo Alto, CA				
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<ul style="list-style-type: none">• Provide trauma-informed individual and family counseling services• Provide advocacy assistance, phone-based support, community outreach and education, and weekly support groups Funds support partial salaries for a case manager, therapist and other staff positions as well as administrative costs.				
<i>FY18 Funding</i>	FY18 funding requested: \$50,000		FY18 funding recommended: \$50,000		
<i>Funding History and Metric Performance</i>	FY17		FY16		
	FY17 Requested: \$50,000 FY17 Approved: \$50,000 FY17 6-month metrics met: 100%		FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY16 6-month metrics met: 60% FY16 annual metrics met: 83%		
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>			<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served			32	69
	Services provided			257	628
	Participants who report after one month of participation feeling less isolated			75%	80%
	Participants who report after two contacts having a safety plan and feeling more knowledgeable about options and safety considerations			90%	90%



FY18 Healthy Mind Proposal Summary



GoNoodle

Program Title	GoNoodle Brain Breaks Program
Grant Goal	GoNoodle is a suite of movement games and videos designed to bring mindfulness and physical activity breaks into K-5 elementary classrooms. The games were built on research that shows short bursts of physical activity positively impacts academic achievement, cognitive skills, behavior, as well as overall health. Short games serve as transitions between subjects and teachers can easily integrate physical activity into the instructional day.
Community Need	According to a CDC and USDA study of WIC participants (2014), California ranked 6 th highest in the nation for obese, low-income 2 to 4 year olds (17%). Additionally, California currently has no laws requiring schools to provide physical activity or recess during the school day. These alarming facts exemplify the need for early intervention to promote health and provide opportunities for physical activity for California's children.
Agency Description & Address	GoNoodle gets kids moving to be their smartest, strongest, bravest, best selves. Short, interactive movement videos make it simple and fun to incorporate movement into every part of the day with dancing, stretching, running and mindfulness activities. At school, teachers use GoNoodle to keep students energized, engaged, and active inside the classroom. At home, GoNoodle turns screen time into active time, so families can have fun and get moving together. Currently, 12 million kids use GoNoodle each month, in all 50 states and 185 countries. Last year, GoNoodle received a Kids at Play Interactive Award for Best Product for Schools. 209 10th Avenue South Suite 350, Nashville, TN
Program Delivery Site(s)	Schools in the Los Altos, Sunnyvale and Mountain View Whisman School Districts, Los Altos Christian School and Saint Simon Parish School.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECH sponsored schools • Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features • Placement of ECHD name and logo on the GoNoodle site, materials distributed to teachers, administrators, parents and extended to GoNoodle home usage; on-going platform enhancements and new games or videos added regularly to promote engagement • Direct mail and email campaigns designed to promote new and ongoing usage to principals and teacher champions; social media (Twitter, Facebook, and Instagram) posts to engage with users • On-site GoNoodle demonstrations or webinars, as requested <p>Funds will support for program license and the partial salary of the school engagement coordinator.</p>

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FY18 Healthy Mind Proposal Summary

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MIND



GoNoodle

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FY18 Funding	FY18 funding requested: \$35,000		FY18 funding recommended: \$35,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$35,000 FY17 Approved: \$35,000 FY17 6-month metrics met: 100%	FY16 Approved: \$21,000 FY16 Spent: \$21,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$27,000 FY15 Spent: \$27,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
FY18 Dual Funding	FY18 funding requested: \$110,000		FY18 funding recommended: \$110,000	
Dual Funding History	FY17	FY16	FY15	
	FY17 Requested: \$110,000 FY17 Approved: \$110,000	FY16 Approved: \$74,000 FY16 Spent: \$74,000	FY15 Approved: \$63,000 FY15 Spent: \$63,000	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Schools served		25	25
	GoNoodle physical activity breaks		15,000	30,000
	Student physical activity minutes achieved		820,000	1,640,000
	Teachers who agree that GoNoodle benefits their students' classroom focus and attention		N/A	92%
	Teachers who agree that Go Noodle physical activity breaks are a valuable resource in helping students succeed in core subjects		N/A	92%
	Teachers who are satisfied with the GoNoodle physical activity breaks		N/A	92%



FY18 Healthy Mind Proposal Summary



Law Foundation of Silicon Valley

Program Title	Removing Legal Barriers to Mental Health Access			
Grant Goal	To increase stability and improve mental health by increasing access to mental health services.			
Community Need	People with mental health disabilities often have legal issues that prevent them from accessing health insurance, appropriate healthcare, and other safety-net services. Lack of health insurance is a barrier to obtaining regular mental health care, which makes it more difficult for individuals to successfully apply for disability benefits because they lack the medical records to document the severity and extent of their disabilities.			
Agency Description & Address	The Law Foundation serves to advance the rights of under-represented individuals and families in a diverse community through legal services, strategic advocacy, and educational outreach. 152 North Third Street, 3 rd Floor, San Jose, CA			
Program Delivery Site(s)	Law Foundation's office and at monthly clinics held at Community Services Agency Mountain View			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Expand outreach and advocacy services for residents to improve access to mental health care and other safety-net benefits Provide patients' rights advocacy and other legal information from on-site legal advisors Funds support partial salaries of three staff attorneys, intake worker and other administrative staff roles as well as some administrative costs.			
FY18 Funding	FY18 funding requested: \$62,250		FY18 funding recommended: \$62,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$61,919 FY17 Approved: \$61,919 FY17 6-month metrics met: 50% <i>(Target number of individuals served was met. Services rescheduled to second half of year impacted midyear metrics; anticipate achieving annual target.)</i>	FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	N/A New program in FY16	
FY18 Proposed Metrics	Metrics			6-month Target
	Individuals served through representation			31
	Healthcare providers served through educational presentation			62
	Providers receiving training who increase their understanding of their patients' rights to medical benefits and other forms of public assistance			75%
	Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits			75%



FY18 Healthy Mind Proposal Summary

HEALTHY
MIND



Los Altos School District

Program Title	School Mental Health Team		
Grant Goal	To provide mental health services to 7 th and 8 th grade students.		
Community Need	One in ten youth have serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. Roughly half of all lifetime mental health disorders start by the mid-teens. The need for school-based mental health services has been well documented over the last 15 years.		
Agency Description & Address	LASD serves 4,700 students from preschool through eighth grade. LASD has earned many awards that document the high achievement of its student population. 201 Covington Ave, Los Altos, CA		
Program Delivery Site(s)	Los Altos School District middle schools		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide staffing for a licensed therapist for: <ul style="list-style-type: none"> • Individual therapy • Group Counseling • Family therapy • Crisis intervention • Case Management • Classroom Interventions <p>Funds support the salaries of two licensed therapists.</p>		
FY18 Funding	FY18 funding requested: \$200,000	FY18 funding recommended: \$100,000	
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$206,000 FY17 Approved: \$100,000 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	Individuals served		110
	Services hours provided		413
	Students who improved from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment (SDQ) by 50%		50%
	Parents who report increased knowledge of how to support their adolescent by at least one point on a 1-5 point scale.		70%
	Students who report reduced stress level by at least two points on a 1-10 point scale after participating in classroom-based stress reduction strategy instruction		50%



FY18 Healthy Mind Proposal Summary

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Maitri

<i>Program Title</i>	South Asian Domestic Violence Program			
<i>Grant Goal</i>	Provide comprehensive services for South Asian and immigrant survivors of domestic violence, helping them overcome the effects of violence so that they may achieve self-sufficiency and improved wellness.			
<i>Community Need</i>	The Centers for Disease Control and Prevention estimates that 32% of women experience physical violence from an intimate partner in their lifetime. Domestic violence persists as an under-reported crime, in which shame, stigma, and fear keep women from making police reports or seeking services. Researchers at the University of Pennsylvania found that while nearly 80% of female victims of intimate partner violence visit emergency departments for medical concerns, as many as 72% are not identified as victims of abuse.			
<i>Agency Description & Address</i>	Maitri is a non-profit community-based organization located in Santa Clara County that provides services to a distinct population of survivors of domestic violence and human trafficking. Maitri is the only domestic violence agency in the County that holds accreditation from the Bureau of Immigration Appeals to provide direct legal representation to immigrant survivors. P.O. Box 697, Santa Clara, CA			
<i>Program Delivery Site(s)</i>	Most services are provided at Maitri’s office in San Jose. This and other addresses where services provided are not published for the safety of clients and staff.			
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<ul style="list-style-type: none">• Provide peer counseling, transitional housing, case management, legal advocacy, immigration services, and legal representation• Provide South Asian immigrants and citizens impacted by domestic violence and human trafficking with linguistically and culturally specific legal services• Services available in multiple languages Funds support partial salaries for program staff and administrative costs.			
<i>FY18 Funding</i>	FY18 funding requested: \$ 40,000		FY18 funding recommended: \$40,000	
<i>Funding History and Metric Performance</i>	FY17	FY16	FY15	
	FY17 Requested: \$30,000 FY17 Approved: \$30,000 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17	
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served		10	20
	Services provided		45	91
	Clients who report increased awareness of their legal rights		70%	75%
	Peer counseling clients surveyed will report increased emotional well-being due to counseling		70%	70%



FY18 Healthy Mind Proposal Summary



Momentum for Mental Health

Program Title	Mental Health Community Clinic		
Grant Goal	Provide mental health services to those who do not have access to treatment because they cannot afford to pay for services and those who are uninsured.		
Community Need	Many individuals who suffer from mental health do not have access to mental health services due to lack of healthcare insurance or their inability to pay. Consequently, these individuals tend to remain untreated, utilize hospital emergency rooms when in crisis, and risk losing employment. In Primary care clinics typically lack mental health services and most mental health clinics locally have a wait list. According to the 2016 CHNA, close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days and six in ten county residents report being somewhat or very stressed about financial concerns.		
Agency Description & Address	Momentum for Mental Health is the largest private non-profit agency providing mental health services to adults in Santa Clara County. 652 Forest Ave, Palo Alto, CA		
Program Delivery Site(s)	Services will be provided at agency site.		
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Psychiatry assessments • Treatment and medication management sessions • Case management sessions • Short-term and crisis counseling • For some clients in need of more intensive services, provide no-cost intensive outpatient program and crisis residential care <p>Funds partial funding for staff including a psychiatrist, registered nurse, a lead clinical, a program manager and other staff.</p>		
FY18 Funding	FY18 funding requested: \$241,000 FY18 funding recommended: \$241,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$266,000 FY17 Approved: \$241,000 FY17 6-month metrics met: 50% <i>(Unmet metric was close to target; greater than usual portion of established versus new patients resulted in less utilization of services.)</i>	FY16 Approved: \$236,000 FY16 Spent: \$236,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$236,000 FY15 Spent: \$236,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
FY18 Dual Funding	FY18 funding requested: \$26,000 FY18 funding recommended: \$26,000		
Dual Funding History	FY17	FY16	FY15
	FY17 Requested: \$26,000 FY17 Approved: \$26,000	FY16 Approved: \$26,000 FY16 Spent: \$26,000	FY15 Approved: \$26,000 FY15 Spent: \$24,590

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Momentum for Mental Health

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<i>FY18 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served	100	118
	Services provided	808	1,615
	Patients who return for follow up visit within 45-60 days after initial psychiatric assessment	85%	85%
	Patients who report a reduction of two points or more in Patient Health Questionnaire-9 (PHQ-9) to measure severity of depression	85%	85%
	Patients who report a reduction of two points or more in Generalized Anxiety Disorder-7 (GAD-7) to measure severity of anxiety	85%	85%



FY18 Healthy Mind Proposal Summary



Mountain View Los Altos Union High School District

Program Title	School Mental Health and Support Team		
Grant Goal	Students who receive mental health and emotional support services will have improved educational outcomes, helping them to succeed in school.		
Community Need	<p>Academic success is linked to students' health and general sense of wellbeing. When mental health needs are not addressed, academic progress is at risk and students may not graduate from high school. Long-term consequences include decreased likelihood of attending college, impaired ability to actualize goals, increased risk of substance abuse, anxiety and depression in adulthood.</p> <p>According to the CA Healthy Kids Survey 2013 – 2015, chronic sadness occurred in around 33% of 9th/11th graders within past year. Suicide is second leading cause of death for 0 – 19 year olds in CA and nationally (Epicenter database). Additionally, truancy can be indicative of social maladjustment (e.g., drugs use, theft), and the vast majority of these students appear to have worsening treated and untreated depression/anxiety.</p>		
Agency Description & Address	<p>The Mountain View Los Altos Union High School District is a culturally diverse district composed of three high schools serving the communities of Mountain View, Los Altos and Los Altos Hills.</p> <p>1299 Bryant Avenue, Mountain View, CA</p>		
Program Delivery Site(s)	Mountain View High School and Los Altos High School		
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Individual therapy • Group therapy • Collateral therapy • Check-ins • Crisis management • Case management • Support educators in effective management of students with mental health issues <p>Funds support staffing for two licensed therapists.</p>		
FY18 Funding	<p>FY18 funding requested: \$160,000 FY18 funding recommended: \$160,000</p>		
Funding History and Metric Performance	FY17	FY16	FY15
	<p>FY17 Requested: \$170,000</p> <p>FY17 Approved: \$160,000</p> <p>FY17 6-month metrics met: 100%</p>	<p>FY16 Approved: \$160,000</p> <p>FY16 Spent: \$160,000</p> <p>FY16 6-month metrics met: 100%</p> <p>FY16 annual metrics met: 83%</p>	<p>FY15 Approved: \$160,000</p> <p>FY15 Spent: \$160,000</p> <p>FY15 6-month metrics met: 100%</p> <p>FY15 annual metrics met: 100%</p>

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FY18 Healthy Mind Proposal Summary



Mountain View Los Altos Union High School District

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<i>FY18 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Students served	75	150
	Services hours provided	1,260	2,520
	Students who reduce unexcused absences to 10% or less	5%	10%
	Students who reduce high risk behaviors by at least 25%	5%	10%
	Students who decrease exposure to violence by at least 25%	5%	10%
	Students who increase use of coping skills for trauma, depression, anxiety and/or anger by at least 25%	18%	25%
	Students who decrease suicidal thoughts and feelings by at least 25%	18%	25%



FY18 Healthy Mind Proposal Summary



National Alliance for Mental Illness (NAMI) Santa Clara County

Program Title	Peer Mentors and Peer PALS Program		
Grant Goal	Individuals with severe mental illnesses will become connected to peers who engage in their recovery.		
Community Need	Individuals suffering from severe and persistent mental illnesses are at high risk of relapsing, being re-hospitalized and/or becoming homeless partly due to isolation and the lack of contact with others.		
Agency Description & Address	<p>NAMI Santa Clara County offers practical experience, support, education, comfort and understanding to anyone concerned about mental illness, primarily schizophrenia, bipolar disorder, clinical depression, and obsessive compulsive disorder. NAMI provides resources and referrals to treatment and services in Santa Clara County.</p> <p>1150 S Bascom Avenue #24, San Jose, CA</p>		
Program Delivery Site(s)	Services include phone calls and meeting with clients at local community sites		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide support to individuals who suffer from severe and persistent mental illness • Identify participants for Peer PALS and Peer Mentors • Provide services to promote and maintain recovery, alleviate loneliness and isolation, enhance life in the community, and build self-esteem <p>Funds support partial salaries of program staff, Mentors and Peer Pals as well as administrative costs, including overhead.</p>		
FY18 Funding	FY18 funding requested: \$100,000 FY18 funding recommended: \$80,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$100,000 FY17 Approved: \$100,000 FY17 6-month metrics met: 100%	FY16 Approved: \$100,000 FY16 Spent: \$88,794 FY16 6-month metrics met: 67% FY16 annual metrics met: 83%	FY15 Approved: \$10,000 FY15 Spent: \$10,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
FY18 Proposed Metrics	Metrics		6-month Target
	Individuals served		35
	Peer PALS and Peer Mentors visits provided		441
	Peer PALS and Peer Mentors phone calls conducted		888
	Participants will feel more hopeful about future and recovery		70%
	Participants will be more cooperative with their treatment plans		70%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Chinese Health Initiative

Program Title	Chinese Health Initiative			
Grant Goal	Increase awareness and identification of health disparities including hepatitis B, liver cancer, and hypertension among the Chinese community.			
Community Need	The incidence and mortality rates of liver cancer in the Chinese community are three times more than those of whites.			
Agency Description & Address	Chinese Health Initiative at El Camino Hospital addresses the unique health disparities in the growing Chinese population, and accommodates cultural preferences in education, screening, and the delivery of healthcare. 2500 Grant Road, Mountain View, CA			
Program Delivery Site(s)	The program services will be delivered at various community sites including senior centers and community centers.			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none">Conduct educational workshops to raise awareness of health disparitiesProvide screenings for hepatitis B and hypertensionProduce newspaper articles and print material addressing health concerns specific to the Chinese community Funds will support partial staffing and program materials for screenings and outreach.			
FY18 Funding	FY18 funding requested: \$239,000		FY18 funding recommended: \$234,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$215,200 FY17 Approved: \$215,200 FY17 6-month metrics met: 100%	FY16 Approved: \$190,200 FY16 Spent: \$190,200 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%	FY15 Approved: \$190,000 FY15 Spent: \$190,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
FY18 Dual Funding	FY18 funding requested: \$30,000		FY18 funding recommended: \$30,000	
Dual Funding History	FY17	FY16	FY15	
	FY17 Requested: \$30,000 FY17 Approved: \$30,000	FY16 Approved: \$30,000 FY16 Spent: \$30,000	FY15 Approved: \$30,000 FY15 Spent: \$30,000	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		400	800
	Services provided		800	1,700
	World Journal impressions from hypertension awareness campaign		N/A	925,000
	Individuals who received assistance from CHI to help them better access care (e.g. referrals to physicians, getting connected to services, providing healthcare resources)		83	165
	Participants who strongly agree or agree that the program’s health education or screening helps them better manage their health		N/A	90%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Farewell to Falls

Fiscal Agent: Stanford Health Care

Program Title	Farewell to Falls		
Grant Goal	This evidence-based program aims to reduce falls by providing home visits to older, at-risk adults.		
Community Need	Falls are a significant health care concern for older adults. The CDC estimates that at least one in three older adults fall each year, costing an estimated \$34 billion per year nationally. In 2014 in Santa Clara County, 8,432 older adults were seen in emergency departments and an additional 2,941 older adults were hospitalized that same year.		
Agency Description & Address	The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. 300 Pasteur Drive, MC 5898, Stanford, CA		
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District's boundaries.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Provide three home visits by an Occupational Therapist who reviews home safety, assesses the older adult's strength and balance, medications, home safety, and other factors that contribute to fall risk and provide a return visit at one year for reevaluation Conduct a monthly phone call to check on fall status and reinforce recommendations Funds will support staffing for licensed, per diem Occupational Therapists and program supplies such as grab bars.		
FY18 Funding	FY18 funding requested: \$38,349 FY18 funding recommended: \$35,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$29,160 FY17 Approved: \$29,160 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	Older adults served		22
	Older adults who are compliant with exercise recommendations		55%
	Older adults who decrease injurious falls that require a 911 call, Emergency Department, or doctor's visit		75%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Health Library & Resource Center – Mountain View

Program Title	Health Library & Resource Center Mountain View		
Grant Goal	This Health Library and Resource Center serves to improve health literacy and knowledge of care options for patients, families, and caregivers.		
Community Need	Individuals want and need accurate information to make the best possible healthcare and medical decisions. Without such information, they may undergo unnecessary treatment, fail to understand the impact of diet and exercise, ignore important warning signs, and waste healthcare dollars.		
Agency Description & Address	El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos. 2500 Grant Road, Mountain View, CA		
Program Delivery Site(s)	The program services will be delivered at agency site in Mountain View, CA		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources • Conduct outreach to local senior centers • Provide eldercare consultations and assist community members with developing a long-range care plan based on their personal family situation • Provide health insurance counseling and healthcare consultations that include Advance Health Care Directive assistance, nutrition counseling, and hypertension screening <p>Funds support partial staffing for six positions including Librarian and Eldercare Consultant and supplies such as books and subscriptions.</p>		
FY18 Funding	FY18 funding requested: \$393,491 FY18 funding recommended: \$373,491		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$393,491 FY17 Approved: \$393,491 FY17 6-month metrics met: 75% <i>(Unmet metric was close to target.)</i>	FY16 Approved: \$393,491 FY16 Spent: \$393,491 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$453,616 FY15 Spent: \$406,169 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
FY18 Dual Funding	FY18 funding requested: \$69,702 FY18 funding recommended: \$69,702		
Dual Funding History	FY17	FY16	FY15
	FY17 Requested: \$63,672 FY17 Approved: \$63,672	FY16 Approved: \$63,672 FY16 Spent: \$63,672	FY15 Approved: \$61,500 FY15 Spent: \$57,956

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FY18 Healthy Community Proposal Summary



Health Library & Resource Center – Mountain View

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FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	12,015	23,900
	New members registered	328	656
	Eldercare contacts provided to link community members to resources	540	1,080
	Health consultations provided, including health insurance counseling, Advance Health Care Directive assistance, nutrition counseling, and hypertension screenings	180	360
	Individuals who strongly agree or agree that eldercare referrals are appropriate to their needs	95%	95%
	Individuals who strongly agree or agree that eldercare consultations increased their knowledge of care options	95%	95%
	Individuals who strongly agree or agree that the library has proven valuable in helping them manage their health or the health of a family member	75%	75%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



The Health Trust

NEW

Program Title	Meals on Wheels		
Grant Goal	This program ensures a daily visit to low-income, homebound seniors, where experienced program staff work as a team with trained drivers, a social worker, registered dietician and volunteers to ensure that every senior is visited five days per week, assessed for risk of nutritional deficiency and social isolation, and provided with support if risk is detected.		
Community Need	Among seniors aged 60 and over in the cities of Mountain View and Sunnyvale, nearly one in four live in poverty and many struggle to meet their basic daily needs of food, social support and health care. Multiple research studies show a direct link between social isolation and increased rates of disease and death among the elderly. Furthermore, nutritional risk is greatly elevated by poverty, a significant social determinant of health.		
Agency Description & Address	The Health Trust is a charitable 501(c)(3) nonprofit operating foundation serving Santa Clara and northern San Benito Counties. Services offered by The Health Trust are aimed at improving the wellbeing of vulnerable populations in Santa Clara and northern San Benito counties. The agency helps older adults maintain their health and independence, care for people with HIV/AIDS, assist families in obtaining health insurance, educate adults in managing chronic disease, care for children's teeth, and provide opportunities for people of all ages to eat well and be active. 3180- Newberry Drive, Suite 200, San Jose, CA		
Program Delivery Site(s)	Services will be delivered in-home to older adults who reside in Mountain View and Sunnyvale, CA		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide twenty minute daily visit that includes a brief social interaction, visual wellness check and one meal • Administer three initial assessments to measure nutritional risk, social isolation and episodes of hospitalization • Provide reassessments; if needed, a trained staff member makes referrals to outside health or social service professionals Funds will support partial staffing and partial program materials such as food.		
FY18 Funding	FY18 funding requested: \$150,000 FY18 funding recommended: \$100,000		
FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	70	100
	Meals delivered	5,200	13,200
	Wellness checks administered	1,820	8,060
	Clients who reduce their nutritional risk level by at least 3 points, Nutritional Risk Assessment (NRA)	40%	50%
	Decrease in clients who are "Socially Isolated" as measured on the Lubben Social Network Scale-6 (LSNS – 6)	20%	30%
	Clients who report the program is somewhat or very important to helping them remain independent in their homes	95%	95%



FY18 Healthy Community Proposal Summary



Hypertension Initiative – American Heart Association Silicon Valley

Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.

Program Title	Check.Change.Control. Hypertension Initiative
Grant Goal	Implement year two of the American Heart Association – El Camino Healthcare District Check.Change.Control. Hypertension Initiative to focus on reducing hypertension among the underserved adult population in the El Camino Healthcare District.
Community Need	Each year, 800,000 Americans die from heart disease and stroke, and the Bay Area is not exempt. Hypertension, or high blood pressure, is a deadly disease afflicting more than 76 million Americans and is the single most significant risk factor for cardiovascular disease and stroke. Left untreated, high blood pressure can damage the brain, heart and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure, stroke and death. Per the CDC, the percentage of hypertensive Santa Clara County adults increased from 19% in 2000 to 26% in 2009 and was 27% in 2013-14, which includes 24% of Latinos. In addition, 69% are eating inadequate fruit and vegetables, 15% are inactive, and 52% are overweight or obese. To compound the problem, approximately 13% of Santa Clara County's population is uninsured. There is a clear need for innovative approaches to reach these communities and teach skills for combatting risk factors. Preventing and managing hypertension will reduce cardiovascular disease and stroke.
Agency Description & Address	The American Heart Association is the nation's oldest and largest voluntary health organization dedicated to fighting heart disease and stroke nationwide. For over 90 years, AHA has strived to improve the health of communities across the nation. The agency actively advocates for health-conscious legislation, implements community-based programs, and assists with healthcare improvement efforts. The goal is to improve the cardiovascular health of all Americans by 20% and reduce deaths from cardiovascular diseases and stroke by 20% by the year 2020. To help achieve this ambitious goal, AHA's community-based programs, like Check.Change.Control., target local high risk groups to promote healthy lifestyle changes such as diet, physical activity, and smoking cessation to ultimately reduce risk factors for heart disease and stroke. 1 Almaden Blvd, Suite 500, San Jose, CA
Program Delivery Site(s)	<ul style="list-style-type: none"> Community Heart Health Hubs will be hosted at various places throughout the District: grocery stores, large shopping centers, at community partner sites and within existing events, such as the Sunnyvale Fun & Fit Fair Columbia Neighborhood Center, Sunnyvale, CA MayView Community Health Clinic in Mountain View and Sunnyvale
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Community Heart Health Hubs free screening events Training Community Health Workers – community member advocates to reach hard-to-reach and largely uninsured, Spanish-speaking population at-risk for hypertension Check.Change.Control. 4-month intervention and hypertension management program MayView Community Health Center – Hypertension Clinics Promotion of online Blood Pressure Tracker too: www.CCCtracker.org Improve hypertension quality improvement: provide expertise and technical assistance through clinical partnerships with MayView and Planned Parenthood <p>Funds support part of staff and community health worker roles, screening events, trainings and other administrative costs.</p>

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FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Hypertension Initiative – American Heart Association Silicon Valley

Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.

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FY18 Funding	FY18 funding requested: \$82,682		FY18 funding recommended: \$71,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$66,500 FY17 Approved: \$66,500 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17	
	Metrics		6-month Target	Annual Target
FY18 Proposed Metrics	Participants screened through Community Heart Health Hubs		400	1,000
	Participants reached through Check.Change.Control. (CCC) program		50	150
	Community Heart Health Hub screening events		3	6
	CCC program participants who will take eight blood pressure readings during the four month program		50%	50%
	CCC program participants who will improve blood pressure by at least 5mm Hg		30%	30%
	CCC program participants who will report adopting healthy behaviors to improve blood pressure (including increasing intake of fruits and vegetables to four servings a day and increasing exercise to 30 minutes a day)		30%	30%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Hypertension Initiative – Great Nonprofits

NEW

Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.

Program Title	Hypertension Awareness Text-Based Program		
Grant Goal	To conduct a text-based Short Message Service (SMS) survey of low-income residents in El Camino Healthcare District's catchment area with three goals: 1) assess the state of public knowledge of hypertension in target communities, 2) provide participants with tailored information, as needed, about hypertension resources, and 3) understand the penetration of the #KnowYourBP public awareness campaign		
Community Need	The percentage of Santa Clara County hypertensive adults was 27% in 2013-14. Of those, 24% are Latino. Left untreated, high blood pressure can damage the brain, heart and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure and death. To compound the problem, approximately 13% of Santa Clara County's population is uninsured. The 2016 Community Health Needs Assessment (CHNA) identified hypertension as a critical public health issue in Santa Clara County and is already conducting a public awareness campaign surrounding these issues. This SMS campaign will assess awareness of hypertension, these resources and the awareness of the campaign.		
Agency Description & Address	GreatNonprofits is the leading developer of tools to promote community engagement and feedback through nonprofit organizations. Their tool, Street Chats, is a culturally appropriate, text-based survey designed to quickly and confidentially gather insights from low-income communities to assist in informed health program planning. 330 Twin Dolphin Drive, Suite 131, Redwood City, CA		
Program Delivery Site(s)	SMS-based survey tool will be administered to individuals in the District's boundaries.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Implement innovative SMS-based survey and intervention to assess knowledge about hypertension and provide resources for blood pressure screening and management • Conduct in-person qualitative interviews through a focus group • Collect and report data on effectiveness the #KnowYourBP campaign • Collaborate with ECHD Hypertension Initiative partners <p>Funds support part of program staff time and some administrative costs.</p>		
FY18 Funding	FY18 funding requested:	\$30,000	FY18 funding recommended: \$25,000
FY18 Dual Funding	FY18 funding requested: (Pre-diabetes Nudges Program)* <i>*Denotes a different program</i>	\$30,000	FY18 funding recommended: (Pre-diabetes Nudges Program)* Do not fund
Dual Funding History	FY17	FY16	FY15
	FY17 Requested: \$53,360 (ECH) FY17 Approved: \$30,000 (ECH) (Pre-diabetes Nudges Program)	FY16 Approved: \$42,350 (ECH) FY16 Spent: \$42,350 (ECH) (Pre-diabetes Street Chats Program)	N/A New ECH program in FY16

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FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Hypertension Initiative – Great Nonprofits

NEW

Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.

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FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Participants	150	150
	Participants who click-through to the resources about hypertension	10%	25%
	Participants who report an increase in their basic knowledge of hypertension	10%	20%



FY18 Healthy Community Proposal Summary



Hypertension Initiative – #KnowYourBP Public Awareness Campaign

Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.

Program Title	Know Your Blood Pressure		
Grant Goal	Implement year two of the public awareness campaign, Know Your Blood Pressure. The goal is to increase awareness about hypertension risk and management and inform the community about screening and educational opportunities to check, know, manage and reduce blood pressure. Ultimately, the goal is to reduce the risks of hypertension among El Camino Healthcare District residents, especially low-income and at-risk community members.		
Community Need	The percentage of Santa Clara County hypertensive adults was 27% in 2013-14. Of those, 24% are Latino. Left untreated, high blood pressure can damage the brain, heart and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure and death. To compound the problem, approximately 13% of Santa Clara County's population is uninsured. Hypertension is largely an asymptomatic disease and according to the CDC, 1 in 3 adults have hypertension and many don't know it.		
Agency Description & Address	El Camino Healthcare District campaign		
Program Delivery Site(s)	Geographically-targeted social media platforms (e.g., Facebook, Twitter), bus shelters, local newspapers, community organizations and other public locations displaying campaign materials around the District.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Inform community members about free screening events, hypertension management classes and other resources in Spanish and English to drive engagement • Place public awareness ads in local newspapers, bus shelters and on social media with key messages that include: <ul style="list-style-type: none"> ○ One out of three adults have high blood pressure, yet many don't know it ○ The first sign of high blood pressure could be a stroke – but it doesn't have to be ○ High blood pressure is preventable and treatable – find out what yours is today • Promote Check.Change.Control., AHA's hypertension management program • Promotion of the District campaign webpage www.KnowYourBP.org • Promote online Blood Pressure Tracker too: www.CCctracker.org • Other collaborations and opportunities for public awareness-raising within the campaign <p>Funds support ad placements, media consultants and other administrative costs.</p>		
FY18 Funding	FY18 funding requested: \$60,280	FY18 funding recommended: \$60,280	
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$95,127 FY17 Approved: \$95,127 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	District population reached through views of bus shelter campaign ads		25%
	Impressions from local newspaper print ads		250,000
	Impressions from social media		100,000



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Life Wellness Program – Pre-diabetes Initiative (Hill & Company)

NEW

Program Title	Promotora Life Wellness Program		
Grant Goal	This program will educate and promote healthy lifestyle choices so participants may better manage or prevent type 2 diabetes.		
Community Need	In Santa Clara County, 140,500 (10%) of adults reported having been diagnosed with pre-diabetes in 2013-14. According to the CDC, approximately 1 in 3 U.S. adults is pre-diabetic. Of these, 9 out of 10 are unaware of their risk. About 15% – 30% of people with pre-diabetes will develop type 2 diabetes within five years.		
Agency Description & Address	Hill & Company specializes in the development and implementation of public relations initiatives and strategically focused health communication programs. 1290 B Street, Suite 201, Hayward CA		
Program Delivery Site(s)	The program will be delivered to community members in Mountain View and Sunnyvale		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Conduct 12, ninety-minute weekly classes that provide information on pre-diabetes, physical activity, cholesterol, and weight management and group physical activity sessions Funds will support staffing to facilitate classes and program supplies.		
FY18 Funding	FY18 funding requested: \$30,000	FY18 funding recommended: Do not fund	
FY18 Dual Funding	FY18 funding requested: (Pre-diabetes Initiative)* \$207,288	FY18 funding recommended: (Pre-diabetes Initiative)* \$150,000	
Dual Funding History	*Denotes a different program		
	FY17	FY16	FY15
	FY17 Requested: \$214,950 (ECH) FY17 Approved: \$200,000 (ECH)	N/A	N/A
FY18 Proposed Metrics	Metrics		6-month Target
	Community Members served		30
	Participants who attend all 12, 90-minute sessions		70%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Rebuilding Together Peninsula

Program Title	Safe at Home - Seniors Fall Prevention Program			
Grant Goal	This program targets fall risk factors in and around the home through home repairs and/or modifications for low-income, older adults. These at-risk adults are identified as “fall risks” by a formal fall risk assessment tool or by referring agencies and institutions.			
Community Need	According to the American Academy of Orthopedic Surgeons, unintentional injuries in the home are responsible for more than 21 million medical visits per year at a cost of more than \$222 billion. Falls in the home account for \$100 billion to the country’s medical system per year alone; and each broken hip costs \$37,000 on average.			
Agency Description & Address	Rebuilding Together Peninsula (RTP) has provided critical health and safety repairs for over 26 years. RTP envisions a safe and healthy home for every person, with repair programs serving seniors, people with disabilities, veterans, and families with children. RTP’s free repair services ensure that neighbors without financial resources can live independently in warmth and safety in their own home. 841 Kaynyne Street, Redwood City, CA			
Program Delivery Site(s)	The program will be delivered at community members’ homes in the District’s boundaries			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none">• Provide staffing, including full-time program manager and part-time repair technician• Administer Cornell University environmental fall risk assessment• Develop a customized home safety plan• Reduce risks through no cost home repairs and home modification Funds will support partial staffing and program materials, such as grab bars and ramps.			
FY18 Funding	FY18 funding requested: \$100,000		FY18 funding recommended: \$65,000	
Funding History and Metric Performance	FY17		FY16	
	FY17 Requested: \$50,000 FY17 Approved: \$50,000 FY17 6-month metrics met: 100%		FY15 N/A New program in FY17	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Homes modified for older adults or individuals at higher risk of falls		6	25
	Services provided		50	125
	Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs		N/A	85%
	Recipients who report feeling safer in their homes after completed home repairs		N/A	85%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



RoadRunners

Program Title	RoadRunners Patient Transportation			
Grant Goal	Ensure seniors and disabled community members have access to medical care by providing safe, timely and compassionate transport. To provide a service that helps seniors maintain independence.			
Community Need	Transportation issues are one of the greatest concerns for elders. One out of six older adults report having difficulty getting to their medical/doctor appointment and other services needed to maintain independence.			
Agency Description & Address	El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos. RoadRunners is a transportation service provided by employees and dedicated El Camino Hospital Auxiliary volunteers. 2500 Grant Road, Mountain View, CA			
Program Delivery Site(s)	Delivery sites include physician offices, clinics, pharmacies, grocery stores, among other sites			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none">• Transport individuals to medical appointments and other necessary services (i.e., banking, grocery shopping, pharmacy, etc.)• Recruit volunteer drivers to transport community members• Outreach to inform seniors and disabled individuals about RoadRunners’ services Funds support staffing, rides and program supplies.			
FY18 Funding	FY18 funding requested: \$333,353 FY18 funding recommended: \$275,353			
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$313,353 FY17 Approved: \$313,353 FY17 6-month metrics met: 100%	FY16 Approved: \$313,353 FY16 Spent: \$313,353 FY16 6-month metrics met: 75% FY16 annual metrics met: 75%	FY15 Approved: \$311,631 FY15 Spent: \$229,769 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Older adults served		727	1,200
	Rides provided		4,322	8,460
	Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence		95%	95%
	Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments		95%	95%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



South Asian Heart Center

<i>Program Title</i>	South Asian Heart Center			
<i>Grant Goal</i>	This program will increase awareness of heart disease risk in South Asians and engage participants in a therapeutic lifestyle program.			
<i>Community Need</i>	South Asians have a disproportionate burden of heart disease and diabetes at younger ages, and suffer two-times the rate of mortality from cardiac events compared to the general population.			
<i>Agency Description & Address</i>	The mission of the South Asian Heart Center at El Camino Hospital is to reduce the high incidence of coronary artery disease among South Asians and save lives through a comprehensive, culturally-appropriate program incorporating education, advanced screening, lifestyle changes, and case management. 2500 Grant Road, Mountain View, CA			
<i>Program Delivery Site(s)</i>	Services will be delivered at the agency office and various community sites in the District’s boundaries.			
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<ul style="list-style-type: none">• Conduct health assessment and development of risk reduction plan for participants• Engage participants in the AIM to Prevent Program• Provide outreach, workshops on lifestyle topics, specialized nutrition and exercise counseling, and grocery store tours• Deliver trainings that provide Continued Medical Education (CME) units for physicians Funds will support partial staffing and program supplies.			
<i>FY18 Funding</i>	FY18 funding requested: \$180,000 FY18 funding recommended: \$160,000			
<i>Funding History and Metric Performance</i>	FY17	FY16	FY15	
	FY17 Requested: \$180,000 FY17 Approved: \$180,000 FY17 6-month metrics met: 100%	FY16 Approved: \$180,000 FY16 Spent: \$180,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 83%	FY15 Approved: \$200,000 FY15 Spent: \$186,144 FY15 6-month metrics met: 100% FY15 annual metrics met: 75%	
<i>FY18 Dual Funding</i>	FY18 funding requested: \$360,000 FY18 funding recommended: \$240,000			
<i>Dual Funding History</i>	FY17	FY16	FY15	
	FY17 Requested: \$360,000 FY17 Approved: \$360,000	FY16 Approved: \$400,000 FY16 Spent: \$400,000	FY15 Approved: \$400,000 FY15 Spent: \$344,000	
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served		230	460
	Services provided		925	2,500
	Improvement in average level of weekly physical activity from baseline		19%	20%
	Improvement in average levels of daily servings of vegetables from baseline		18%	20%
	Improvement in levels of HDL-C as measured by follow-up lab test		4%	5%
	Improvement in cholesterol ratio as measured by follow-up lab test		7%	7%



FY18 Healthy Community Proposal Summary



Sunnyvale Community Services Agency – Social Work Case Management

Program Title	Social Work Case Management		
Grant Goal	Stabilize the lives and improve the health and wellness of the most vulnerable low-income community members to prevent and alleviate homelessness and improve the health of those falling through the safety net.		
Community Need	Access to basic healthcare is necessary for individuals' physical, mental, and economic health. Lack of healthcare access is also recognized as a leading cause of poverty for all ages. In 2016, over 60% of Sunnyvale Community Services clients over the age of 60 had extremely low incomes, meaning they earned less than 30% of the area median income for Santa Clara county and well under 200% of the federal poverty level (FPL). SCS serves Sunnyvale's highest poverty areas. After paying for housing, low-income families and seniors have little left to pay for medicine or food. According to the Council on Aging Silicon Valley's "Area Plan on Aging," an elderly single renter would need an income of 2.5 times the FPL to meet her basic housing, medical, and nutritional needs." Poverty and the growing income divide are also affecting the mental and physical health of children in Sunnyvale.		
Agency Description & Address	Sunnyvale Community Services helps families and individuals living in Sunnyvale who are in need of emergency assistance, such as financial aid, food and other support. 725 Kifer Road, Sunnyvale, CA		
Program Delivery Site(s)	Sunnyvale Community Services		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Assessment and case planning • Case management for 3 or more months • Initial monthly meeting and one or more quarterly assessments • Assistance and advocacy with applications, access to healthcare, nutrition programs, affordable housing, education, job training, employment, child care, financial education, budgeting and resource referrals • Access to safety net services including food, financial aid and referrals • Access to low-cost monthly bus passes for medical appointments, jobs and education • Access to Alzheimer's disease workshops <p>Funds support partial salaries of case management staff and director of emergency services.</p>		
FY18 Funding	FY18 funding requested: \$85,400 FY18 funding recommended: \$85,400		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$75,000 FY17 Approved: \$75,000 FY17 6-month metrics met: 100%	FY16 Approved: \$65,000 FY16 Spent: \$65,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 100%	FY15 Approved: \$65,000 FY15 Spent: \$65,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%

[Continued on next page]



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Sunnyvale Community Services – Social Work Case Management

[Continued from previous page]

<i>FY18 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals enrolled in comprehensive Case Management	45	100
	Services provided	270	600
	Sheltered clients who maintain housing for 60 days after financial assistance and referrals	90%	90%
	Homeless clients who are moved to temporary or permanent housing within 6 months of case plan	80%	80%



FY18 Healthy Community Proposal Summary



Sunnyvale Community Services Agency – Emergency Assistance

Program Title	Comprehensive Emergency Assistance		
Grant Goal	Provide low-income families and seniors with financial assistance for medically-related bills and nutritious food.		
Community Need	Poverty and the growing income divide are affecting the mental and physical health of seniors as well as children in Sunnyvale. In 2015, Feeding America reported that 8% of households with seniors age 65+ experienced food insecurity, with 9% of seniors living alone experiencing food insecurity. Food insecure seniors are at increased risk for chronic health conditions: 60% more likely to experience depression, 53% more likely to report a heart attack, 52% more likely to develop asthma, 40% more likely to report an experience of congestive heart failure. The number of food insecure seniors is projected to increase by 50% in 2025 nationwide.		
Agency Description & Address	Sunnyvale Community Services helps families and individuals living in Sunnyvale who are in need of emergency assistance, such as financial aid, food and other support. 725 Kifer Road, Sunnyvale, CA		
Program Delivery Site(s)	Sunnyvale Community Services		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Financial aid screening by caseworkers for medically-fragile persons Financial assistance for medically-related bills Planning and implementing daily, weekly, and monthly distribution of year-round healthy food and nutritional programs year Purchase of healthy food and grocery script to close the food gap during winter months <p>Funds support partial salaries for two food program staff and expenses for medically-related bills and food purchases.</p>		
FY18 Funding	FY18 funding requested: \$100,000 FY18 funding recommended: \$100,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$85,000 FY17 Approved: \$85,000 FY17 6-month metrics met: 75%	FY16 Approved: \$75,000 FY16 Spent: \$75,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 66%	FY15 Approved: \$75,000 FY15 Spent: \$75,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 67%
FY18 Proposed Metrics	Metrics		6-month Target
	Individuals served		2,000
	Individuals receiving financial assistance (one time per individual)		45
	Individuals receiving financial aid for medically related bills who are still housed 60 days after assistance (those not homeless when assisted)		75%
	Individuals who rate comprehensive emergency assistance services as effective in meeting their needs a 4 or 5 on a 5-point scale		80%
	Individuals who rate their overall satisfaction with the agency as a 4 or 5 on a 5-point scale		80%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Working Partnerships USA

Program Title	Coverage Initiative for the Remaining Uninsured			
Grant Goal	Enroll the remaining uninsured in the District in a high quality health coverage plan.			
Community Need	Low-income families and undocumented immigrants make up the largest portion of the uninsured in Santa Clara County. Currently, only 64% of low-income Latinos and 56% of low-income African-Americans are insured. Within the Bay Area, adults living below 200% of the Federal Poverty Line are more likely to have diabetes, serious psychological distress, and high blood pressure. In particular, Latino adults in Santa Clara County have higher rates of high blood pressure and/or being overweight, at 44%, and being obese, at 24%.			
Agency Description & Address	Working Partnerships USA’s mission is to bring together the power of grassroots organizing and public policy innovation to drive the movement for a just economy. The agency aims to build the capacity of workers, low-income neighborhoods and vulnerable communities. 2102 Almaden Road, Suite 112, San Jose, CA			
Program Delivery Site(s)	Outreach and educational services at the doors of client homes within targeted neighborhoods of the District.			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none">• Educate and enroll eligible individuals and families into health coverage options• In-person, in-language door-knocking to identify, educate, and connect the hardest-to-reach remaining uninsured to available coverage programs• Employ phone-banking, a new multi-lingual texting platform to conduct outreach and education, and new NationBuilder database to track progress, ensure targeted in-person follow-up, and conduct deeper analysis of needs and impact geographically Funds support partial salaries of several staff positions, including civic engagement coordinator and community organizer, canvassing costs and other administrative costs.			
FY18 Funding	FY18 funding requested: \$100,000		FY18 funding recommended: \$65,000	
Funding History and Metric Performance	FY17	FY16	FY15	
	FY17 Requested: \$100,000 FY17 Approved: \$65,000 FY17 6-month metrics met: 100%	FY16 Approved: \$100,000 FY16 Spent: \$83,706 FY16 6-month metrics met: 25% FY16 annual metrics met: 100%	N/A New program in FY16	
FY18 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		2,600	4,500
	Encounters provided		5,777	10,000
	Individuals directly connected to enrollment entities		858	1,500
	Residents contacted who accept information about available coverage programs		45%	45%



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



YMCA

Program Title	YMCA Summer Day Camp		
Grant Goal	This program aims to promote physical activity and healthier food choices among underserved youth in Mountain View and Sunnyvale.		
Community Need	When children are out of school, the lack of access to school-year support has a detrimental impact on the overall well-being of children. During the summer months, many children struggle to access opportunities for physical activity, as well as basic needs such as adequate adult supervision and nutritious meals.		
Agency Description & Address	<p>The YMCA's mission is to strengthen the community by improving the quality of life and inspiring individuals and families to develop their fullest potential in spirit, mind and body by focusing on the three core areas of youth development, healthy living and social responsibility.</p> <p>80 Saratoga Avenue, Santa Clara, CA</p>		
Program Delivery Site(s)	Program services will be delivered to students in Mountain View Whisman, Los Altos, and Sunnyvale School Districts.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Provide Challenger Camps to low-income youth that focus on physical activity and fitness, healthy meals, healthy lifestyles, water safety, caring adult role models, and leadership for youth <p>Funds will support staffing for camp leaders, camper admission fees and program supplies.</p>		
FY18 Funding	FY18 funding requested: \$77,131 FY18 funding recommended: \$70,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$70,000 FY17 Approved: \$70,000 FY17 6-month metrics met: 75% <i>(Unmet metric was close to target)</i>	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	Youth served		400
	Camper hours provided		198
	Families who agree or strongly that their children were more physically active after attending camp		80%
	Families who state that the healthy meals/snacks served in camp were good or excellent		60%
	Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp		50%

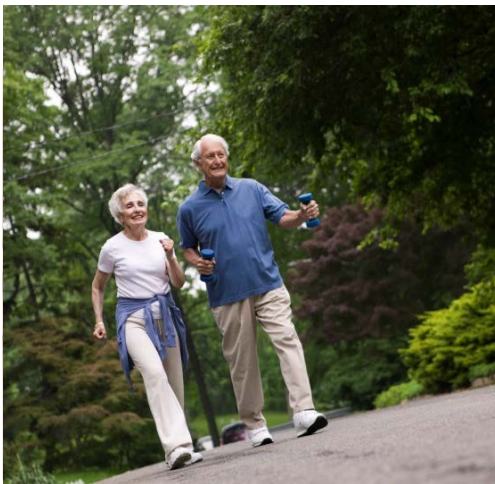




Community Benefit Support Grant Summaries

Fiscal Year 2018

The purpose of the Support Grants Program is to support small- to mid-size nonprofit organizations (with annual operating budgets of less than \$1 million) that provide vital health services to individuals who live, work, or go to school in the District. Grants of up to \$25,000 will be awarded with fewer reporting requirements. Grant funds may be used for programmatic and operational needs.



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

FY18 Healthy Body Proposal Summary



Breathe California (Support Grant)

Program Title	Seniors Breathe Easy		
Grant Goal	To provide health and wellness programs that address lung disease at senior centers.		
Community Need	Lung disease is the number three killer in the US and dramatically decreases quality of life for seniors. The senior sector of the community has serious health literacy needs that are not being met, especially for seniors whose native language is not English. All seniors clearly need up-to-date information on lung disease: how to prevent it, recognize symptoms, get care, avoid scams, maximize relationships with one's physician, and comply with complex medication regimens.		
Agency Description & Address	Breathe California of the Bay Area is a 105-year-old grassroots, community-based, voluntary 501(c)3 nonprofit that is committed to achieving clean air and healthy lungs. 1469 Park Avenue, San Jose CA		
Program Delivery Site(s)	Various senior centers and communities centers, such as: <ul style="list-style-type: none"> • Avenidas Rose Kleiner Center, Mountain View • MidPen Resident Services, Mountain View and Sunnyvale • Cubberley Community Center, Palo Alto • Hillview Community Center, Los Altos • Oshman Family Jewish Community Center, Palo Alto • Silicon Valley Council of the Blind in Mountain View 		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Deliver health education presentations and smoking cessation education • Provide health screenings and conduct home visits for assessment and education on environmental lung health risks and fall prevention Funds support partial salaries for a health educator, outreach specialist and program administrator as well as administrative costs.		
FY18 Funding	FY18 funding requested: \$25,000 FY18 funding recommended: \$20,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: N/A <i>(Agency will deliver services in second half of year)</i>	N/A New program in FY17	N/A New program in FY17
FY18 Dual Funding	FY18 funding requested: \$60,000 FY18 funding recommended: \$50,000 (Children's Asthma Program)* (Children's Asthma Program)* <i>*Denotes a different program</i>		
Dual Funding History	FY17	FY16	FY15
	FY17 Requested: \$50,000 FY17 Approved: \$50,000 (Children's Asthma Program)	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	Seniors and caregivers served		400
	Starting in FY17, support grants are required to report on volume metrics		Annual Target 1,000



FY18 Healthy Body Proposal Summary



Day Worker Center (Support Grant)

Program Title	Health Programming at Day Worker Center of Mountain View		
Grant Goal	To provide Latino day workers and their families with services to reduce their risk of being overweight/obese, pre-diabetic, and at high-risk for chronic diseases.		
Community Need	There are 16,300 Latinos in Mountain View, which is 21% of the population. Latino men, women and children have some of the highest rates of being overweight or obese, pre-diabetes and unhealthy food consumption. According to Santa Clara County's 2013 –14 Latino Health Factsheet, almost 72% of Latinos were overweight or obese, a higher percentage than adults in the county at 54%. Additionally, 11% of Latino adults had been diagnosed with diabetes, compared to 8% of adults in the county overall. A higher percentage of Latino adults (8%) also reported that they were usually or always worried about having enough money to buy nutritious meals, compared to adults countywide (5%).		
Agency Description & Address	<p>The agency's three primary goals are to connect day worker men and women with employers in a safe and supportive environment, empower day workers to improve their socio-economic conditions through fair employment, education, and job skills training, and participate in advocacy efforts that support the day labor community.</p> <p>113 Escuela Avenue, Mountain View, CA</p>		
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide and prepare fresh produce to serve 10,400 breakfast and lunch meals annually • Conduct health-related workshops and weekly fitness classes <p>Funds will support partial staffing and nutritious meals.</p>		
FY18 Funding	FY18 funding requested: \$25,000 FY18 funding recommended: \$25,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: 100%	FY16 Approved: \$20,000 FY16 Spent: \$20,000*	N/A New program in FY16
FY18 Proposed Metrics	Metrics		6-month Target
	Individuals served with nutritious meals		325
			Annual Target
			475

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Body Proposal Summary



Hope's Corner (Support Grant)

Program Title	Hope's Corner		
Grant Goal	Hope's Corner is dedicated to providing nourishing meals in a warm and welcoming atmosphere to people who live in their cars, are homeless, and low-income to address food scarcity in the community.		
Community Need	With rising costs of rental apartments it may be difficult for those with low-wage jobs to afford both housing and food. Additionally, 20% of adults are obese and the proportion is even higher in the Latino population. In the 2013 Santa Clara County Homeless Census, two-thirds of homeless individuals reported one or more chronic and/or disabling conditions, including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions.		
Agency Description & Address	Hope's Corner is a joint ministry of Trinity United Methodist Church and Los Altos United Methodist Church. The volunteer-run organization provides breakfast and a bag lunch every Saturday at Trinity United Methodist Church at the corner of Hope and Mercy Streets. 748 Mercy Street, Mountain View, CA		
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide nutritious breakfast and packed lunch full of fresh fruits and vegetables • Distribute health education materials Funds will support the purchase of nutritious foods and educational materials on healthy eating.		
FY18 Funding	FY18 funding requested: \$25,000 FY18 funding recommended: \$25,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: 100%	FY16 Approved: \$15,768 FY16 Spent: \$15,768*	N/A New program in FY16
FY18 Proposed Metrics	Metrics		6-month Target
	Individuals served		350
	Meals served		6,500
			13,000

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Mind Proposal Summary

HEALTHY
MIND



Eating Disorders Resource Center (EDRC) (Support Grant)

Program Title	Support Toward Recovery		
Grant Goal	This program will provide and improve upon current support groups, raise awareness on availability of support groups and services, and respond to calls, in person visits, and emails from individuals, family members, and community members to help connect them with resources, information about treatment, and support toward recovery.		
Community Need	According to the National Association of Anorexia Nervosa & Associated Disorders, 20% of people with serious eating disorders die without treatment. With treatment, the mortality rate falls to 3%. As a result, only 1 in 10 people receive treatment for their eating disorder. Early detection, intervention and treatment are essential for successful treatment and full recovery.		
Agency Description & Address	EDRC is the only nonprofit in Santa Clara County addressing the need for education and awareness about eating disorders. The agency provides assistance to clients through monthly support groups and phone/email resource assistance. 15891 Los Gatos Almaden Road, Los Gatos, CA		
Program Delivery Site(s)	Services will be delivered in Mountain View		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide program staff to coordinate and conduct ongoing support groups for eating disorder sufferers and their families • Raise awareness of support groups through education of healthcare professionals, school staff, and the community <p>Funds will support partial staffing, stipends for event speakers and experts, and program materials.</p>		
FY18 Funding	FY18 funding requested: \$20,000 FY18 funding recommended: \$20,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY17 6-month metrics met: 100%	FY16 Approved: \$17,600 FY16 Spent: \$17,600*	FY15 Approved: \$15,000 FY15 Spent: \$15,000
FY18 Proposed Metrics	Metrics		6-month Target
	Individuals served		235
			Annual Target 475

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Mind Proposal Summary



Prevention Partnership, International (Support Grant)

Fiscal Agent: Domestic Violence Intervention Collaborative

Program Title	Celebrating Families Adolescent Supplement		
Grant Goal	This program will finalize and deliver a multi-generational, culturally competent version of Celebrating Families!™ (CF!) for adolescents dealing with behavioral health issues such as substance use and mental health disorders.		
Community Need	Prevention programs that target the whole family are most efficacious, yet no family-intervention programs currently exist for the adolescents. CF! is aimed for adolescents dealing with behavioral health issues, substance use, and mental health disorders.		
Agency Description & Address	The agency's mission is to increase knowledge and use of healthy living skills leading to improved mental and physical health due to decreased adverse childhood experiences in families. P.O. Box 1839, 97 East Saint James, San Jose, CA		
Program Delivery Site(s)	The program is proposing to deliver an evaluation of services for youth in the juvenile court system and high schools.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide a three-day training for staff who will be providing pilot groups • Conduct fidelity visits, pilot evaluation, focus groups, program finalization, and publication of curriculum <p>Funds will support pilot groups training and the evaluation and modification of curriculum.</p>		
FY18 Funding	FY18 funding requested: \$25,000 FY18 funding recommended: \$18,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$22,500 FY17 Approved: \$22,500 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	Individuals trained		15
	Evaluation hours provided		52

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Mind Proposal Summary



Seniors Council (Support Grant)

Program Title	Senior Companion Program		
Grant Goal	Provide companionship and peer support services to older adults.		
Community Need	A major factor associated with risk of illness, injury, and premature institutionalization is living arrangement, particularly living alone. As the number of seniors living alone increases, outreach services, transportation, case management, and respite services will be key to assist this segment of the population maintain their independence.		
Agency Description & Address	<p>Founded in Santa Cruz County in 1979, the mission of the Seniors Council is to enable older persons to function with independence and dignity in their homes and in the community to their fullest capacity. Since 1980 the Seniors Council has served as the Area Agency on Aging for San Benito and Santa Cruz Counties.</p> <p>234 Santa Cruz Avenue, Aptos CA</p>		
Program Delivery Site(s)	The program will be delivered at the homes of older adults who live, work or go to school in the District's boundaries and Sunnyvale Senior Center.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Place Senior Companions with clients who are seniors living at home Encourage social interaction, promote physical activity and exercise, and assist with arts and crafts activities <p>Funds will support partial staffing.</p>		
FY18 Funding	FY18 funding requested: \$25,000	FY18 funding recommended:	Do not fund
Funding History and Metric Performance	FY17	FY16	FY15
	<p>FY17 Requested: \$25,000</p> <p>FY17 Approved: \$25,000</p> <p>FY17 6-month metrics met: 0%</p> <p>(Required metric was close to being met)</p>	<p>N/A</p> <p>New ECHD program in FY17</p>	<p>N/A</p> <p>New ECHD program in FY17</p>
FY18 Dual Funding	FY18 funding requested: N/A	FY18 funding recommended:	N/A
Dual Funding History	FY17	FY16	FY15
	N/A	<p>FY16 Approved: \$50,000 (ECH)</p> <p>FY16 Spent: \$34,741 (ECH)</p> <p>FY16 6-month metrics met: 0%</p> <p>FY16 annual metrics met: 50%</p>	<p>N/A</p> <p>New ECH program in FY16</p>
FY18 Proposed Metrics	Metrics		6-month Target
	Older adults served		11
			24

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Mind Proposal Summary

HEALTHY
MIND



Whole Brain Health Initiative (Support Grant)

NEW

Program Title	Dance To Remember		
Grant Goal	Provide the Dance to Remember program, a community event about sustainable brain health, brain exercises, healthy food, and live music and dancing, to underserved and low-income seniors who have not reached any advanced stages of brain disease, including Alzheimer's.		
Community Need	It is estimated that half of all Alzheimer's cases are preventable with a healthy lifestyle and only 10% of seniors meet the CDC's recommendation for physical exercise.		
Agency Description & Address	<p>The Whole Brain Health Initiative (WBHI) was founded to bridge the gap between knowing what's good for you and actually doing it. The WBHI initiative focuses on providing brain health programs that embed behavioral change elements geared towards helping seniors adopt a sustainable brain healthy lifestyle. Such lifestyle - rich in exercise, nutritious food, socialization, and other healthy lifestyle habits - leads to a higher quality of life and, for most people, will significantly reduce the risk of developing Alzheimer's.</p> <p>2248 Park Blvd, Palo Alto, CA</p>		
Program Delivery Site(s)	India Community Center, 20589 West Homestead Road, Cupertino, CA		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Dance To Remember Community Event • Group Brain Health Coaching sessions <p>Funds support coaches and dance instructors, event costs and some administrative costs.</p>		
FY18 Funding	FY18 funding requested: \$12,840	FY18 funding recommended:	Do not fund
FY18 Dual Funding	FY18 funding requested: \$28,050	FY18 funding recommended:	Do not fund
FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	100	100

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Bay Area Women's Sports Initiative – BAWSI Girls (Support Grant)

Program Title	BAWSI Girls Program in Sunnyvale		
Grant Goal	This program will increase physical activity and self-esteem in elementary school girls.		
Community Need	While it is widely recognized that increased physical activity lowers obesity rates and positively impacts social-emotional wellbeing, studies show that girls are physically less active than boys.		
Agency Description & Address	The Bay Area Women's Sports Initiative is a non-profit agency that provides programs and partnerships through which women athletes bring health and self-esteem to young girls. 1922 The Alameda, Suite 420, San Jose, CA		
Program Delivery Site(s)	San Miguel Elementary School, Sunnyvale School District		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Conduct weekly after school sessions where female collegiate and high school student athletes serve as positive female role models Provide part-time program staff to oversee volunteer student athletes Provide supplies, including equipment and participant materials such as t-shirts and pedometers Funds will support partial staffing and program supplies.		
FY18 Funding	FY18 funding requested: \$19,200 FY18 funding recommended: \$16,605		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$18,500 FY17 Approved: \$16,000 FY17 6-month metrics met: 100%	FY16 Approved: \$15,000 FY16 Spent: \$15,000*	FY15 Approved: \$11,000 FY15 Spent: \$11,000
FY18 Dual Funding	FY18 funding requested: \$19,200 FY18 funding recommended: \$16,000		
Dual Funding History	FY17	FY16	FY15
	FY17 Requested: \$18,500 FY17 Approved: \$16,000	FY16 Approved: \$15,000 FY16 Spent: \$15,000	FY15 Approved: \$11,000 FY15 Spent: \$11,000
FY18 Proposed Volume Metric	Metrics		6-month Target
	Youth served		60
			Annual Target 120

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Bay Area Women's Sports Initiative – BAWSI Rollers (Support Grant)

NEW

Program Title	BAWSI Rollers Program in Sunnyvale		
Grant Goal	This program will increase physical activity and self-esteem in girls and boys with physical, cognitive and hearing disabilities.		
Community Need	In the state of California, 34% of children with special needs are overweight or obese, 5% higher than the general population of California children. Less physical activity is a major reason for the higher incidence of obesity. The barriers to participation in sports and physical activity for children with disabilities in Santa Clara County include access, cost, and transportation. Furthermore, the Santa Clara County Office of Education's 2015-2016 SARC (School Accountability Report) shows one in four special education students come from low-income families.		
Agency Description & Address	The Bay Area Women's Sports Initiative is a non-profit agency that provides programs and partnerships through which women athletes bring health and self-esteem to young girls. 1922 The Alameda, Suite 420, San Jose, CA		
Program Delivery Site(s)	Vargas Elementary School, Sunnyvale School District		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Conduct weekly after school sessions where collegiate and high school student athletes serve as positive role models Provide part-time program staff to deliver services and oversee student athletes Provide supplies, including equipment and participant materials such as t-shirts Funds will support partial staffing and program supplies.		
FY18 Funding	FY18 funding requested: \$ 16,300	FY18 funding recommended: \$16,000	
FY18 Dual Funding	FY18 funding requested: \$16,300	FY18 funding recommended: \$16,300	
FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Youth served	25	25

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Friends for Youth (Support Grant)

Program Title	WHY Mentoring? Whole Health for Youth		
Grant Goal	To provide long term, high quality one-to-one adult mentoring and supporting activities for at-risk and disadvantaged youth who lack a positive adult in their lives.		
Community Need	All youth served by Friends for Youth Inc. are living in poverty, 61% in extreme poverty. Research links poverty with a higher likelihood of dropping out of school and exposure to drugs and violence. Forty percent of Friends for Youth, Inc.'s clients are either bullied or involved in bullying.		
Agency Description & Address	Friends for Youth was established in 1979 to serve severely distressed, low-income, diverse, at-risk youth who are exposed to, or are involved in, unhealthy behaviors including substance abuse, violence, gang involvement, bullying, depression, low self-esteem, and poor fitness and nutrition. 1741 Broadway, Redwood City, CA		
Program Delivery Site(s)	Mentors and youth determine meeting places in Mountain View and Sunnyvale for sessions. Community partners in the District refer youth to the program, such as local schools, mental health agencies and community centers.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Coordination of workshops, activities, and materials for at-risk youth Funds will support partial staffing, mentor background screenings, and program supplies.		
FY18 Funding	FY18 funding requested: \$20,000 FY18 funding recommended: \$15,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY17 6-month metrics met: 100%	FY16 Approved: \$20,000 FY16 Spent: \$20,000*	N/A New program in FY16
FY18 Proposed Metrics	Metrics		6-month Target
	Youth served		35
			Annual Target
			48

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Matter of Balance (Support Grant)

Fiscal Agent: Stanford Health Care

Program Title	Matter of Balance Classes		
Grant Goal	This evidence-based program reduces the fear of falling and other risk factors that contribute to falls through a series of educational and movement classes.		
Community Need	Falls are a significant health care concern for older adults. The CDC estimates that at least one in three older adults fall each year, costing an estimated \$34 billion per year nationally. In 2014 in Santa Clara County, 8,432 older adults were seen in emergency departments and an additional 2,941 older adults were hospitalized that same year.		
Agency Description & Address	The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. 300 Pasteur Drive, MC 5898, Stanford, CA		
Program Delivery Site(s)	Program classes will delivered at various community sites such as senior centers, in Mountain View, Los Altos, and Sunnyvale, CA.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Conduct 12 evidence-based Matter of Balance classes at various senior centers and sites for older adults at-risk for falls Funds will support staffing and training of two Occupational Therapists to deliver the classes and program supplies.		
FY18 Funding	FY18 funding requested: \$17,508 FY18 funding recommended: \$14,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$10,628 FY17 Approved: \$10,628 FY17 6-month metrics met: 0% <i>(Required metric was close to being met; anticipate achieving annual target)</i>	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	At-risk older adults served		40
			Annual Target
			135

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Mountain View Police Department Youth Services Unit (Support Grant)

Program Title	Dreams and Futures Summer Camps		
Grant Goal	Provide a safe and educational summer environment for at-risk youth living in the Mountain View community.		
Community Need	Student participants often come from homes where there is food insufficiency and do not often eat nutrient dense foods, leading to a risk of obesity and pre-diabetes in youth. These youth are exposed to daily stressors because of the financial strains on their families, with resulting anxiety and depression. Summer is a time when they fall behind in academic achievement and are exposed to the dangers of gangs and youth violence.		
Agency Description & Address	The Mountain View Police Department began Dreams and Futures in the summer of 1996, recognizing the risk during summer months of low income elementary and middle school youth. 1000 Villa Street, Mountain View, CA		
Program Delivery Site(s)	The services will be provided to youth in the Mountain View Whisman School District at Mountain View High School.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Provide 2 two-week summer sessions to serve at-risk youth from 4th to 7th grade • Provide nutritious breakfast and lunch meals, field trips, physical activity sessions, conduct presentations on various topics • Provide presentation from CHAC on body image and mental health <p>Funds will support partial staffing for a program coordinator, stipends for youth leaders and program supplies.</p>		
FY18 Funding	FY18 funding requested: \$25,000 FY18 funding recommended: \$25,000		
Funding History and Metric Performance	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: 0% <i>(Required metric was close to being met; anticipate achieving annual target)</i>	N/A New program in FY17	N/A New program in FY17
FY18 Proposed Metrics	Metrics		6-month Target
	Youth served		40
			Annual Target
			80

*Starting in FY17, support grants are required to report on volume metrics



FY18 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Reach Potential Movement (Support Grant) NEW

Program Title	Gateway Neighborhood Center Programs - Sunnyvale		
Grant Goal	This program will provide middle school support groups using curriculum from One Circle Foundation, Folkloric Dance classes and summer sports camp.		
Community Need	According to the One Circle Foundation, support groups can “promote resiliency in children and youth and communities by offering circle program models that create, restore and sustain healthy relationships.” As evidence for the efficacy of Girls Circle support group, many studies have found significant increases resulting from social support including self-efficacy and reductions in risky behavior, such as self-harm and alcohol use.		
Agency Description & Address	Reach Potential Movement (RPM) is passionate about equipping under-resourced youth and families with leadership, learning and life skills to strengthen the community and reach their fullest potential. Gateway Neighborhood Center, P.O. Box 2625, Sunnyvale, CA		
Program Delivery Site(s)	Program services will be delivered to families who reside in North Sunnyvale at Gateway Neighborhood Center, Sunnyvale.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Conduct five, ten-week sessions of support group programs based on curricula from One Circle Foundation Provide a one-week summer sports camp and three, ten-week sessions of folkloric dance classes to promote physical fitness <p>Funds will support group curriculum training, partial staffing, and program supplies.</p>		
FY18 Funding	FY18 funding requested: \$25,000 FY18 funding recommended: \$20,000		
FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Youth served	125	150

*Starting in FY17, support grants are required to report on volume metrics





FY17 Midterm Dashboard Overview

40 grants; 13 small grants

11 new program grants; 7 new small grants

70% of program grants met at least 80% of metrics

85% of metrics met

22% of metrics are new metrics

Target variance from FY16:
29% flat, 32% decrease, 39% increase

FY17 Expanded Midterm Dashboard Guide

The FY17 Expanded Midterm Dashboard provides data for programs funded in FY17, FY16, and/or FY15.

- ❑ Column C: All FY17 metrics
- ❑ Columns D – S: 6-month and annual targets and actuals, and percent of all metrics achieved by grant
 - FY15 6-month target and actual (Column D & E)
 - FY15 annual target and actual (Column H & I)
 - FY15 and FY16 6-month & annual percent of metrics met (Columns G, K, O & S)
 - *Note: Only those with FY17 trending metrics appear on this dashboard*
 - FY16 6-month target and actual (Column L & M)
 - FY16 annual target and actual (Column P & Q)
- ❑ A dash “–” represents either 1) agency is a new FY17 partner so no metrics from prior years, or 2) new metric with no previous data
- ❑ ● A metric receives a “green dot” if the target was met, exceeded or within 10% of the target goal
- ❑ ● A metric receives a “red dot” if the target was not met in excess of 10% of the target goal
- ❑ **N/A** There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div></div> <div>FY15 % of ALL 6-month metrics met (Column G)</div>	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div></div> <div>FY15 % of ALL annual metrics met (Column K)</div>	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div></div> <div>FY16 %of ALL 6-month metrics met (Column O)</div>	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div></div> <div>FY16 % of ALL annual metrics met (Column S)</div>	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div></div> <div>FY17 Annual Target (Column W)</div>	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)					
Healthy Body	5-2-1-0 FY17 Requested: \$30,000 FY17 Approved: \$30,000 FY16 Approved: \$30,150 FY16 Spent: \$9,478 FY15 Approved: \$30,000 FY15 Spent: \$18,704 New Metrics: 0 of 3	Students served	2,200	2,400	<div><div></div></div>	100%	5,720	6,027	<div><div></div></div>	5,200	4,066	<div><div></div></div>	0%	7,403	6,950	<div><div></div></div>	100%	5,000	6,627	<div><div></div></div>	7,000	100%	New program component was added at the beginning of the school year which increased the number of students served.	
		Students who report being active one or more hours per day after 5210 engagement	N/A	N/A			50%	60%	<div><div></div></div>	N/A	N/A			50%	55%	<div><div></div></div>		N/A	N/A		52%		Data is collected at the close of the school year. Grantee has met annual metrics in prior years.	
		Students who report the knowledge to limit sweetened beverage to 0 per day after 5210 engagement	N/A	N/A			70%	71%	<div><div></div></div>	N/A	N/A			70%	71%	<div><div></div></div>		N/A	N/A		70%			
	CSA-MV: Intensive Clinical Case Management for Seniors FY17 Requested: \$151,551 FY17 Approved: \$151,551 FY16 Approved: \$133,500 FY16 Spent: \$122,188 FY15 Approved: \$146,282 FY15 Spent: \$112,113 New Metrics: 0 of 6	Clients served	73	86	<div><div></div></div>	100%	96	102	<div><div></div></div>	85	75	<div><div></div></div>	25%	98	98	<div><div></div></div>	83%	62	58	<div><div></div></div>	90	100%	Vacant Social Worker Case Manager position; filled in December 2016. Grantee reports increasingly complex cases requiring additional time and resources to manage client needs.	
		Services provided	1,428	1,726	<div><div></div></div>		2,856	3,202	<div><div></div></div>	1,703	1,468	<div><div></div></div>		2,898	2,917	<div><div></div></div>		1,181	1,220	<div><div></div></div>	2,362			
		Hospital readmission rate at one year for reasons related to a chronic health condition	N/A	N/A			10%	11%	<div><div></div></div>	N/A	N/A			10%	17%	<div><div></div></div>		N/A	N/A		12%			
		Clients able to maintain independent living outside institutional setting	94%	97%	<div><div></div></div>		97%	92%	<div><div></div></div>	N/A	N/A			97%	96%	<div><div></div></div>		N/A	N/A		90%			
		Patients with hypertension who attained or maintained blood pressure <140/90 mm Hg or blood pressure goal recommended by physician	85%	88%	<div><div></div></div>		85%	68%	<div><div></div></div>	85%	37%	<div><div></div></div>		85%	83%	<div><div></div></div>		35%	67%	<div><div></div></div>	80%			
		Patients who scored at a "moderate" or "high-risk" for falling who reduced their fall level to moderate-risk based on 21 point Fall Assessment tool	30%	38%	<div><div></div></div>		40%	46%	<div><div></div></div>	30%	58%	<div><div></div></div>		40%	34%	<div><div></div></div>		15%	26%	<div><div></div></div>	37%		Note: in FY15 and FY16, metric qualifier was a 17-point scale; qualifier increased to 21-point scale to strengthen metric.	
	Cupertino Union School District School Nurse Program FY17 Requested: \$68,997 FY17 Approved: \$68,997 FY16 Approved: \$34,411 FY16 Spent: \$34,411 FY15 Approved: \$33,990 FY15 Spent: \$33,990 New Metrics: 1 of 4	Students served	375	362	<div><div></div></div>	75%	775	751	<div><div></div></div>	350	433	<div><div></div></div>	67%	740	671	<div><div></div></div>	100%	578	821	<div><div></div></div>	1,458	100%	Trending on this metric not applicable; school district requested changes in the schools served by grant to reflect the shifting needs.	
		Students who failed a mandated health screening who saw a healthcare provider	35%	22%	<div><div></div></div>		70%	79%	<div><div></div></div>	35%	22%	<div><div></div></div>		72%	74%	<div><div></div></div>		22%	54%	<div><div></div></div>	74%		With the change in schools, some health screenings could be done earlier in the year allowing nurses more time to work with families and ultimately have students seen by a provider.	
		Students in Kindergarten who were identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist	N/A	N/A			50%	80%	<div><div></div></div>	N/A	N/A			55%	79%	<div><div></div></div>		N/A	N/A		75%		This screening is always conducted in the second half of the year as part of the Dental Society's February program.	
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	-	-			-	-		-	-			-	-			20%	70%	<div><div></div></div>	20%		This was a new metric being measured at two schools, one of which has not previously had the benefit of an ECHD funded RN. Adoption of grant funded activities usually take a couple of years in new schools. This experience informed target setting. The outcomes were much stronger than anticipated and will be reflected in future proposals.	
	Fresh Approach FY17 Requested: \$97,017 FY17 Approved: \$35,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A	Individuals participating in VeggieRX classes	-	-		N/A	-	-		-	-		N/A	-	-		N/A	120	113	<div><div></div></div>	120	50%	Participants had smaller household size than traditionally seen in VeggieRx programming. Average household size is usually 4; in this class it was 2.95.	
		Individuals served through fruit and vegetable vouchers	-	-			-	-		-	-			-	-			90	77	<div><div></div></div>	90			
		Participants who attend 6 or more classes will lose 3% or more of their original body weight and/or improve their BMI	-	-			-	-		-	-			-	-			N/A	N/A		30%			
		Participants who attend 6 or more classes will report regularly eating 2 additional servings of fruits and vegetables at the end of the program than they did at the beginning of the program	-	-			-	-		-	-			-	-			N/A	N/A		80%			
	Health Mobile FY17 Requested: \$148,832 FY17 Approved: \$148,832 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A	Low-income and homeless individuals served	-	-		N/A	-	-		-	-		N/A	-	-		N/A	250	149	<div><div></div></div>	500	75%	New program; forecasting challenging.The complexity of cases from years of oral hygiene neglect and lack of access to oral health insurance lead to a greater than anticipated number of services for fewer individuals. The typical ratio of services was two per patient, however, these patients required over four services per person.	
		Dental procedures provided	-	-			-	-		-	-			-	-			510	690	<div><div></div></div>	1,152			
		Patients who report increased knowledge about their oral health	-	-			-	-		-	-			-	-			80%	86%	<div><div></div></div>	80%			
		Patients who report no pain after their first visit	-	-			-	-		-	-			-	-			80%	87%	<div><div></div></div>	80%			

Community Benefit Dashboard Notes:

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

N/A There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div></div> <div>FY15 % of ALL 6-month metrics met (Column G)</div>	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div></div> <div>FY15 % of ALL annual metrics met (Column K)</div>	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div></div> <div>FY16 %of ALL 6 month metrics met (Column O)</div>	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div></div> <div>FY16 % of ALL annual metrics met (Column S)</div>	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div></div> <div>FY17 Annual Target (Column W)</div>	FY17 % 6- month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)				
Healthy Body	Healthier Kids Foundation <small>FY17 Requested: \$100,000 FY17 Approved: \$30,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A</small>	Individuals served: Parents	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	90	69	<div><div></div></div> 180	33%	Baseline data gathered from participants differed from levels anticipated when targets were set. Agency examining survey questions to better reflect baseline data.				
		Services: 10 Step Classes	-	-		-	-		-	-		27	25		<div><div></div></div> 54								
		Increase in parents who correctly identify that the daily recommended servings of fruits and vegetables is 5-9 (3 on a 3-point scale)	-	-		-	-		-	-		20%	19%		<div><div></div></div> 20%								
		Increase in parents who are very or mostly confident that they can help their children set up bedtime routines (4 or 5 on a 5-point scale)	-	-		-	-		-	-		27%	20%		<div><div></div></div> 27%								
		Increase in parents who follow an after-school routine that includes at least one hour of physical activity (4 on a 4-point scale)	-	-		-	-		-	-		25%	5%		<div><div></div></div> 25%								
		Increase in parents who turn off the TV (if it is on) and put away screens (tablets, phones) at meal time (4 on a 4-point scale)	-	-		-	-		-	-		20%	5%		<div><div></div></div> 20%								
	Living Classroom <small>FY17 Requested: \$98,959 FY17 Approved: \$78,000 FY16 Approved: \$74,000 FY16 Spent: \$74,000 FY15 Approved: N/A FY15 Spent: N/A New Metrics: 1 of 4</small>	Students served	-	-	N/A	-	-	N/A	3,700	2,885	<div><div></div></div>	4,500	3,950	<div><div></div></div>	2,500	2,830	<div><div></div></div> 4,300	75%	Actual is close to target; anticipate meeting annual target.				
		Students eating vegetables and fruits grown in school gardens during lunch-time taste testing days	-	-		-	-		-	1,900	1,670	<div><div></div></div>	3,500	2,914	<div><div></div></div>	1,500	2000			<div><div></div></div> 3,200			
		Students involved in planting and harvesting fruits and vegetables for Farm-to-Lunch Program	-	-		-	-		-	1,500	2,066	<div><div></div></div>	2,700	2,650	<div><div></div></div>	75	75			<div><div></div></div> 150			
		Living Classroom lessons given to classroom across all grades T/K - 5	-	-		-	-		-	-	-	-	-	250	222	<div><div></div></div> 570							
	LPFCH - TeenVan <small>FY17 Requested: \$90,944 FY17 Approved: \$85,000 FY16 Approved: \$82,000 FY16 Spent: \$82,000 FY15 Approved: \$75,818 FY15 Spent: \$75,818 New Metrics: 0 of 5</small>	Students served	40	60	67%	80	138	100%	45	38	<div><div></div></div>	90	63	<div><div></div></div>	45	104	<div><div></div></div> 90	100%	Ability to move van away from central quad to side lot provided additional privacy for students which served to increase utilization. More students from the Mountain View campus have been coming to the Los Altos campus, where the van is located, for scheduling and other reasons. They are accessing the van's health services. Additionally more students are attending group sessions.				
		Services provided	182	88		<div><div></div></div>	365		224	<div><div></div></div>	182	163	<div><div></div></div>	365	281	<div><div></div></div>	182			382	<div><div></div></div> 365		
		Students screened for depression who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications	95%	98%		<div><div></div></div>	95%		98%	<div><div></div></div>	95%	96%	<div><div></div></div>	95%	96%	<div><div></div></div>	95%			95%	<div><div></div></div> 95%		
		Students who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management	N/A	N/A			55%		60%	<div><div></div></div>	N/A	N/A		60%	40%	<div><div></div></div>	N/A			N/A	<div><div></div></div> 60%		
		Students who decrease their use of alcohol or drugs by 1 level out of 5	N/A	N/A			55%		60%	<div><div></div></div>	N/A	N/A		55%	55%	<div><div></div></div>	N/A			N/A	<div><div></div></div> 55%		
	MayView Community Health Center <small>FY17 Requested: \$700,000 FY17 Approved: \$700,000 FY16 Approved: \$437,320 FY16 Spent: \$437,320 FY15 Approved: \$125,000 FY15 Spent: \$125,000 New Metrics: 4 of 7</small>	Patients served	-	-	100%	-	-	100%	-	-	75%	-	-	75%	1,200	1,202	<div><div></div></div> 2,400	86%	Funds now focused on supporting uninsured population, therefore volume metrics do not trend with prior years. Higher cost per patient as there is no government reimbursement. Additionally, funding level had changed.				
		Patient encounters	-	-		-	-		-	-		-	-		-	1,200	1,202			<div><div></div></div> 2,400			
		Immunization services provided	-	-		-	-		-	-		-	-		-	-	-		750	455	<div><div></div></div> 1,500	Target set prior to access program to assist with vaccine costs. With this program now in place, ECHD funds will not be used to the extent projected so grantee cannot take credit for targeted number of children, thus missing target.	
		Diabetic patients with LDL <130 mg/dL	-	-		-	-		-	-		-	-		-	-	71%		71%	<div><div></div></div> 71%			
		Diabetic patients with HbA1c Levels <9	74%	77%		<div><div></div></div>	75%		69%	<div><div></div></div>		74%	65%		<div><div></div></div>	75%	63%		<div><div></div></div>	72%	73%		<div><div></div></div> 72%
		Hypertension patients: high blood pressure control <140/90	73%	73%		<div><div></div></div>	80%		79%	<div><div></div></div>		73%	80%		<div><div></div></div>	80%	83%		<div><div></div></div>	72%	90%	<div><div></div></div> 72%	Target based on Jan-Jun 2016 outcome data. In partnership with the American Heart Association and via educational sessions on BP, staff and providers have been more aggressive in treating uncontrolled hypertension and educating pre-hypertensive patients.
		Patients Age 51-75 with completed annual colorectal screening	-	-			-		-			62%	43%		<div><div></div></div>	65%	41%		<div><div></div></div>	40%	56%	<div><div></div></div> 40%	Target based on January - Jun 2016 data. Enhanced efforts to screen uninsured patients. Additionally, deliberate efforts have been made to remind providers to improve on clinical quality measures, such as cancer screenings.
	Medical Respite <small>FY17 Requested: \$80,000 FY17 Approved: \$80,000 FY16 Approved: \$55,000 FY16 Spent: \$55,000 FY15 Approved: \$55,000 FY15 Spent: \$55,000 New Metrics: 1 of 4</small>	Patients served(based on full Medical Respite program/District supported)	70/6	79/6	100%	140/6	183/6	100%	70/6	71/6	100%	145	250	100%	70/7	111/7	<div><div></div></div> 145	100%	Exceeded the target due to a decrease in the length of stay that resulted in more beds available for admissions. Overflow beds were also used to make more regular beds available.				
		Program patients linked to Primary Care home (based on full Medical Respite program)	92%	93%		<div><div></div></div>	92%		91%	<div><div></div></div>		92%	87%		<div><div></div></div>	92%	91%			<div><div></div></div> 92%			
		Patients served with overflow beds program	-	-		-	-		-	-		-	-		-	18	17			<div><div></div></div> 36			
		Hospital days avoided for total program (based on full Medical Respite program)	250	270		<div><div></div></div>	500		584	<div><div></div></div>		250	260		<div><div></div></div>	530	1,025		<div><div></div></div>	275	444	<div><div></div></div> 550	Hospital days avoided is directly related to the number of admissions. Because the admissions were higher than projected, the avoided days increased by approximately 4 for every additional admission.
	Mountain View Whisman School District <small>FY17 Requested: \$220,321 FY17 Approved: \$220,321 FY16 Approved: \$227,238 FY16 Spent: \$227,238 FY15 Approved: \$214,000 FY15 Spent: \$214,000 New Metrics: 0 of 5</small>	Students served	1,750	1,700	100%	3,500	3,500	83%	1,600	1,757	100%	3,500	3,404	100%	1,700	1,544	<div><div></div></div> 3,400	100%	Screenings were completed in first half of grant year. Usually the parent follow-ups start in that time frame but this year they will be conducted in second half of year due to difficulty in hiring a nurse .				
		Students with failed screenings who saw a provider	30%	35%		<div><div></div></div>	80%		86%	<div><div></div></div>		30%	1%		<div><div></div></div>	85%	77%			<div><div></div></div>	N/A	N/A	<div><div></div></div> 78%
		Students needing a Child Health and Disability Program exam who saw a provider	30%	47%		<div><div></div></div>	75%		61%	<div><div></div></div>		30%	30%		<div><div></div></div>	70%	63%			<div><div></div></div>	30%	27%	<div><div></div></div> 64%
		Students needing an oral health exam who saw a provider	30%	24%		<div><div></div></div>	75%		68%	<div><div></div></div>		30%	27%		<div><div></div></div>	70%	69%			<div><div></div></div>	30%	27%	<div><div></div></div> 70%
		Students who report decreased anxiety levels	30%	62%		<div><div></div></div>	80%		83%	<div><div></div></div>		80%	0%			80%	80%		<div><div></div></div>	N/A	N/A	<div><div></div></div> 80%	Metric is N/A for 6 months vs. prior years because program moved to second half of year. First half of school year is more heavily scheduled with new state mandates and managing the health needs of incoming students.

Community Benefit Dashboard Notes:

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

N/A

There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 % of ALL 6-month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)	
Healthy Body	New Directions FY17 Requested: \$140,000 FY17 Approved: \$140,000 FY16 Approved: \$140,000 FY16 Spent: \$140,000 FY15 Approved: \$140,000 FY15 Spent: \$140,000 New Metrics: 0 of 4	Individuals served	15	22	<div><div></div><div></div></div>	22	34	<div><div></div><div></div></div>	15	18	<div><div></div><div></div></div>	22	25	<div><div></div><div></div></div>	18	20	<div><div></div><div></div></div>	25	100%	Due to partnership with a free clinic, agency was able to provide faster access to psychiatric services.
		Services provided	262	363	<div><div></div><div></div></div>	525	702	<div><div></div><div></div></div>	262	485	<div><div></div><div></div></div>	525	994	<div><div></div><div></div></div>	300	368	<div><div></div><div></div></div>	660		
		Enrolled patients will have a reduction in Emergency Room visits as compared to the year prior to enrollment	N/A	N/A	<div><div></div><div></div></div>	65%	91%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	65%	86%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	65%		
		Enrolled patients in need of mental health or substance abuse treatment or services will be referred to and seen by a treatment provider.	40%	63%	<div><div></div><div></div></div>	65%	64%	<div><div></div><div></div></div>	40%	42%	<div><div></div><div></div></div>	65%	67%	<div><div></div><div></div></div>	40%	50%	<div><div></div><div></div></div>	65%		
	Pathways FY17 Requested: \$75,000 FY17 Approved: \$70,000 FY16 Approved: \$45,000 FY16 Spent: \$45,000 FY15 Approved: \$45,000 FY15 Spent: \$45,000 New Metrics: 0 of 4	Patients served	12	15	<div><div></div><div></div></div>	24	28	<div><div></div><div></div></div>	15	30	<div><div></div><div></div></div>	30	45	<div><div></div><div></div></div>	20	12	<div><div></div><div></div></div>	40	50%	Fewer referrals and decreased enrollment due to change in insurance status; character of disease and diagnosis among enrollees called for lower than average number of visits needed. Agency adopted new EPIC iCare system to enhance identification of potential patients and referrals. Analysis is currently underway to determine if additional patients are eligible.
		Services provided	113	98	<div><div></div><div></div></div>	225	282	<div><div></div><div></div></div>	95	255	<div><div></div><div></div></div>	190	405	<div><div></div><div></div></div>	256	81	<div><div></div><div></div></div>	512		
		Patients who improve their ability to take oral medication correctly	50%	68%	<div><div></div><div></div></div>	50%	67%	<div><div></div><div></div></div>	50%	66%	<div><div></div><div></div></div>	50%	61%	<div><div></div><div></div></div>	52%	51%	<div><div></div><div></div></div>	54%		
		Patients not admitted to a hospital while receiving home health care services	83%	85%	<div><div></div><div></div></div>	83%	86%	<div><div></div><div></div></div>	83%	86%	<div><div></div><div></div></div>	83%	87%	<div><div></div><div></div></div>	78%	87%	<div><div></div><div></div></div>	78%		
	Playworks FY17 Requested: \$317,000 FY17 Approved: \$270,000 FY16 Approved: \$261,000 FY16 Spent: \$261,000 FY15 Approved: \$240,000 FY15 Spent: \$240,000 New Metrics: 0 of 5	Students served	4,300	4,577	<div><div></div><div></div></div>	4,300	4,567	<div><div></div><div></div></div>	6,260	6,310	<div><div></div><div></div></div>	6,260	6,300	<div><div></div><div></div></div>	6,950	6,300	<div><div></div><div></div></div>	6,950	100%	Data is collected at the close of the school year. Partner has been successful in meeting annual metrics for the past two years.
		Teachers and administrators surveyed who agree or strongly agree that Playworks helps increase physical activity	N/A	N/A	<div><div></div><div></div></div>	90%	97%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	94%	93%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	90%		
		Teachers and administrators surveyed who agree or strongly agree that Playworks helps reduce bullying during recess	N/A	N/A	<div><div></div><div></div></div>	85%	86%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%	89%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	90%		
		Teachers and administrators surveyed who agree or strongly agree that Playworks helps increase the number of students engaged in healthy play	N/A	N/A	<div><div></div><div></div></div>	90%	97%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	94%	93%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%		
		Teachers and administrators surveyed who agree or strongly agree that Playworks helps improve overall school climate	N/A	N/A	<div><div></div><div></div></div>	85%	93%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	90%	88%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%		
	Sunnyvale School District FY17 Requested: \$293,778 FY17 Approved: \$275,000 FY16 Approved: \$265,000 FY16 Spent: \$265,000 FY15 Approved: \$267,500 FY15 Spent: \$267,500 New Metrics: 0 of 4	Students served	2,257	2,257	<div><div></div><div></div></div>	4,575	4,558	<div><div></div><div></div></div>	2,259	2,235	<div><div></div><div></div></div>	4,517	4,488	<div><div></div><div></div></div>	2,230	2,200	<div><div></div><div></div></div>	4,450	100%	Dental screenings are always conducted in February.
		Students with failed vision or hearing screenings who saw their health care provider	40%	44%	<div><div></div><div></div></div>	75%	76%	<div><div></div><div></div></div>	42%	0%	<div><div></div><div></div></div>	77%	72%	<div><div></div><div></div></div>	43%	50%	<div><div></div><div></div></div>	74%		
		Students chronically absent due to illness (> 10% of school days) who improved attendance	60%	57%	<div><div></div><div></div></div>	60%	62%	<div><div></div><div></div></div>	62%	63%	<div><div></div><div></div></div>	62%	64%	<div><div></div><div></div></div>	64%	60%	<div><div></div><div></div></div>	65%		
		Students identified as needing urgent dental care through on-site screenings who saw a dentist	N/A	N/A	<div><div></div><div></div></div>	75%	80%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	77%	75%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	77%		
	Valley Health Center - Sunnyvale FY17 Requested: \$968,000 FY17 Approved: \$968,000 FY16 Approved: \$1,039,000 FY16 Spent: \$850,031 FY15 Approved: \$1,400,000 FY15 Spent: \$1,400,000 New Metrics: 1 of 6	Express Care Clinic patients	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	300	405	<div><div></div><div></div></div>	1,300	1,091	<div><div></div><div></div></div>	600	712	<div><div></div><div></div></div>	1,400	83%	Increased efficiencies from enhanced utilization of non-physician care team to manage patient needs allowed for more provider visits.
		Express Care Clinic encounters	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	400	459	<div><div></div><div></div></div>	2,600	3,310	<div><div></div><div></div></div>	900	938	<div><div></div><div></div></div>	3,000		
		Dental Clinic patients	700	645	<div><div></div><div></div></div>	1,100	1,015	<div><div></div><div></div></div>	700	608	<div><div></div><div></div></div>	1,100	979	<div><div></div><div></div></div>	450	485	<div><div></div><div></div></div>	1,000		
		Dental Clinic encounters	1,500	1,653	<div><div></div><div></div></div>	3,000	3,204	<div><div></div><div></div></div>	1,500	1,408	<div><div></div><div></div></div>	3,000	3,367	<div><div></div><div></div></div>	1,600	1,640	<div><div></div><div></div></div>	3,000		
		Dental patients who return for maintenance exam within 9 months	35%	47%	<div><div></div><div></div></div>	60%	60%	<div><div></div><div></div></div>	60%	56%	<div><div></div><div></div></div>	60%	60%	<div><div></div><div></div></div>	65%	68%	<div><div></div><div></div></div>	70%		
		Increase in patient satisfaction scores related to getting timely access to care as measured by the Clinician and Group Survey tool over 2015 baseline	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	8%	7%	<div><div></div><div></div></div>	10%		
	Vision to Learn FY17 Requested: \$31,979 FY17 Approved: \$31,979 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A	Free eye exams provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	100	24	<div><div></div><div></div></div>	411	0%	Agency had scheduling challenges in the Fall but has mobile clinic visits scheduled at 7 schools across the District in the second half of the grant year and anticipate meeting year-end targets. Agency is dual-funded with ECH grant and has met midyear metrics for that grant.
		Free eyeglasses provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	100	17	<div><div></div><div></div></div>	329		

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Healthy Mind	Acknowledge Alliance FY17 Requested: \$35,000 FY17 Approved: \$35,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A	Students who receive direct social emotional learning lessons and/or classroom resilience support	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	250	240	<div><div></div><div></div></div>	946	100%	Program enrolled 101 educators in training by mid-year and will continue training through second half of grant year.	
		Teachers who receive resilience support services through: one on one training, classroom observations, professional development, and/or teacher support groups	-	-		-	-		-	-		50	101		<div><div></div><div></div></div>	101					
		Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly.	-	-		-	-		-	N/A		N/A			80%						
		Students who report applying the techniques learned from the social emotional lessons "sometimes" or "more often"	-	-		-	-		-	N/A		N/A			60%						
	Alzheimer's Association: Asian Dementia Initiative FY17 Requested: \$80,000 FY17 Approved: \$70,000 FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY15 Approved: \$60,000 FY15 Spent: \$60,000 New Metrics: 0 of 4	Individual served	-	-	N/A	-	-	N/A	410	338	<div><div></div><div></div></div>	820	899	<div><div></div><div></div></div>	500	513	<div><div></div><div></div></div>	830	100%		
		Encounters provided	-	-		-	-		825	881	<div><div></div><div></div></div>	1700	1844	<div><div></div><div></div></div>	830	837	<div><div></div><div></div></div>	1,720			
		Forum and educational presentation participants who agree or strongly agree that the forums/sessions met their expectations	-	-		-	-		90%	99%	<div><div></div><div></div></div>	90%	96%	<div><div></div><div></div></div>	90%	98%	<div><div></div><div></div></div>	90%			
		SAVVY CAREGIVER who agree or strongly agree that they know more about how to manage the symptoms of dementia	-	-		-	-		90%	100%	<div><div></div><div></div></div>	90%	100%	<div><div></div><div></div></div>	90%	100%	<div><div></div><div></div></div>	90%			
	Alzheimer's Association: Latino Family Connections FY17 Requested: \$70,000 FY17 Approved: \$70,000 FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY15 Approved: N/A FY15 Spent: N/A New Metrics: 0 of 4	Individual served	-	-	N/A	-	-	N/A	250	260	<div><div></div><div></div></div>	500	508	<div><div></div><div></div></div>	252	292	<div><div></div><div></div></div>	503	100%		
		Encounters provided	-	-		-	-		50	55	<div><div></div><div></div></div>	100	103	<div><div></div><div></div></div>	514	622	<div><div></div><div></div></div>	1,116			
		Participants of Cuidando con Respeto who agree that they know more about how to manage the symptoms of dementia	-	-		-	-		90%	100%	<div><div></div><div></div></div>	90%	97%	<div><div></div><div></div></div>	90%	90%	<div><div></div><div></div></div>	90%			
		Participants of educational presentations who agree or strongly agree that the program met their expectations	-	-		-	-		90%	92%	<div><div></div><div></div></div>	90%	94%	<div><div></div><div></div></div>	90%	97%	<div><div></div><div></div></div>	90%			
	CHAC FY17 Requested: \$181,000 FY17 Approved: \$181,000 FY16 Approved: \$192,700 FY16 Spent: \$192,700 FY15 Approved: \$192,700 FY15 Spent: \$192,700 New Metrics: 5 of 5	Students served through counseling	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	250	567	<div><div></div><div></div></div>	700	75%	CHAC has been funded for several years; this FY, funded one of the two prior funded programs, therefore metrics are non-trending. CHAC experienced increased demand for counseling services in schools this year. To manage wait list, CHAC sees groups of children in dyads (2 students) and triads (3 students) where clinically indicated and appropriate.	
		Students served through psychoeducation program, Just for Kids	-	-		-	-		-	-		-	-		-	175	187	<div><div></div><div></div></div>			500
		Hours of services provided (individual/family and Just for psychoeducation, Just for Kids, sessions)	-	-		-	-		-	-		-	-		-	2,180	3,179	<div><div></div><div></div></div>			6,008
		Students served through individual counseling who show a 20% or more improvement on the Issue-focused Assessment Scale	-	-		-	-		-	-		-	-		-	N/A	N/A				80%
		Just for Kids students served who show a 15% or more improvement on the Just for Kids Survey	-	-		-	-		-	-		-	-		-	80%	53%	<div><div></div><div></div></div>			80%
	Family & Children's Services FY17 Requested: \$50,000 FY17 Approved: \$50,000 FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY15 Approved: N/A FY15 Spent: N/A New Metrics: 1 of 4	Individuals served	-	-	N/A	-	-	N/A	50	16	<div><div></div><div></div></div>	104	100	<div><div></div><div></div></div>	90	209	<div><div></div><div></div></div>	200	100%	Exceeded target due to strengthened referral relationships, increased visibility (i.e.: first-time presentations for 26 therapists at JFK University's Sunnyvale Counseling Center) Participants are accessing high levels of support to address complex and multiple needs. Average counseling and advocacy services per client is 4. Overall, the program is growing and reaching targets. Participants feedback continues to be very high.	
		Service units provided (counseling, support groups, advocacy, and education)	-	-		-	-		552	80	<div><div></div><div></div></div>	1210	604	<div><div></div><div></div></div>	291	420	<div><div></div><div></div></div>	694			
		Counseling/advocacy beneficiaries who will report achieving the goal(s) for which they sought assistance	-	-		-	-		-	-	-	-	-	75%	100%	<div><div></div><div></div></div>	80%				
		Counseling/advocacy beneficiaries who will report increased knowledge of DV and safety strategies	-	-		-	-		75%	100%	<div><div></div><div></div></div>	80%	100%	<div><div></div><div></div></div>	80%	100%	<div><div></div><div></div></div>	90%			

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Healthy Mind	GoNoodle FY17 Requested: \$35,000 FY17 Approved: \$35,000 FY16 Approved: \$21,000 FY16 Spent: \$21,000 FY15 Approved: \$27,000 FY15 Spent: \$27,000 New Metrics: 0 of 5	Schools served	41	53	<div><div></div></div>	100%	41	41	<div><div></div></div>	26	26	<div><div></div></div>	26	26	<div><div></div></div>	25	25	<div><div></div></div>	25	100%	School volume changed from FY15 to FY16 and FY17 due to the discontinuation of a former K-12 program which was replaced by GoNoodle, an elementary school program.	
		GoNoodle physical activity breaks played	2,000	14,574	<div><div></div></div>		4,381	39,469	<div><div></div></div>	10,000	18,265	<div><div></div></div>	20,000	36,847	<div><div></div></div>	15,000	14,652	<div><div></div></div>	30,000			
		Student physical activity minutes achieved							400,000	904,100	<div><div></div></div>	1,000,000	1,995,165	<div><div></div></div>	800,000	833,546	<div><div></div></div>	1,600,000				
		Teachers who believe GoNoodle benefits their students’ focus and attention in the classroom	N/A	N/A			90%	90%	<div><div></div></div>	N/A	N/A		80%	96%	<div><div></div></div>	N/A	N/A		90%			
		Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects	-	-			-	-		N/A	N/A		80%	98%	<div><div></div></div>	N/A	N/A		90%			
	Law Foundation - Mental Health Advocacy Project FY17 Requested: \$61,919 FY17 Approved: \$61,919 FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY15 Approved: N/A FY15 Spent: N/A New Metrics: 2 of 4	Individuals served through representation	-	-		N/A	-	-		-	-		-	-		31	37	<div><div></div></div>	62	50%	Program had slow start to provider outreach due to necessary rescheduling, however anticipates catching up on year-end target and had two education presentations rescheduled in January and February, and served 32 providers. Individuals served includes individuals receiving representation and healthcare providers who receive educational presentations. Target for individuals represented was exceeded.	
		Healthcare providers served through educational presentation	-	-			-	-		-	-		-	-		62	0	<div><div></div></div>	124			
		Providers receiving training who increase their understanding of their patients’ rights to medical benefits and other forms of public assistance	-	-			-	-		75%	100%	<div><div></div></div>	75%	100%	<div><div></div></div>	75%	0%	<div><div></div></div>	75%			
		Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	-	-			-	-		75%	100%	<div><div></div></div>	75%	82%	<div><div></div></div>	75%	83%	<div><div></div></div>	75%			Most cases are on-going and while sample size is relatively small, success rate is high in helping clients access to maintain health or safety net benefits.
	Los Altos School District FY17 Requested: \$206,000 FY17 Approved: \$100,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A	Students served	-	-		N/A	-	-		-	-		-	-		20	42	<div><div></div></div>	50	100%		
		Services provided/encounters (in hours)	-	-			-	-		-	-		-	-		280	386	<div><div></div></div>	1,180			
		Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year	-	-			-	-		-	-		-	-		N/A	N/A		50%			
		Students who improve on the Strength and Difficulties Questionnaire and Impact Assessment by 50%	-	-			-	-		-	-		-	-		N/A	N/A		55%			
	Maitri FY17 Requested: \$30,000 FY17 Approved: \$30,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A	Adults served	-	-		N/A	-	-		-	-		-	-		5	14	<div><div></div></div>	10	100%	Program served more individuals than anticipated. New grant, forecasting targets is challenging, performance will inform future targets.	
		Helpline clients who report receiving emotional support after they call the crisis line seeking help	-	-			-	-		-	-		-	-		80%	88%	<div><div></div></div>	80%			
		Legal clients who report increased awareness of their legal rights	-	-			-	-		-	-		-	-		70%	88%	<div><div></div></div>	75%			
	Momentum for Mental Health FY17 Requested: \$266,000 FY17 Approved: \$241,000 FY16 Approved: \$236,000 FY16 Spent: \$236,000 FY15 Approved: \$236,000 FY15 Spent: \$236,000 New Metrics: 1 of 4	Patients served	100	104	<div><div></div></div>	100%	118	112	<div><div></div></div>	100	94	<div><div></div></div>	118	118	<div><div></div></div>	100	81	<div><div></div></div>	118	50%	Patient composition showed more long-term clients requiring less frequent services (rather, maintenance services) and also had more clients discharged during this time period.	
		Services provided	808	805	<div><div></div></div>		1615	1489	<div><div></div></div>	808	820	<div><div></div></div>	1,615	1,635	<div><div></div></div>	808	690	<div><div></div></div>	1,615			
		Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	90%	98%	<div><div></div></div>		90%	98%	<div><div></div></div>	90%	100%	<div><div></div></div>	95%	99%	<div><div></div></div>	95%	100%	<div><div></div></div>	95%			
		Patients demonstrating an improved functioning level as evidenced by an increase in the Global Assessment Functioning score of 2 points or more.	95%	92%	<div><div></div></div>		95%	95%	<div><div></div></div>	-	-		-	-		95%	93%	<div><div></div></div>	95%			
	Mountain View Los Altos High School District FY17 Requested: \$170,000 FY17 Approved: \$160,000 FY16 Approved: \$160,000 FY16 Spent: \$160,000 FY15 Approved: \$160,000 FY15 Spent: \$160,000 New Metrics: 0 of 4	Students served	65	97	<div><div></div></div>	100%	150	145	<div><div></div></div>	75	135	<div><div></div></div>	150	199	<div><div></div></div>	75	96	<div><div></div></div>	150	100%	Volume of students served higher than expected because presidential election increased stress particularly for immigrant students, unaccompanied minors and Latino families. Therapists worked with 21 more students and their families than targeted. Consequently, therapists also provided more hours of service than targeted.	
		Hours of services provided	1,190	1,197	<div><div></div></div>		2,520	2,843	<div><div></div></div>	1,260	1,512	<div><div></div></div>	2,520	3,157	<div><div></div></div>	1,260	1,591	<div><div></div></div>	2,250			
		Increase in the number of students whose GPA is 2.5 or above	-	-			-	-		N/A	N/A		10%	24%	<div><div></div></div>	N/A	N/A		12%			
		Reduction in high risk behavior that may result in suspension	N/A	N/A			53%	74%	<div><div></div></div>	N/A	N/A		74%	61%	<div><div></div></div>	N/A	N/A		60%			
	NAMI SCC FY17 Requested: \$100,000 FY17 Approved: \$100,000 FY16 Approved: \$100,000 FY16 Spent: \$88,794 FY15 Approved: \$10,000 FY15 Spent: \$10,000 New Metrics: 5 of 5	Participants	-	-		N/A	-	-		-	-		-	-		36	43	<div><div></div></div>	71	100%	Agency has been funded for several years; program shifted to serving both Peer PALS and Mentors, therefore metrics are non-trending.	
		Peer PALS and Peer Mentors visits	-	-			-	-		-	-		-	-		450	477	<div><div></div></div>	900			
		Peer PALS and Peer Mentors phone calls	-	-			-	-		-	-		-	-		901	1,105	<div><div></div></div>	1,801		Agency had more participants than anticipated by midyear resulting in more phone calls.	
		Participants reporting that the program helped them feel more hopeful about their futures and their recovery	-	-			-	-		-	-		-	-		70%	78%	<div><div></div></div>	70%			
		Participants reporting that the program helped them be more cooperative with their treatment plan	-	-			-	-		-	-		-	-		65%	94%	<div><div></div></div>	65%			Agency believes high result is because participants who complete the survey have stayed in the program at least 4 months and have both a higher success rate and a greater desire to be compliant. Agency plans to adjust the target higher in the future accordingly.

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N/A There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 %of ALL 6 month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)			
Healthy Community	CHI <small>FY17 Requested: \$215,200 FY17 Approved: \$215,200 FY16 Approved: \$190,200 FY16 Spent: \$190,200 FY15 Approved:\$190,000 FY15 Spent: \$190,000 New Metrics: 0 of 4</small>	Individuals served	280	290	<div><div></div><div></div></div>	100%	625	793	<div><div></div><div></div></div>	300	413	<div><div></div><div></div></div>	67%	625	864	<div><div></div><div></div></div>	100%	300	326	<div><div></div><div></div></div>	100%	
		Services provided	540	550	<div><div></div><div></div></div>		1,296	1,539	<div><div></div><div></div></div>	700	519	<div><div></div><div></div></div>		1,450	1,541	<div><div></div><div></div></div>		700	638	<div><div></div><div></div></div>		1,450
		Individuals who received assistance from CHI to help them better access care (e.g. referrals to physicians, getting connected to services, providing healthcare resources)	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	80	87	<div><div></div><div></div></div>		160	144	<div><div></div><div></div></div>		80	85	<div><div></div><div></div></div>		165
		Participants who strongly agree or agree that the program’s health education or screening helps them better manage their health	N/A	N/A	<div><div></div><div></div></div>		80%	99%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>		95%	96%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		85%
	Farewell to Falls <small>FY17 Requested: \$29,160 FY17 Approved: \$29,160 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A</small>	Older adults served	-	-	<div><div></div><div></div></div>	N/A	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	-	-	<div><div></div><div></div></div>	N/A	20	20	<div><div></div><div></div></div>	100%	
		Older adults who are compliant with exercise recommendations	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		50%	55%	<div><div></div><div></div></div>		50%				
		Older adults who decrease injurious falls that require a 911 call, Emergency Department, or doctor’s visit	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		80%	100%	<div><div></div><div></div></div>		70%				
	HLRC - MV <small>FY17 Requested: \$393,491 FY17 Approved: \$393,491 FY16 Approved: \$393,491 FY16 Spent: \$393,491 FY15 Approved: \$453,616 FY15 Spent: \$406,169 New Metrics: 0 of 5</small>	Individuals served	14,400	15,496	<div><div></div><div></div></div>	100%	28,800	31,691	<div><div></div><div></div></div>	12,000	12,310	<div><div></div><div></div></div>	100%	24,000	21,985	<div><div></div><div></div></div>	100%	12,015	10,768	<div><div></div><div></div></div>	75%	
		New members registered	375	400	<div><div></div><div></div></div>		750	930	<div><div></div><div></div></div>	325	358	<div><div></div><div></div></div>		650	628	<div><div></div><div></div></div>		328	306	<div><div></div><div></div></div>		656
		Individuals who strongly agree or agree that eldercare referrals appropriate to their needs	N/A	N/A	<div><div></div><div></div></div>		95%	98%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>		95%	100%	<div><div></div><div></div></div>		95%	83%	<div><div></div><div></div></div>		95%
		Individuals who strongly agree or agree that eldercare consultations increased their knowledge of care options	N/A	N/A	<div><div></div><div></div></div>		95%	95%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>		95%	94%	<div><div></div><div></div></div>		95%	100%	<div><div></div><div></div></div>		95%
		Individuals who strongly agree or agree that the library has proven valuable in helping them manage their health or the health of a family member	N/A	N/A	<div><div></div><div></div></div>		65%	78%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>		75%	74%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		95%
	Hypertension Initiative (American Heart Association, MayView Community Health Center, and Awareness Campaign Partners) <small>FY17 Requested: \$161,627 FY17 Approved: \$161,627 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A</small>	Health Screenings and Check.Change.Control. Program			N/A			<div><div></div><div></div></div>			<div><div></div><div></div></div>	N/A			<div><div></div><div></div></div>	N/A			<div><div></div><div></div></div>	100%		
		Participants reached through education and community screenings				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		250	351	<div><div></div><div></div></div>		1,000	
		Individuals served through Check.Change.Control blood pressure program				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		50	54	<div><div></div><div></div></div>		100	
		Participants who improve blood pressure by 5mm				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		30%	
		Participants who are compliant with measuring their blood pressure eight times within the four months of the Check.Change.Control program				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		50%	
		Participants who report adopting healthy behaviors to improve blood pressure (including increasing intake of fruits and vegetables to 4 servings/day and increasing exercise to 30 minutes/day)				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		30%	
		Heart Health Hub events coordinated				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		2	2	<div><div></div><div></div></div>		4	
		Awareness Campaign						<div><div></div><div></div></div>			<div><div></div><div></div></div>				<div><div></div><div></div></div>				<div><div></div><div></div></div>			
		District population reached through views of bus shelter ads				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		25%	
		Impressions from local newspaper print ads						<div><div></div><div></div></div>			<div><div></div><div></div></div>				<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		347,000	
		Impressions from Mercury News digital banner ads				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		200,000	
		Impressions from social media				-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		36,000	

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A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

N/A There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 %of ALL 6 month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)				
Healthy Community	Rebuilding Together FY17 Requested: \$50,000 FY17 Approved: \$50,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A	Homes assessed and modification planned for seniors aged 62+ or individuals at higher risk of fall (i.e. disability or illness)	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	5	6	<div><div></div><div></div></div>	14	100%				
		Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs	-	-		-	-		-	-		N/A	N/A		<div><div></div><div></div></div>	80%							
		Recipients who report feeling safer in their homes after completed home repairs	-	-		-	-		-	-		80%	100%		<div><div></div><div></div></div>	80%							
		Recipients who would recommend or highly recommend this program to a friend	-	-		-	-		-	-		80%	100%		<div><div></div><div></div></div>	80%							
	RoadRunners - MV FY17 Requested: \$313,353 FY17 Approved: \$313,353 FY16 Approved: \$313,353 FY16 Spent: \$313,353 FY15 Approved: \$311,631 FY15 Spent: \$229,769 New Metrics: 0 of 4	Older adults served	350	357	<div><div></div><div></div></div>	100%	700	1,190	<div><div></div><div></div></div>	500	732	<div><div></div><div></div></div>	75%	1,000	1,528	<div><div></div><div></div></div>	75%	532	727	<div><div></div><div></div></div>	1,200	100%	
		Rides provided	5,000	4,559	<div><div></div><div></div></div>		10,000	9,050	<div><div></div><div></div></div>	5,000	4,230	<div><div></div><div></div></div>	10,000	8,237	<div><div></div><div></div></div>	4,230	4,322	<div><div></div><div></div></div>	8,460				
		Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence	N/A	N/A			90%	94%	<div><div></div><div></div></div>	90%	99%	<div><div></div><div></div></div>	90%	92%	<div><div></div><div></div></div>	90%	96%	<div><div></div><div></div></div>	92%				
		Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments	N/A	N/A			95%	95%	<div><div></div><div></div></div>	95%	96%	<div><div></div><div></div></div>	95%	92%	<div><div></div><div></div></div>	95%	96%	<div><div></div><div></div></div>	95%				
	South Asian Heart Center FY17 Requested: \$180,000 FY17 Approved: \$180,000 FY16 Approved: \$180,000 FY16 Spent: \$180,000 FY15 Approved: \$200,000 FY15 Spent: \$186,144 New Metrics: 4 of 6	Individuals served	250	250	<div><div></div><div></div></div>	100%	500	500	<div><div></div><div></div></div>	275	301	<div><div></div><div></div></div>	100%	550	858	<div><div></div><div></div></div>	83%	220	231	<div><div></div><div></div></div>	440	100%	Migrating from an inquiry driven model to a facilitation and dialog based model, providing more frequent touch-points and increasing services per participant.
		Services provided	1,250	1,350	<div><div></div><div></div></div>		2,500	2,585	<div><div></div><div></div></div>	1,500	1,612	<div><div></div><div></div></div>		3,000	2,804	<div><div></div><div></div></div>		950	921	<div><div></div><div></div></div>	2,600		
		Improvement in average level of weekly physical activity from baseline	-	-			-	-		-	-			-	-			14%	18%	<div><div></div><div></div></div>	16%		
		Improvement in average levels of daily servings of vegetables from baseline	-	-			-	-		-	-			-	-			11%	18%	<div><div></div><div></div></div>	13%		Adoption of metrics used in clinical studies as a best practice and assessing data from baseline in a different way as of FY17.
		Improvement in levels of HDL-C as measured by follow-up lab test	-	-			-	-		-	-			-	-			3%	5%	<div><div></div><div></div></div>	4%		
		Improvement in cholesterol ratio as measured by follow-up lab test	-	-			-	-		-	-			-	-			5%	6%	<div><div></div><div></div></div>	6%		
	Sunnyvale Community Services - Social Work Case Management FY17 Requested: \$75,000 FY17 Approved: \$75,000 FY16 Approved: \$65,000 FY16 Spent: \$65,000 FY15 Approved: \$65,000 FY15 Spent: \$65,000 New Metrics: 3 of 4	Individuals enrolled in Comprehensive Case Management	60	85	<div><div></div><div></div></div>	100%	100	116	<div><div></div><div></div></div>	60	30	<div><div></div><div></div></div>	50%	100	101	<div><div></div><div></div></div>	100%	45	46	<div><div></div><div></div></div>	100	100%	
		Services provided	-	-			-	-		-	-			-	-			270	292	<div><div></div><div></div></div>	600		
		Sheltered clients who maintain housing for 60 days after financial assistance and referrals	-	-			-	-		-	-			-	-			90%	100%	<div><div></div><div></div></div>	90%		
		Homeless clients who are moved to temporary/permanent housing within 6 months of case plan	-	-			-	-		-	-			-	-			80%	81%	<div><div></div><div></div></div>	80%		
	Sunnyvale Community Services - Emergency Assistance FY17 Requested: \$85,000 FY17 Approved: \$85,000 FY16 Approved: \$75,000 FY16 Spent: \$75,000 FY15 Approved: \$75,000 FY15 Spent: \$75,000 New Metrics: 3 of 5	Individuals served	300	346	<div><div></div><div></div></div>	100%	650	656	<div><div></div><div></div></div>	750	2,480	<div><div></div><div></div></div>	50%	780	981	<div><div></div><div></div></div>	66%	2,450	2,384	<div><div></div><div></div></div>	2,600	75%	
		Individuals receiving financial assistance	-	-			-	-		30	18	<div><div></div><div></div></div>		60	59	<div><div></div><div></div></div>		16	10	<div><div></div><div></div></div>	33		Agency plans to deploy funds in second half of year when anticipated need is the greatest; expect to meet annual target.
		Food program distribution participation	-	-			-	-		-	-			-	-			13,569	13,894	<div><div></div><div></div></div>	31,200		
		Individuals receiving financial assistance for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted	-	-			-	-		-	-			-	-			75%	100%	<div><div></div><div></div></div>	75%		
		Individuals who rate emergency assistance service as effective in meeting their needs as 4 or 5 on a 5-point scale	N/A	N/A			90%	95%	<div><div></div><div></div></div>	-	-			-	-			N/A	N/A	<div><div></div><div></div></div>	80%		
	Working Partnerships, USA FY17 Requested: \$100,000 FY17 Approved: \$65,000 FY16 Approved: \$100,000 FY16 Spent: \$83,706 FY15 Approved: N/A FY15 Spent: N/A New Metrics: 0 of 3	Individuals served	-	-		N/A	-	-		1,800	5,242	<div><div></div><div></div></div>	25%	2,700	4,313	<div><div></div><div></div></div>	100%	693	1,546	<div><div></div><div></div></div>	2,079	100%	Agency executed a new canvassing strategy with bilingual neighborhood action team that involved more in-depth conversation with community members, rather than quick, survey-style canvassing, resulting in higher than anticipated program engagement.
		Encounters provided	-	-			-	-		4,000	5,242	<div><div></div><div></div></div>		6,000	8,890	<div><div></div><div></div></div>		2,100	2,004	<div><div></div><div></div></div>	6,300		
		Individuals directly connected to enrollment entities for processing	-	-			-	-		600	0	<div><div></div><div></div></div>		900	1,527	<div><div></div><div></div></div>		231	1,134	<div><div></div><div></div></div>	693		
YMCA FY17 Requested: \$70,000 FY17 Approved: \$70,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A New Metrics: N/A	Campers served (K-8)	-	-		N/A	-	-		-	-		N/A	-	-		N/A	200	227	<div><div></div><div></div></div>	400	75%		
	Families who agree or strongly that their children were more physically active after attending camp	-	-			-	-		-	-			-	-			70%	83%	<div><div></div><div></div></div>	70%			
	Families who state that the healthy meals/snacks served in camp were good or excellent	-	-			-	-		-	-			-	-			70%	59%	<div><div></div><div></div></div>	70%		Agency working to better communicate nutrition information to parents.	
	Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp	-	-			-	-		-	-			-	-			40%	49%	<div><div></div><div></div></div>	40%			

Community Benefit Dashboard Notes:

- A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal
- A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal
- N/A** There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div></div> <div>FY15 % of ALL 6-month metrics met (Column G)</div>	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div></div> <div>FY15 % of ALL annual metrics met (Column K)</div>	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div></div> <div>FY16 %of ALL 6-month metrics met (Column O)</div>	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div></div> <div>FY16 % of ALL annual metrics met (Column S)</div>	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div></div> <div>FY17 Annual Target (Column W)</div>	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)	
Small Grants																				
Healthy Body Small Grants	BAWSI (Small Grant) FY17 Requested: \$18,500 FY17 Approved: \$16,000 FY16 Approved: \$15,000 FY16 Spent: \$15,000	Youth served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	60	60	<div><div></div></div>	112	100%	
	Breathe California (Small Grant) FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: N/A FY16 Spent: N/A	Older adults served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	N/A	N/A		1,000	N/A	Agency will conduct presentations in second half of year; expect to meet annual target.
	Day Worker Center (Small Grant) FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: \$20,000 FY16 Spent: \$20,000	Individuals served with nutritious meals	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	300	431	<div><div></div></div>	460	100%	
	Hope's Corner (Small Grant) FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: \$15,768 FY16 Spent: \$15,768	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	325	350	<div><div></div></div>	325	100%	
Healthy Mind Small Grants	Cancer CAREpoint (Small Grant) FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY16 Approved: \$20,000 FY16 Spent: \$20,000	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	45	48	<div><div></div></div>	90	100%	
	EDRC (Small Grant) FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY16 Approved: \$17,600 FY16 Spent: \$17,6000	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	196	265	<div><div></div></div>	350	100%	Agency conducted extensive outreach including print ads and flyer distribution.
	IAHV - Youth Empowerment Seminar (Small Grant) FY17 Requested: \$15,000 FY17 Approved: \$11,000 FY16 Approved: N/A FY16 Spent: N/A	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	450	600	<div><div></div></div>	450	100%	Program deployed at Fremont High School for freshmen, higher than anticipated student enrollment resulted in exceeded target.

Community Benefit Dashboard Notes:

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

N/A

There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 % of ALL 6-month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)	
Small Grants (Continued) ⓘ																				
Healthy Mind Small Grants	Next Door Solutions (Small Grant) FY17 Requested: \$6,773 FY17 Approved: \$6,773 FY16 Approved: \$50,000 (ECH) FY16 Spent: \$50,000 (ECH)	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	N/A	N/A		24	N/A	Pilot program; first half of grant year dedicated to conducting an assessment to gauge the need and best location to establish a new support group for victims of domestic violence. Agency intends to provide support groups in the second half of the grant year.
	Prevention Partnership, Int. (Small Grant) FY17 Requested: \$22,500 FY17 Approved: \$22,500 FY16 Approved: N/A FY16 Spent: N/A	Complete curriculum development	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	50%	45%	<div><div></div><div></div></div>	100%	100%	
	Seniors Council (Small Grant) FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: N/A FY16 Spent: N/A	Older adults served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	16	14	<div><div></div><div></div></div>	24	0%	
Healthy Community Small Grants	Friends for Youth (Small Grant) FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY16 Approved: \$20,000 FY16 Spent: \$20,000	Youth served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	25	37	<div><div></div><div></div></div>	47	100%	
	Matter of Balance (Small Grant) FY17 Requested: \$10,628 FY17 Approved: \$10,628 FY16 Approved: N/A FY16 Spent: N/A	At-risk older adults served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	50	35	<div><div></div><div></div></div>	120	0%	Agency will add fourth site to offer classes; expect to meet annual target.
	MVPD - Dreams and Futures Camp (Small Grant) FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: N/A FY16 Spent: N/A	Youth served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	40	32	<div><div></div><div></div></div>	95	0%	Agency experienced unanticipated scheduling conflict; expect to meet annual target.

Community Benefit Dashboard Notes:

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A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

N/A

There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Community Benefit Responses to Questions in Advance of 5/22 ECHD Board Study Session

Note: Some services are delivered outside the District. However, all recipients of services must be individuals who live, work or go to school in the El Camino Healthcare District. Applicants agree to this condition in their proposal.

1. Question: How many priority areas of focus are there that provide strategic or philosophical guidance for the District plan?

- Based on the [2016 Community Health Needs Assessment \(CHNA\)](#), the Community Benefit plan has three priority areas that begun in FY17: Healthy Body, Healthy Mind and Healthy Community.
- In FY16 and previous years, there were four priority areas based on the previous CHNA.
- Review of board strategic/philosophical guidance to be discussed at the meeting.

2. Question: How much (aggregated) is the District spending in each priority area?

Aggregate by priority area:

	Healthy Body	Healthy Mind	Healthy Community	Support (small) Grants	Totals
FY18 Requested:	\$4,088,516 (53%)	\$1,338,250 (17%)	\$1,999,686 (26%)	\$280,848 (4%)	\$7,707,300
CBAC FY18 Recommended:	\$3,646,802 (54%)	\$1,169,000 (17%)	\$1,719,524 (25%)	\$214,605 (3%)	\$6,749,931

Grant funds available: \$6,750,000

3. Question: Are there any Board driven guidelines in place regarding the % of small grants?

- No current guidelines.
- Of the 60 proposals received, 13 were support (small) grants; CBAC recommended 11 for funding.
- Of the 47 program grants received, the CBAC recommended 46 for funding.

4. Question: What is meant by “dual funding?”

- Dual funding refers to both the Hospital and District funding.

5. Questions regarding Mayview –

- a. Did the current our \$700,000 get allocated largely to hiring of physicians?
 - b. If the District wanted to, could it, in the future, hire and provide physicians itself?
 - c. Please explain increasing spend by 10% in 2018 but reducing number of patients?
 - d. Is Immunization going away as a goal?
- Current \$700K grant includes partial staffing for a physician plus nurse practitioner, RN, LCSW, and partial staffing for two other positions. Funding also supported lab services and vaccinations.
 - FY18 request has similar labor requests, but is requesting more funding for lab services and an additional \$100K request for offset, described below. Although immunizations will be provided as needed, it is not part of this funding request.

- MayView conducted a detailed analysis of expenses associated with care provided to uninsured patients in ECHD cities. It showed expenses of \$1.1 million, which were offset by \$700K ECHD grant and left a \$411K shortfall for calendar year 2016. CY2015 corresponding cost was approximately \$515K. Lab costs went from \$53K in CY2015 to \$177K in CY2016.
- This research yielded a better analysis of the costs to care for the uninsured in the District. As a result, the FY18 proposal focuses only on the uninsured in District cities, whereas FY17 includes both uninsured and Medi-Cal patients. Therefore, the number of people served does not trend with previous years.

6. Question: CSA-MV –

- a. **It seems funding has increased from \$112 to 151k but amount of “service provided” has dropped from 2,856 to 2,362 and people served from 102 to 90. Is that correct?**
 - b. **Is the current proposal to increase spend by almost 50% and nearly double service to 4,532 from 2362?**
- This is a critical service for low-income older adults discharged from the hospital who are at high-risk for readmission. The variation in volume and funds utilized is attributable to the difficulty in hiring competitive position in this market. Additionally, the cases referred from the hospital are increasingly complex and require additional time and resources.
 - The model to be implemented in FY18 aligns with the Hospital Readmissions Reduction Program (HRRP); this will add a Licensed Vocational Nurse (LVN) position to increase capacity.
 - FY18 targets have been adjusted accordingly and cost per patient has declined from FY17 to FY18 with new model.

7. Question: What is the geographic range of Health Mobile?

Health Mobile will provide dental services to low-income and homeless individuals at two sites in Mountain View:

- MayView Community Health Center
- Community Service Agency – Mountain View

8. Question: Geographically, where are Healthcare Foundation services provided?

Medical Respite (Healthcare Foundation of Northern & Central California) is a 24-hour facility located in San Jose where all local hospitals have been transferring homeless patients for five years.

9. Question: Living Classroom – Did goals for students involved with planting fall from 2,700 in 2016 to 75 in 2017?

- The discrepancy is due to staff oversight; the two data points noted are for separate metrics and not a single trending metric. The FY17 target of 75 students at mid-year (150 annual) is specific to an after school and lunch program for underserved students.
- The agency aims to involve 3,000 students overall in planting and harvesting during FY17. Agency will make numbers available in year-end report.

10. Question: Medical Respite - How do we calculate hospital stays and days avoided?

The formula for calculating the saved days is based on the expected length of stay for each patient. The expected length of stay is calculated using published DRG average length of stay for the patient's diagnosis, plus the nationally published factor for homeless patients' additional length of stay. The difference between the expected length of stay and the actual length of stay for each patient is the "saved patient days". The saved days are calculated for each patient and then totaled for all patients. This formula was derived and approved by the members of the Medical Respite Program Advisory Board. *(Description of methodology provided by Medical Respite Program)*

11. Question: New Directions - How many ER visit reductions? What is cost per individual served?

- This program serves high-need individuals by partnering with the hospital's care coordination team to support and place such patients.
- Agency is increasing the target number of patients served to 28 from 25 for the same grant amount, so there is a reduction in cost per person from \$5,600 to \$5,000 from FY17 to FY18.
- Agency has broadly seen approximately 30% reduction in ER visits and a 75% reduction in inpatient days.

12. Question: How does Pathways impact the readmission rate goal?

In prior years the metric was written as the percentage of patients avoiding hospitalization versus percentage of patients re-hospitalized, as shown in FY18. Prior years' annual performance of 86% - 87% avoiding re-hospitalization can also be shown as re-hospitalization rate of 13% - 14%. The FY18 target is 12%. Moving forward, metric language will be consistent with FY18.

13. Question:

- a. What is law foundation advocacy work?**
 - b. Is it/should it be our goal to fund a group that is politically active with tax revenues?**
 - c. How does it merit increase if not hitting goals?**
- Program links mentally ill, homeless community members to public benefits, such as income and health insurance coverage, which are critical to achieving stability, good health and self-sufficiency; also provides legal information.
 - According to the 2015 Santa Clara County Point-in-Time Homeless Census & Survey, 39% of the 6,556 homeless people living in the county reported living with a psychiatric or mental health condition.
 - The FY18 recommended grant amount is essentially flat compared to current year; agency had scheduling delays in first half of year; services rescheduled during second half of current year and anticipate meeting annual targets.

14. Question: Maitri -

- a. Why fund from District funds if service is provided in San Jose?**
 - b. Is this year's goal \$3000 per person?**
- Agency is accredited by the Bureau of Immigration Appeals (BIA); it is the only agency in the county to provide direct legal representation to immigrant domestic violence survivors, which attributes to cost. This unique service is available for District residents to access; some service locations are undisclosed for safety reasons.

- The FY18 cost per person will go down to \$2,000 rather than \$3,000.
- The agency is performing strongly in their first year and increased the number of people they aim to serve in FY18.

15. Question: Similar question for Momentum for Mental Health providing service out of Palo Alto?

Agency provides services in Palo Alto. District residents have been accessing this service through District funding since 2010.

16. Question: MVLA – Is full funding recommended for this organization that hit all of its goals?

Full level of funding was recommended for FY18.

17. Question: Where is NAMI located?

NAMI SCC is located in San Jose; services are accessed by individuals who live, work or go to school in the District.

18. Question: CHI – This organization appears to significantly exceed its goals for people served in consecutive years. Why have goals not been raised?

Agency increased FY18 volume of people served by 28% and services provided by 17%, compared to FY17.

19. Question: Where does Farewell to Falls provide services?

Services are provided to homes in the District's boundaries.

20. Question: Is there a summary for Meals on Wheels?

Proposal is listed as The Health Trust; program title is Meals on Wheels. Summary is in Healthy Community, page 55 of FY18 ECHD CB Proposal Summary Sheets packet and page 68 of the Board Packet.

21. Question: Great non-profits – Is the District paying this organization to do a survey and advertising? If so, why?

- Great NonProfits' proposal is not for advertising; it does include a survey to assess the effectiveness of the District campaign, something not yet done with the Hypertension Initiative. Great NonProfits uses an innovative, text-based intervention program.
- This proposal complements the American Heart Association proposal and the #KnowYourBP Public Awareness Campaign proposal as part of the overall Hypertension Initiative.

22. Question: Hill and Co – What does dual funding means in this context?

Hospital is recommending funding for this agency as part of the Pre-diabetes Initiative. Dual funding refers to funding information for the Hospital.

23. Question: Rebuilding Together Peninsula --

- a. What is the full time program manager?**
- b. Is it perhaps a better use of funds to repair homes?**

- Agency was recommended for partial funding and will allocate 85% of funds toward building materials, thereby increasing annual target to serve 28 homes.
- Program staff assess applicant geographic and financial eligibility, administer Cornell University's environmental fall risk assessments, develop customized home safety plans, and coordinate no-cost repairs for vulnerable older adults in the District.

24. Question: Road Runners –

- a. What is the typical distance for service?**
- b. Might it be more cost effective to use Lyft or Uber?**
- c. Is a “ride” one way or round trip?**

RoadRunners offers one-way rides up to 10 miles; the majority of rides are 5 miles or less. Due to the growing demand for transportation services, the cost of program administration, and the increase in alternative cost-effective transportation options, RoadRunners has added Lyft as an option for riders. With Lyft, riders are able to travel longer distances with more flexibility.

25. Question: Sunnyvale Community Services Agency –

- a. For social case management, do we hire/provide people?**
- b. What is a “service provided?”**

- Sunnyvale Community Services hires bilingual case managers to implement this program.
- Services provided by case managers include helping underserved community members navigate social services to access healthcare, affordable housing, transportation to medical appointments and other critical services.

26. Question: Emergency Assistance –

- a. Is this directly giving money directly to clients?**
- b. If so, how much of \$100,000 is for direct money?**
- c. How much for food vs. medical bills?**

Financial aid is allocated as follows in the \$100K proposed budget:

- Financial aid for medically related bills = \$30,000
- Healthy food purchases = \$25,000
- Grocery script = \$15,000

27. Question: Working Partnerships USA –

- a. Is there a deeper analysis of needs and impacts available?
- b. Where are services provided geographically?
- c. Can we define the job description of Civic Engagement Coordinator and Community Organizer?
Which communities?

- Program only supports the promotion of health care access among some of the most vulnerable and hard to reach District community members.
- Target populations will be the remaining uninsured in Sunnyvale and Mountain View neighborhoods with a focus on those eligible for Covered CA, Medi-Cal, or Santa Clara County's new Primary Care Access Program (PCAP).
- Studies by UC Berkeley and PCAP indicate that between 127,000- 167,000 uninsured reside in Santa Clara County (2016 UC Berkeley study available here: <http://laborcenter.berkeley.edu/pdf/2016/Preliminary-CalSIM-20-Regional-Remaining-Uninsured-2017.pdf>)

28. Question: Hopes Corner – How does this tie to the District's purpose?

- Agency is the only hot meals program in Mountain View on Saturdays; serves low-income and homeless individuals. Of the individuals served, 32% are homeless and reside outdoors or in a vehicle and 60% are older adults.
- This support grant addresses food insecurity, which is associated with health disparities and can lead to chronic and other diseases.

29. Question: Where is Prevention Partnership, International located?

Prevention Partnership, International proposal. Agency address is on St, James Street in San Jose; services proposed will benefit District youth.

30. Question: Where is Senior Council located?

While the agency is located in Aptos, services will be provided at the homes of older adults in the District.

31. Question: Whole Brain – Where will services be delivered?

The agency is located in Palo Alto and is proposing to deliver services in Cupertino.

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Association of California Healthcare Districts ("ACHD") Report El Camino Healthcare District Board of Directors May 22, 2017
Responsible party:	Julia Miller, Vice Chair, ACHD Board of Directors
Action requested:	For Possible Motion(s)
<p>Background:</p> <p>I have been serving on the ACHD Board since May 2015 and last October was elected Vice Chair of the Board and Chair of its Governance Committee. We have been diligently working on revising the ACHD Bylaws and they are presented here for the District Board, as a member of ACHD, to consider (1) approving the revisions and (2) appointing me to serve as delegate to sign the ballot. The ballot presents a summary of the proposed revisions.</p> <p>In addition to the work on the Bylaws, the ACHD Board is considering a restructuring of its membership dues schedule. The outcome of that is not yet clear, but I hope to have more to report on that at our June 20th meeting.</p> <p>In April, I attended ACHD's legislative day in Sacramento where I attended the ACHD Board meeting, Executive Committee meeting and Advocacy Committee meeting. I also had the opportunity to meet with Assembly Members Marc Berman and Edwardo Garcia as well as members of Senator Jerry Hill's Staff.</p> <p>Finally, I would like to let the Board know that ACHD is supporting AB 1728, a bill that would impose certain transparency requirements on all Healthcare Districts. I am glad to report that ECHD is already in compliance with most, if not all of the requirements. CSDA and LAFCo are also supporting the bill.</p>	
Committees that reviewed the issue and recommendation, if any: None.	
<p>Summary and session objectives :</p> <ul style="list-style-type: none"> • To update the Board on the work of ACHD • To obtain the Board's approval of the proposed revisions to the ACHD Bylaws • To appoint a delegate to sign the ACHD ballot. 	
<p>Suggested discussion questions:</p> <p>Does the Board have any questions about the proposed revisions to the ACHD Bylaws?</p>	
<p>Proposed board motion(s), if any:</p> <ol style="list-style-type: none"> 1. To approve the revisions to the ACHD Bylaws 2. To appoint Director Miller as ECHD's delegate to sign the ACHD Ballot 	
<p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none"> 1. ACHD Ballot 2. Proposed Revised ACHD Bylaws (Redlines) 3. Proposed Revised ACHD Bylaws (Clean) 	

Association of California Healthcare Districts, Inc.
Ballot
for Approving the Amended and Restated Bylaws

1. Membership. The undersigned is a Member in good standing of the Association of California Healthcare Districts, Inc., a California nonprofit mutual benefit corporation (“ACHD”), created pursuant to the Articles of Incorporation originally filed with the California Secretary of State on May 29, 1951, as amended August 2, 1956, June 14, 1957, amended and restated on August 3, 1995, and amended on August 14, 1996 (the “Articles”) and the Bylaws last amended as of May 7, 2015 (the “Current Bylaws”). “Member” is defined in the Current Bylaws.

2. Proposed Action. The board of directors of ACHD recommends that the Members approve the Amended and Restated Bylaws attached hereto as Exhibit A (“Amended and Restated Bylaws”). Please also see the redline comparing the Amended and Restated Bylaws with the Current Bylaws attached hereto as Exhibit B.

3. Reason for the Action. The board of directors has recommended the Members approve the Amended and Restated Bylaws to improve the quality and clarity of ACHD’s bylaws and make a number of substantive changes intended to improve the efficiency and effectiveness of ACHD, including, but not limited to, the following:

- a. Define and limit conflicts of interest and create limits on the power of the board of directors,
- b. Articulate the duties of directors on the board of directors,
- c. Provide a mechanism for indemnifying directors and officers,
- d. Permit affiliate Members to join, although they may not elect a director to serve on the board,
- e. Remove the extensive notice and hearing procedures for terminating a director or a member,
- f. Permit electronic notices and meetings,
- g. Alter how directors are appointed to the board of directors,
- h. Change the size of the board to a range between 15 and 21, and
- i. Broaden the purpose of the board to serve more than healthcare districts.

4. Authorized Delegate. For purposes of casting this ballot, either: (a) the Member has designated the undersigned individual as its primary delegate for today’s purposes only, or (b) during the past 30 days, the Member has submitted the names of its primary and alternate delegates, in which case, the signature of the primary delegate is set forth below, unless he or she is unavailable, in which case the signature of the alternate delegate is set forth below, or (c) the Member hereby elects _____ to serve as the Member’s primary delegate and _____ to serve as the Member’s alternate delegate.

5. Requisite approval; timing. The Amended and Restated Bylaws will be adopted as the bylaws of ACHD only if (a) at least seventy-five percent (75%) of the ballots returned to ACHD vote to approve the Amended and Restated Bylaws, and (b) that a quorum of Members return their ballots to ACHD at **500 Capitol Mall, Suite 600, Sacramento, CA 95814, Attention: Ashley West, Esq.** A quorum is 33.3%. There are 50 Members of ACHD. A minimum of 17 Members constitutes a quorum. You must return your ballot on or before **June 16, 2017** for your ballot to count.

6. Vote. After consulting with the requisite management team, whether that be the Member’s board of directors/trustees or its senior leadership team, whichever is required by the Member’s internal policies, the Member hereby votes as follows:

- ☐ **APPROVED. The Member votes to adopt the Amended and Restated Bylaws.**
- ☐ **DISAPPROVED. The Member votes to not adopt the Amended and Restated Bylaws.**
- ☐ **WITHHELD. I neither vote for or against adopting the Amended and Restated Bylaws.**

This ballot shall be effective as of _____, 2017. I represent and warrant I have all power and authority to bind the Member for which I am signing.

MEMBER:

Type name of Member here

By: _____
Name: _____
Title: _____



ACHD

ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

Amended and Restated
Bylaws

Effective ~~May 7~~ July 1, 2015 ~~2017~~

1215 K Street, Suite 2005 • Sacramento, CA 95814
916.266.5200 • FAX 916.266.5201 • www.achd.org • info@achd.org

~~PO Box 619084 • ROSEVILLE, CA 95664~~
~~916.266.5200 / 800.424.2243 • FAX~~
~~916.266.5201 • www.achd.org • info@achd.org~~

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AMENDED AND RESTATED

ACHD-BYLAWS

OF THE ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS, INC.

ARTICLE I

Effective as of July 1, 2017

PREAMBLE

These Amended and Restated Bylaws effective as of July 1, 2017 (these "Bylaws") govern the Association of California Healthcare Districts, Inc., a California mutual benefit corporation (the "Association"). The Association has been formed pursuant to the California Corporations Code Section 7110, et seq. (the "Nonprofit Mutual Benefit Corporation Law"). These Bylaws are in addition to the Articles of Incorporation originally filed with the California Secretary of State on May 29, 1951, as amended August 2, 1956, June 14, 1957, amended and restated on August 3, 1995, and amended on August 14, 1996 (the "Articles").

ARTICLE I

Principal Office

~~Section 1.~~ The principal office of the Association for the transaction of business is located in ~~Granite Bay~~ Sacramento, California. The Board of Directors (the "Board") may change the location of the principal office ~~from one location to another.~~

ARTICLE II ~~ARTICLE II~~

Purpose

Section 1. ~~Section 1.~~ The purposes of the Association are set forth in the Articles of Incorporation.

~~Section 2. The Association shall:~~

Section 2. Consistent with the purposes of the Association set forth in the Articles of Incorporation, the Association shall:

A. Maintain and expand Association services to healthcare districts organized pursuant to the Local Health Care District Law beginning at Gov. Code Division 23, Section 32000 ("Healthcare Districts") and assist these ~~organizations~~ Healthcare Districts in developing and maintaining best practices ~~in governance~~;

B. Identify and aggressively pursue legislative and educational programs that ~~increase benefits for the membership~~ advance the interests of Members and others consistent with the Association's mission and strategic plan;

C. ~~Promote the concept of local public accountability and local public control of Healthcare Districts~~ Serve as a resource for Members and others consistent with the Association's mission and strategic plan; and

D. ~~Cooperate with other Associations, whenever possible~~
Collaborate with others to enhance the mission and strategic plan of the Association.

Section 1. Members

ARTICLE III~~ARTICLE III~~

Membership

Section 1. Members

"Members" shall include any Healthcare District in the State of California whose ~~Member Fees~~Dues (defined in Article III, Section 3) have been paid in full. Members shall have all rights and privileges as hereinafter set forth, and may, in addition, participate in any Association program, unless otherwise prohibited.

Section 2. Application

The Association may extend membership to organizations that are not Healthcare Districts but share a common interest with Healthcare Districts or the Association ("**Affiliate Members**"). Affiliate Members are ineligible to send a voting Director to serve on the Board.

Section 2. Membership

Any Healthcare District ~~desiring to become a Member in the Association may apply in writing to the President—Chief Executive Officer of the Association. Applicants for Membership~~ shall become ~~Members~~a Member upon payment of ~~Member Fees as herein provided~~Dues.

A candidate for Affiliate Member shall submit an application for membership to the Association. Applications shall be reviewed by the Board. A candidate for Affiliate Member shall become an Affiliate Member upon acceptance by the Board and payment of Dues.

Section 3. Section 3. Member FeesDues

"Dues" for Members shall be established annually by the Board of Directors at a duly constituted Board meeting. The Association shall deliver notice of Dues to Members annually, on the first day of the fiscal year. Each Member shall have thirty (30) days from the date the notice of Dues was delivered (the "Notice Date") to pay Dues. If a Member has not paid Dues within ninety (90) days of the Notice Date, the Member's membership is automatically terminated as of the ninety first (91st) day after the Notice Date (the "Termination Date").

~~The annual Member Fees for Members shall be established by the Board of Directors at a duly constituted Board meeting.~~

Section 4. Section 4. Termination andor Suspension of Membership

A. Causes and Procedures of Termination. A Membership ~~may~~shall terminate on the occurrence of any of the following events:

1. Resignation of a Member pursuant to Article III, Section 5;

A. Causes of Termination:

1. Resignation:

2. Failure of a Member to pay ~~annual Member Fees.~~Dues before the Termination Date;
3. The date on which a Member is no longer a Healthcare District- ~~or eligible to be an Affiliate Member; or~~
4. Expulsion of ~~the~~a Member based on the determination of the Board, in its sole and absolute discretion, that the Member has failed in a material and serious degree to observe the rules of conduct of the Association, whether written rules or otherwise, or has engaged in conduct materially and seriously prejudicial to the purposes and interests of the Association.

B. Procedure for Termination, Expulsion or Suspension.

A Member is automatically terminated as of (a) the date set forth in the resignation letter or if no date is designated in the resignation letter on the date of the letter, (b) on the Termination Date, if any, (c) or on the date the Board delivers notice to the Member of the Board's action pursuant to Article III, Section 4(A)(4) above.

~~If grounds appear to exist for termination, expulsion or suspension of a Member, the procedures set forth below shall be followed:~~

- ~~1. Before commencing termination procedures for failure to pay Member Fees, any Member who fails to pay Member Fees when due shall receive written notice within twenty (20) days after such due date. The notice shall state that if Member Fees remain unpaid after thirty (30) days following such due date, termination proceedings may commence.~~
- ~~2. For termination, expulsion or suspension due to occurrences described in Subsection 4A(2) above, the Board must, by a two-thirds (2/3) vote, approve proceeding with termination.~~
- ~~3. Termination due to resignation shall be as set forth in Subsection 5, below.~~
- ~~4. Termination due to occurrences described in Subsection 4A(4) shall proceed in accordance with the remainder of this section.~~
- ~~5. The Member shall be given thirty (30) days prior written notice of the termination, expulsion or suspension and the reasons therefore. Notice shall be given by any method reasonably calculated to give actual notice. Any notice given by mail shall be sent by first class, certified or registered mail, return receipt requested, to the Member's last address shown on the Association records.~~
- ~~6. The Member shall be given an opportunity to be heard, either orally or in writing, at least five (5) days before the effective date of the proposed termination, suspension or expulsion. The hearing shall be held, or the written statement considered, by the Board to determine whether the termination, expulsion or suspension should take place.~~
- ~~7. The Board shall develop a policy on the conduct of the hearing.~~
- ~~8. The Board shall decide whether or not the Member should be terminated, expelled, suspended, or sanctioned in some other way. The decision of the Board shall be final.~~

Section 5. ~~Section 5.~~ Resignation of Members

A Member may ~~file~~deliver a resignation letter in writing ~~with~~to the ~~President—Chief Executive Officer.~~
~~Such~~Director. A Member's resignation ~~shall become effective as of the date filed, but~~ shall not
entitle such Member to any refund of ~~Member Fees~~Dues.

Section 6. ~~Section 6.~~ Voting Privileges of Members

- ~~A. Each Member shall designate one of its elected trustees as its delegate to represent the Member with full voting power at any meeting of Members of the Association.~~
~~B. Each Member may also designate an alternate delegate, who may be either an elected trustee or the administrator, or chief executive officer, and in the absence of the delegate, the alternate may exercise full voting power at any meeting of Members of the Association.~~
~~C. All certified delegates of Members shall be provided with written credentials directed to the President—Chief Executive Officer of the Association, and such credentials shall be presented to the President—Chief Executive Officer prior to the meeting.~~

A. D. Each Member in good standing So long as the Healthcare District Member has paid its dues before the Termination Date, then the Member shall be entitled to one (1) vote.

B. E. Voting by proxy will not be permitted. Only primary delegates or alternate delegates may vote at Association meetings.

~~F. The determining vote will be a simple majority unless otherwise stated.~~

C. Assuming a quorum is present, a majority of those Members represented at the meeting and voting on any matter shall be the act of the Members unless a greater number of votes are required elsewhere in these Bylaws. A "majority" is more than 50%.

D. No Affiliate Member shall have the right to vote at meetings of the Member.

ARTICLE IV

Meeting of Members

ARTICLE IV

Section 1. Annual Meeting of the Members

Section 1. Annual Meeting

Meeting of Members

Once per year there shall be a meeting of the Members (the "Annual Meeting of the Members"). The date and place of the Annual Meeting of the Members shall be fixed by the Board. The Annual Meeting of the Members shall be for the transaction of such business as may be deemed advisable by the Board.

~~There shall be an Annual Meeting of the Association, the date and place of which shall be fixed by the Board. This meeting shall be for the transaction of such business as may be deemed advisable.~~

Section 2. ~~Section 2.~~ Notice of Annual ~~Meetings~~ Meeting of Members

Notice of the Annual Meeting of the Members shall be ~~given~~delivered to all Members in writing by ~~the~~
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~~President~~ ~~Chief Executive Officer~~ of the Association not less than thirty (30) ~~nor more than ninety (90)~~ days prior to the date set for ~~such~~ the Annual Meeting of the Members. Any such notice shall specify the date, place, and hour of the meeting and the general nature of the business and proposals to be acted upon. The Association shall deliver notice of the Annual Meeting ~~shall be given~~ of the Members to all Members. The Members may discuss the matters described in the notice and any other matters that may arise.

Section 3. ~~Section 3.~~ Special Meetings of Members

A. Special meetings of the Members may be called at any time by the Chair, ~~or by~~ the Board, ~~or upon written request to the Chair, or to the President~~ ~~Chief~~ the Executive ~~Officer~~ Director, or any other Officer so designated by the Board, or by five (5%) percent of the Members.

B. Notice of each special meeting of the Members and stating the place, the day, and the hour of the meeting, and the purpose thereof, shall be ~~communicated~~delivered by the ~~President – Chief Executive Officer~~Director to each Member at least ~~thirty-five (35) but no more than ninety (90)~~thirty (30) days prior to the date of such special meeting.

C. No other business shall be transacted at a special meeting other than that for which such meeting has been called.

~~Section 4. Quorum~~

Section 4. Quorum of Meeting of Members

Thirty-three and one-third percent (33 1/3 %) of the Members shall constitute a quorum at any meeting of Members. The Members may not take any action unless a quorum is present.

Section 5. ~~Section 5~~ Delegates of Members

A. Each Healthcare District Member shall designate either an elected trustee or a senior executive of the Member as its primary delegate to represent the Member with full voting power at any meeting of Members of the Association.

B. Each Healthcare District Member shall also designate an alternate delegate, who may be either an elected trustee or a senior executive of that Member and in the absence of the primary delegate, the alternate delegate may exercise the Member's full voting power at any meeting of Members.

C. The Healthcare District Members shall provide the Association with the names and contact information of the primary delegate and alternate delegate prior to the Annual Meeting of the Members as defined in Article IV, Section 1.

D. Nothing ~~herein contained~~ in these Bylaws shall be construed to discourage or preclude attendance and participation by ~~directors and administrators of~~ Affiliate Members at meetings, even though they ~~may be~~ not ~~be~~ qualified as voting representatives.

Section 6. Manner of Meeting of Members

A meeting of Members may be conducted, in whole or in part, by telephonic or electronic transmission by and to the Association or by electronic video screen communication (1) if the Association implements reasonable measures to provide Members a reasonable opportunity to participate in the meeting and to vote on matters submitted to the Members, including an opportunity to read or hear the proceedings of the meeting substantially concurrently with those proceedings, and (2) if any Member votes or takes other action at the meeting by means of electronic transmission to the Association or electronic video screen communication, a record of that vote or action is maintained by the Association. If a Member does not sign a consent to electronic transmission in the form attached as Exhibit A, or otherwise acceptable to the Executive Director then the Association must provide the Member the opportunity to participate in the meeting in person at a physical location.

Section 7. ~~Section 6~~ Waiver of Notice by Members

The transactions of any meeting of the Members, however called and noticed or wherever held, shall be valid as though taken at a meeting duly held after regular call and notice, if (i) a quorum is present; and (ii) the Association sends valid notice of the meeting or either before or after the meeting, each of the Members not present signs a written waiver of notice, a consent to holding the meeting, or an approval of the minutes. The waiver of notice or consent need not specify the purpose of the meeting. All waivers, consents, and approvals shall be filed with the corporate records or made a part of the minutes of the meeting. Notice of a meeting shall also be deemed given to any Member who attends the meeting without protesting before or at its commencement about the lack of adequate notice.

Section 8. ~~**Section 7.**~~ **Action Without a Meeting of Members**

Notwithstanding any other provision of these Bylaws, any action required or permitted to be taken by the Members may be taken without a meeting if authorized in writing and signed by all the Members entitled to vote at a meeting for that purpose and filed with the Secretary.

Section 9. ~~**Section 8.**~~ **Members' Voting by Written Ballot**

A. Notwithstanding any other provision of these Bylaws, any action which may be taken at any regular or special meeting of Members may be taken without a meeting if the Association distributes a written ballot to every Member entitled to vote on the matter. Such ballot shall set forth the proposed action, the reason for the action, provide opportunity to specify approval or disapproval of any proposal, and provide a reasonable time within which to return the ballot to the Association. Ballots must permit the Member to "withhold" its vote. Such a ballot will not be voted either for or against the proposed action.

B. Approval by written ballot pursuant to this Section shall be valid only when the number of votes cast by ballot within the time period specified equals or exceeds the quorum required to be present at a meeting authorizing the action, and the number of approvals equals or exceeds the number of votes that would be required to approve at a meeting at which the total number of votes cast was the same as the number of votes cast by ballot. ~~Amendments to the Articles of~~

~~Incorporation or Bylaws require seventy-five percent (75%) of a quorum of ballots to approve the changes~~

C. Ballots shall be solicited in a manner consistent with the requirements of Sections 2 and 3 hereof and Section 7513 of the Corporations Code. All such solicitations shall indicate the number of responses needed to meet the quorum requirements and shall state the percentage of approvals necessary to pass the measure submitted. The solicitation shall specify the time by which the ballot must be received in order to be counted.

ARTICLE V~~ARTICLE V~~

Legislative Advocacy

Section 1. ~~Section 1.~~ **Legislative Advocacy Program**

The Advocacy Committee (defined in Article VIII, Section 5) shall annually submit its legislative advocacy program to the Board and report quarterly on legislative activities at the last Board meeting of the calendar year.

Section 2. ~~Section 2.~~ **Legislative Action**

Where legislation affecting the interests of Members is ~~discovered~~identified, the ~~President—Chief Executive Officer~~Director or his/her designated representative shall use their best judgment and take appropriate action within the confines of Board policy. The ~~President—Chief Executive Officer or Executive Director shall~~Association shall regularly notify the ~~Chair, and the~~Members on legislative ~~Committee Chair, of any such action at the first available opportunity~~actions.

ARTICLE VI

Board of Directors

Section 1. ~~Definitions~~

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Section 1. **Definitions**

The following capitalized words and phrases shall have the ~~meaning~~meanings indicated.

A. “Administrator-Director:” A Director who is an administrator, chief executive officer, or president of a Healthcare District Member.

B. “Affiliate Director:” Director of an Affiliate Member.

C. “Director:” A person who ~~is~~represents a Member or an Affiliate Member and has been elected to serve and is serving as a member of the Board of Directors of the Association.

D. ~~“Trustee-Director.”~~ A ~~member of the Board of Directors~~ Director who is ~~also~~ an elected or appointed member of the board of trustees or directors of a Member Healthcare District ~~or a District Hospital governing board.~~

~~“Administrator-Director.” A member of the Board of Directors who is also an administrator, or chief executive officer, or president - chief executive officer of a Healthcare District or health care facility operated by a Member.~~

Section 2. ~~Section 2.~~ Composition of Board

A. Except as otherwise provided in Subsection (B) hereof, the Board shall consist of ~~sixteen~~ no more than twenty-one (21) members, ten ~~Directors and no less than fifteen (15) of whom Directors.~~ At least three (3) Directors shall be Trustee-Directors, five (5) of whom shall be. The remaining Directors shall be Trustee-Directors or Administrator-Directors, and ~~One (1) Director~~ shall be the Immediate Past Chair. Each ~~of whom~~ Director shall be entitled to one (1) vote. The ~~President - Chief Executive Officer~~ Director shall be an ex-officio, non-voting member of the Board. The Board shall by resolution fix the number of Directors with the right and power to vote between twenty-one (21) and fifteen (15).

B. From time to time, at the discretion of a majority of the Board, the Board may appoint up to three (3) persons to be ex-officio, non-voting ~~members of directors on~~ the Board for terms of one (1) year each. Such appointments shall be based upon the unique expertise of such person or persons. Such Directors shall be entitled to fees and reimbursement of expenses to the same extent as other Directors of the Association. Such Directors shall not be counted for purposes of determining a quorum. An Affiliate Director may only be appointed to serve as an ex-officio, non-voting Director on the Board. Affiliate Directors do not count toward the total number of Directors for purposes of determining a quorum.

~~Section 3. Eligibility~~

C. ~~Except for the Immediate Past Chair, no Trustee Director or Administrator Director may serve more than two (2) consecutive terms, and for this purpose service of any time in excess of eighteen (18) months shall be deemed a full term. Any such Trustee Director or Administrator Director who has completed two (2) full terms as a Director shall not be eligible to serve another term until at least two (2) full calendar years have elapsed following the expiration of that person's last term of office.~~ No Member may be represented on the Board ~~at the same time~~ by more than one (1) voting Director at the same time.

~~Section 4. Terms of Office~~

~~Section 3. Director Term Limits~~

A. Except for the Immediate Past Chair and those ex-officio Directors appointed under Article VI, Section 2(B), the term of each ~~Trustee Director~~ Director shall be for three (3) years ~~and. Each Director's term shall commence with the adjournment of the Annual Meeting at which that Trustee Director was upon the date the Board elected, and end with the adjournment of the Director to the Board and terminate on the third annual meeting thereafter anniversary of that date.~~ The terms of ~~Trustee Directors~~ Directors shall be staggered so that the terms of at least ~~two~~ five (25) ~~such~~ Directors shall terminate each year.

B. ~~Except for the Immediate Past Chair, no Director may serve more than two (2) consecutive terms. If a Director serves a partial term, that partial term shall not count toward term limits unless the partial term exceeds 12 months.~~

~~Terms of Administrator Directors shall be for two (2) years and commence with the adjournment of the Board meeting at the Annual Meeting at which their appointment or reappointment was approved. The terms of Administrator Directors shall be staggered so that no more than three (3) such terms shall end each year.~~

~~Section 4. Section 5. Eligibility, Nomination and Appointment of Directors~~

A. The Board shall fill vacancies on the Board.

~~A. The Board shall notify the Members at least one hundred twenty (120) days prior to the Annual Meeting regarding upcoming Trustee Director vacancies on the Board. A Member by a majority vote of its own board of trustees or board of directors may nominate one (1) elected or appointed trustee or director from the Healthcare District board or the District Hospital governing board to serve as a Trustee Director of the Association. In the alternative, an elected or appointed trustee of a Member, who is not nominated by the trustee's own board of directors or governing board, may apply to the Governance Committee for nomination to serve as a Trustee Director of the Association. In either case, the name of the trustee along with the trustee's statement of~~

~~qualifications or resume shall be submitted to the Governance Committee at least seventy-five (75) days before the Annual Meeting. No Member may be represented on the Board by more than one (1) voting Director.~~

B. An individual Member may apply for its primary delegate or an alternate delegate to serve on the Board by submitting a nomination of that person to the Governance Committee together with the candidate's statement of qualifications or resume. The Governance Committee shall recommend its choices for candidates to serve on the Board to the full Board.

~~B. Only trustees who are a) nominated by a Member or b) who have applied for nomination and whose statement of qualifications or resume is timely received by the Governance Committee and selected as a nominee by the Governance Committee shall be eligible for appointment as a Trustee-Director of the Board. The Board shall fill open seats by a majority vote of the entire Board.~~

Note: There is no reference to election as a Director after nomination/appointment occurs. There is also no reference that the Governance Committee notifies the Board of the nomination.

C. A candidate who is selected by the Governance Committee shall be eligible for appointment as a Director of the Board. The Board shall appoint Directors by a majority vote of the Directors at the Board meeting so long as there is a quorum.

D. No more than forty-nine percent (49%) of the persons serving on the Board may be interested persons as defined in Article XIV, Section 2(B). However, any violation of this Section (D) shall not affect the validity or enforceability of transactions entered into by the Association.

Section 5. ~~Section 6.~~ Termination of Directors

The Board may terminate a Director for ~~good cause following proper written notice to such Director and providing an opportunity to be heard. Such written notice shall be given no less than thirty (30) days in advance of any such hearing and shall be delivered in person or by registered mail over the signature of the President – Chief Executive Officer. A Director may be removed without cause by the affirmative vote of the Members any reason or no reason.~~ The Chair shall deliver notice to a Director within five (5) days of the date on which the Board terminated the Director.

Section 6. ~~Section 7.~~ Resignation of Directors

A Director may resign from the Board at any time by ~~filing~~delivering a resignation in writing ~~with~~to the Chair, with a copy to the ~~President – Chief Executive Officer~~Director, and such resignation shall be effective on the date of receipt, unless specified otherwise.

Section 7. ~~Section 8.~~ Vacancies on Board

A. A Board vacancy or vacancies shall be deemed to exist if any Director dies, resigns, or is removed, ~~or if the authorized number of Directors is increased pursuant to Article VI, Section 5 or if the Board increases the size of the Board pursuant to Article VI, Section 2.~~

B. The Board may declare vacant the office of any Director who has been convicted of any felony, or that the Board determines has ~~been found to have~~ breached any duty arising under Section 7238 ~~of the California Non-Profit Chapter 18 of the Nonprofit~~ Mutual Benefit Corporation Law or found to be of unsound mind by any court of competent jurisdiction. The Board need not comply with Article VI, Section 6 to declare a vacancy under this Section 7.

C. The Board shall fill any vacancy on the Board ~~shall be filled for the an~~ unexpired term ~~by the Board~~ within ninety (90) days, after such vacancy occurs. The Board shall have the number of Directors determined by Article VI, Section 2. Any seats between that number and the maximum number of seats authorized shall not be treated as vacancies.

D. No reduction of the authorized number of Directors or change in the term of Directors shall have the effect of removing any Director prior to the expiration of the ~~current~~ Director's then current term of office.

~~Section 9. Powers~~

Section 8. General Corporate Powers. The activities and affairs of this Association shall be managed by, and all corporate powers shall be exercised by or under the direction of, the Board. Subject to the provisions and limitations of the Nonprofit Mutual Benefit Corporation Law and any other

laws, the Board may delegate the management of the activities of the Association to any person or persons, or committee, provided that notwithstanding any such delegation, the activities and affairs of the Association shall continue to be managed and all corporate powers shall continue to be exercised under the ultimate direction of the Board.

Section 9. Specific Powers. Without prejudice to the general powers of the Board set forth in Section 8 above, the Board shall have the power to do the following things:

A. The Board shall have charge of the property, control and management of the affairs and funds of the Association, final authority over the acts of officers and committees, and power and authority to establish administrative regulations, and to do and perform all acts and functions not inconsistent with these Bylaws, or with any action taken at a duly constituted meeting of Members.

B. The Board shall have authority to make Association policy decisions consistent with these Bylaws.

C. The Board shall have authority to employ or contract with ~~a President—Chief Executive Officer,~~an Executive Director, Legal Counsel, independent auditor, and such other persons as may be necessary for the proper conduct of the Association's business.

D. The Board shall have the authority to administer joint powers agreements entered into by Members for whatever lawful purpose. In administering such joint powers agreements, the Board shall have the power to:

1. Authorize the Association to enter into agreements with the joint powers parties or with such consultants as the Board may deem necessary to perform the duties of the Association;

2. Authorize the Association to open and close such bank accounts as may be necessary for the proper conduct of the business of the joint powers agreement;

3. Delegate such of its powers, whether those provided in this Subsection (D), or general powers, to the Executive Committee, or to officers, contract consultants, or employees of the Association, as may be necessary in administering any joint powers agreement or any other Association program or activity;

4. Invest and reinvest funds of the joint powers agreement in a manner and in such investments as would be legal for a Member;

E. The Board may establish a hardship policy for reduced Dues on a case by case basis.

F. The Board shall have the power and authority to do all things set forth in these Bylaws.

G. The Board shall have the authority to determine what legislation the Association will sponsor.

H. The Board shall have the authority to review and approve the Advocacy Committee guiding principles.

I. ~~5-~~The Board shall have such other powers as may be necessary or appropriate in carrying on the administration of any such joint powers agreement or any other Association program or activity.

Section 10. Limitations on Powers of Board

A. Self-Dealing Transactions. Notwithstanding the powers conferred on the Board pursuant to these Bylaws, this Association shall not engage in any transaction in which one or more of its Directors has a financial interest that is deemed a conflict of interest pursuant to the conflict of interest policy in Article XIV of these Bylaws.

B. Loans to Directors or Officers. This Association shall not make any loan of money or property to, or guarantee the obligation of, any Director or officer, unless the transaction is first approved by the California Attorney General. This provision shall not apply to any reasonable advance on account of expenses anticipated to be incurred in the performance of the Director's or officer's duties or indemnification expenses set forth in these Bylaws.

C. Standards for Investment. Except as provided in Sections 5240(c) and 5241 of the Nonprofit Public Benefit Corporation Law, in the investment, reinvestment, purchase, acquisition, exchange, sale and management of the Association's investments, the Board shall:

1. Avoid speculation, looking instead to the permanent disposition of the funds, considering the probable income, as well as the probable safety of the Association's capital;

2. Comply with all state and federal laws and regulations governing investments by nonprofit corporations qualified as tax-exempt private foundations under Section 501(c)(3) of the Internal Revenue Code, if applicable, including, but not limited to, the provisions contained in Section 5240 of the Nonprofit Corporation Law and Section 18506 of the California

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Probate Code; and

3. Comply with additional standards, if any, imposed by the Articles, these Bylaws, Board policy as it may change from time to time, or the express terms of any instrument or agreement pursuant to which the invested assets were contributed to the Association.

Section 11. ~~**Section 10.**~~ **Meetings of the Board**

A. The Board shall meet ~~not less than three (3) times during each~~quarterly per fiscal year.

B. The time and place of such regular meetings shall be determined by the Board ~~from time to time. The Board shall meet at such other times and places as it may deem desirable.~~

C. A majority of the voting ~~members of the Board~~Directors shall constitute a quorum for any duly constituted meeting.

D. Except as otherwise provided in these Bylaws, or by law, every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present is the act of the Board, provided, however, that any meeting at which a quorum was initially present may continue to transact business notwithstanding the withdrawal of Directors if any action taken is approved by at least a majority of the required quorum for such meeting.

E. Special meetings of the Board may be held only after each Director has received ~~four (4) days notice by first class mail or~~ forty-eight (48) hours ~~given personally or~~advanced notice by telephone call, email, ~~telegraph, telex, fax or other similar means of communications~~set forth in Article XV.

F. The Chair, ~~President/CEO,~~ Executive Director, ~~Secretary~~ or any two (2) ~~Board members~~Directors may call a special meeting of the Board.

Section 11. Attendance

~~Any member of the Board who is absent from more than two (2) duly called consecutive regular meetings without good cause, may be removed after a fair, complete and adequate hearing by two-thirds (2/3) vote of the Board. Illness, extended vacation, or failure to receive proper notice of Directors' meetings, among other grounds, may constitute a good cause for absence from meetings of said Board.~~

Section 12. Manner of Meeting of Board

Directors may participate in a meeting through use of conference telephone, electronic video screen communication, or electronic transmission by and to the Association. Participation in a meeting through use of conference telephone or electronic video screen communication pursuant to this Section 12 constitutes presence in person at that meeting as long as all Directors participating in the meeting are able to hear one another. Participation in a meeting through use of electronic transmission by and to the Association, other than conference telephone and electronic video screen communication, pursuant to this Section constitutes presence in person at that meeting if both of the following apply: (a) each Director participating in the meeting can communicate with all of the other Directors concurrently, and (b) each Director is provided the means of participating in all matters before the Board, including, without limitation, the capacity to propose, or to interpose an objection to, a specific action to be taken by the Association.

Section 13. Responsibilities of Directors; Attendance. The responsibilities of each Director shall include:

A. If appointed to a committee or committees, the participation in such committees with regular attendance at committee meetings;

B. Attendance at regularly scheduled Board meetings, the Annual Meeting of the Directors, any Board retreats, and other special meetings that may be called from time to time if noticed sufficiently in advance;

C. Response to action items, such as formal inquiries by the Board or its representatives, directed to Directors at or between Board meetings relating to Board business; and

D. Compliance with these Bylaws, including the conflict of interest policy in Article XIV of these Bylaws.

Section 14. ~~Section 12.~~ Waiver of Notice of Meeting of the Board

Notice of a meeting need not be given to any Director who signs a waiver of notice, a written consent to the holding of the meeting, an approval of the minutes of the meeting, whether before or after the meeting, or who attends the meeting without protesting the lack of notice

prior thereto or at its commencement. All such waivers, consents and approvals shall be filed with the corporate records or made a part of the minutes of the meetings.

~~Section 13. Adjournment~~

Section 15. Adjournment of Meeting of the Board

A majority of the Directors present, whether or not a quorum is present, may adjourn any Directors' meeting to another time and place. If a meeting is adjourned for more than twenty- four (24) hours, notice of such adjournment to another time or place shall be given, prior to the time scheduled for the continuation of the meeting, to the Directors who were not present at the time of the adjournment.

Section 16. ~~Section 14.~~ Action Without a Meeting of the Board

Any action required or permitted to be taken by the Board may be taken without a meeting if all Directors individually or collectively consent in writing to such action. Such consent(s) shall have the same effect as a unanimous vote of the Board and shall be filed with the minutes of the proceedings of the Board.

Section 17. ~~Section 15.~~ Directors' Rights of Inspection

Every Director has the absolute right to inspect and copy all books, records and documents of every kind and to inspect the physical properties of the Association provided such inspection is conducted at a reasonable time after reasonable notice.

ARTICLE VII

~~Section 1. Titles~~

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ARTICLE VIII Officers

Section 1. Titles of Officers; Term

The officers of the Association shall be Chair, Vice Chair, Secretary, Treasurer, Immediate Past Chair, and ~~President—Chief Executive Officer~~Director. The Board may appoint such other officers for such terms of office as may, in the Board's judgment, be necessary. Except as otherwise provided by contract, each officer shall be elected for a term of ~~two~~one (21) ~~years, and~~year or until a successor is

elected.

Section 2. ~~**Section 2.**~~ Eligibility and Election of Officers

At a meeting of the Board ~~during~~following the Annual Meeting of Members (the "Annual Meeting of the Board") in each year where officer terms expire, the Board shall elect a Chair, Vice Chair, Secretary, and Treasurer, ~~each of whom shall be a Trustee Director of a Member.~~ The officers so elected shall take office at the conclusion of ~~the Annual~~that meeting of the Board.

Section 3. ~~**Section 3.**~~ The Chair

The Chair of the Board shall preside at all meetings of the Members and of the Board, and shall perform such other duties and exercise such powers as may be prescribed by the Board or as are usually vested in the office of Chair of a corporation. The Chair shall have one vote, shall be responsible to the Board, and shall perform all duties and exercise all powers pursuant to policies and directions of the Board.

Section 4. ~~**Section 4.**~~ Vice Chair

In the absence or disability of the Chair, the Vice Chair, ~~if any are appointed, shall in order of their ranks as fixed by the Board or, if not ranked, the Vice Chair designated by the Board,~~

shall perform all the duties of the Chair and, when so acting, shall have all the powers of, and be subject to all the restrictions upon, the Chair. The Vice Chair shall have such other powers and perform such other duties as the Board may prescribe from time to time.

Section 5. ~~Section 5.~~ **Secretary**

The Secretary shall keep, or cause to be kept, a book of minutes of all meetings of the Members, the Board and its committees. The Secretary shall keep, or cause to be kept, the original copy of the ~~corporation's~~ Association's Articles of Incorporation and Bylaws, ~~as amended to date and any amendments thereto,~~ and a register showing the names of all Directors, all Members, and their respective addresses. The Secretary shall give, or cause to be given, notice of all meetings of the Members, Board and any committees thereof required by these Bylaws or by law to be given; shall see that all reports, statements and other documents required by law are properly kept or filed, except to the extent the same are to be kept or filed by the Treasurer; and shall have such other powers and perform such other duties as may be prescribed from time to time by the Board.

In the absence or disability of the Chair, and Vice Chair, if any are appointed, the Secretary shall perform all the duties of the Chair and, when so acting, shall have all the powers of, and be subject to all the restrictions upon, the Chair. The Secretary shall have such other powers and perform such other duties as the Board may prescribe from time to time.

Section 6. ~~Section 6.~~ **Treasurer** ~~(Chief Financial Officer)~~

The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct accounts of the properties and business transactions of the Association, including accounts of its assets, liabilities, receipts and disbursements. The Treasurer shall deposit, or cause to be deposited, all money and other valuables in the name and to the credit of the Association. The Treasurer shall disburse the funds of the Association as may be ordered by the Board, and shall render to the Directors, upon request, the financial condition of the Association. The Treasurer shall present an operating statement and report to the Board at all regular meetings. The Treasurer shall have such other powers and perform such other duties as may be prescribed from time to time by the Board.

~~Section 7. President—Chief Executive Officer~~ Section 7. Executive Director

The ~~President—Chief~~ Executive ~~Officer~~ Director shall be the general manager and chief executive officer of the Association. The ~~President—Chief~~ Executive ~~Officer~~ Director shall have such duties as may be assigned by the Board, or as may be necessarily inferred, to carry out the functions of the Association required under any joint powers agreement entered into pursuant to Article VI, Section 9(D) of these Bylaws or any other Association program and activity. The Executive Director may be referred to as the Executive Director or the Chief Executive Officer.

ARTICLE IX

Committees

Section 1. Committees

ARTICLE VIII

Committees

Section 1. Committees

A. No later than ~~one hundred twenty~~^{thirty} (~~120~~³⁰) days following the Annual Meeting of the Board, the Chair, subject to the approval of the Board, shall appoint standing committee members to carry on the business of the Association and chairs of each committee to run each committee.

B. Each Committee shall consist of three (3) or more ~~members~~^{voting Directors}, one of whom shall be ~~named as~~ the Chair. ~~The Chair of each standing committee shall be a member of the Board.~~ Committee size and composition will be established ~~according to Board policy~~^{by the Chair}.

C. Each Director on the committee shall be appointed to a one-year term.

D. Each committee shall review, study, and make recommendations to the Board on all matters under its jurisdiction.

E. Each committee shall conduct business only if there is a quorum of the committee. If a quorum is not established, the committee will be rescheduled to a time in which a quorum can be established.

F. The Board and committees may communicate and conduct business as per policies set by the Board.

G. The duties of each standing committee shall be prescribed by the Board.

H. The Chair shall be an ex-officio member of each committee and may vote on any action taken by the committee.

I. There shall be five (5) standing committees:

- ~~Executive~~ Committee
- ~~Governance~~ Committee
- ~~Finance~~ Committee
- ~~Advocacy~~ Committee
- ~~Education~~ Committee

J. Notwithstanding any other provision of these Bylaws, if a committee includes any persons who are not voting Directors, then the committee is limited to making recommendations to the Board and may not exercise the authority of the Board, which would contravene Section 7212(b) of the Nonprofit Mutual Benefit Corporations Law.

Section 2. ~~Section 2.~~ Executive Committee

There shall be an "**Executive Committee**" consisting of the Chair, the Vice Chair, the Secretary, the Treasurer, the Immediate Past Chair, and at least one (1) Administrator-Director, who shall all be voting ~~members of the Board~~ Directors. The ~~President~~ ~~Chief Executive Officer~~ Director shall be an ex-officio, non-voting member of the Executive Committee. Four (4) members of the Executive Committee shall constitute a quorum.

The Executive Committee shall have and may exercise the powers and authority of the Board subject to any prior limitation imposed by law, the Board, or these Bylaws when action is necessary due to the urgency or sensitivity of the item to be discussed.

The Executive Committee shall report its activities to the Board, and be subject at all times to the control of the Board, which shall have the power to revise or alter any action taken by the Committee, provided, however, that no rights of third parties shall be affected thereby.

The Executive Committee shall meet as required to carry out its duties and functions. In addition, the Committee may meet upon call of the Chair, or in his/her absence, the Vice Chair. ~~The Executive Committee may meet by conference telephone call.~~

The Executive Committee shall develop and annually update, if necessary, the Association's strategic plan which depicts the goals and priorities of the Association.

Section 3. ~~Section 3.~~ Governance Committee

There shall be a "**Governance Committee**" appointed by the Chair.

A. The Governance Committee shall meet at such times as determined by the Governance Committee Chair and shall exercise the functions and powers set forth herein and as delegated to it by the Board from time to time.

B. The primary responsibilities of the Governance Committee shall be to:

1. Review the Association Bylaws and recommend appropriate changes to the Board and the Members;

2. Review policies and procedures of the Board and recommend appropriate changes to the Board;

3. The Governance Committee shall nominate candidates for Directors on the Board. In selecting candidates, the Governance Committee shall endeavor to maintain a balance on the Board among small, medium and large Healthcare Districts, taking into consideration the diversity of Members, such as rural or non-rural, services provided and operating budget.

4. Act on specific requests of the Board or its Chair.

~~3. From the trustees eligible for nomination under Article VI, Section 5(A), the Committee shall nominate the Trustee Directors for the Board. In selecting nominees for election to the Board as Trustee Directors, the Committee shall endeavor to maintain a balance on the Board: among small, medium and large health care districts; among the types of health care districts, including districts not operating a hospital; and among geographic regions within the State.~~

- ~~4. From individuals eligible for appointment under Article VI, Section 2(C), the Committee shall nominate Administrator-Directors for consideration and approval by the Board.~~
- ~~C. The Committee shall meet at least sixty (60) days before the Annual Meeting. The names of its nominees, after approval by the Board, shall be mailed to the Members at least forty-five (30) days prior to the Annual Meeting.~~

Section 4. ~~**Section 4.**~~ **Finance Committee**

There shall be a "Finance Committee" appointed by the Chair.

A. The Finance Committee shall meet at such times as determined by the ~~Committee Chair and Treasurer, who, notwithstanding any other provision of these Bylaws, shall be the Chair of the Finance Committee.~~ The Finance Committee shall exercise the functions and powers set forth herein and as delegated to it by the Board from time to time.

B. The responsibilities of the Finance Committee shall be to:

1. Advise the Board on appropriate financial, investment and contracting policies and procedures, including joint powers agreements, and report to the Board from time to time on the adequacy of such policies and procedures;
2. Oversee the prioritization of the Association's annual budget and advise the Board as appropriate;
3. Review and approve unbudgeted programs, activities, and expenditures with a significant fiscal impact;
4. At least once each quarter, review the budget, financial and investment performance of the Association and joint powers agreements as appropriate, and advise the Board on any corrections which may be needed;
5. Review the contracts for the Association's insurance coverage prior to June 30 of each year, and review the Association space leases prior to renewal;
6. Develop and maintain, on a current basis, guidelines for Association contracts; ~~and~~
7. Review and evaluate the results of ~~such~~ guidelines for Association contracts, processes, and procedures and make appropriate recommendations to the Board for changes; ~~and~~ and
8. Act on specific requests of the Board or its Chair.

Section 5. ~~**Section 5.**~~ **Advocacy Committee**

There shall be an "Advocacy Committee" appointed by the Chair.

A. The Advocacy Committee shall meet at such times as determined by the Advocacy Committee Chair and shall exercise the functions and powers set forth herein and as delegated to it by the Board from time to time.

B. ~~A.~~ A majority of the members of the Advocacy Committee shall constitute a quorum ~~except that at least three (3) must be Trustee Directors of a Member district~~ of the Advocacy Committee.

C. ~~B.~~ The Advocacy Committee shall meet at such times as may be determined by the Chair or the ~~President—Chief Executive Officer~~ Director, and shall exercise such powers as may be delegated to it by the Board from time to time.

D. ~~C.~~ The primary responsibility of the Advocacy Committee shall be to monitor and coordinate the Association's legislative activity by:

1. ~~Obtaining~~Reviewing necessary and appropriate information on legislative matters;
2. Analyzing information received in order to provide a basis for establishing ~~the Association's position~~Association positions with respect to legislation;
3. Establishing ~~Association~~for Board approval, the Association's positions on bills, ~~subject to guidelines which may be outlined from time to time by the Board~~the "Advocacy Guiding Principles" created by staff and adopted by the Advocacy Committee;
4. ~~Disseminating~~Overseeing dissemination of information with respect to legislation to the Association's Members and Board;
5. ~~Organizing and directing~~Monitoring the Association's lobbying activity under the overall supervision of the Board~~;~~ and
6. Acting on specific requests of the Board or its Chair.

Section 6. ~~Section 6.~~ Education Committee

There shall be an "Education Committee" appointed by the Chair.

~~A. Members shall serve for a minimum of a one (1) year term except that membership may be extended at the discretion of the Board. At a minimum, the Education Committee shall have a representative from each one of the regions of the Association as determined by the Board.~~

A. ~~B.~~ The Education Committee shall meet at such times as determined by the Education Committee Chair, ~~the Board Chair, or the President—Chief Executive Officer,~~ and shall exercise the functions and powers set forth herein and as delegated to it by the Board.

B. ~~C.~~ The primary responsibilities of the Education Committee shall be to:

1. Identify, develop and implement activities that directly involve and benefit Healthcare District ~~trustees~~Members; subject to the approval of the Board. Consistent with these Bylaws and goals of the Board, the Education Committee activities shall be to assist ~~Trustees~~Members in the performance of their duties by conducting educational and instructional programs and activities designed to increase political awareness~~;~~

2. ~~Recommend~~Report to the Board the location and dates for each Annual Meeting of the Members, the theme for the Annual Meeting of the Members, the schedule of events, specific topics to be addressed, and all other aspects of each Annual Meeting of the Members. Following each Annual Meeting of the Members, the Education Committee shall file a report with the Board of the results of such Annual Meeting of the Members, including attendance figures and any other pertinent statistics, membership reaction and recommendations for future Annual Meetings~~;~~ of the Members;

~~3. Develop and annually update the Association's Strategic Plan which depicts the goals and priorities of the Association for the next three (3) years.~~

3. ~~4.~~ Review, evaluate, and prioritize new programs and studies proposed for Association involvement, and determine feasibility and utility; and

4. ~~5.~~ Act on specific requests of the Board or its Chair.

Section 7. ~~Section 7.~~ Ad Hoc Committees

The Chair, with the consent of the Board, shall appoint any ad hoc committee deemed necessary and shall define its responsibilities and the time limits by which it must report. All ad hoc committees shall automatically terminate upon completion of their assigned tasks.

ARTICLE X~~ARTICLE IX~~

Fiscal Year

The Fiscal Year shall begin on the first day of July and end on the thirtieth day of June each year.

ARTICLE XI~~ARTICLE X~~

Parliamentary Procedure

In the absence of rules contained in these Bylaws, the proceedings of all meetings of the Board and the Membership shall be conducted in accordance with the ~~edition then~~ current edition of Robert's Rules of Order. If Robert's Rules of Order do not address the question, then the default rules of the Nonprofit Mutual Benefit Corporation Law shall apply.

ARTICLE XII~~ARTICLE XI~~

Amendments

The Articles or these Bylaws may be amended by a majority vote of the Members in attendance at any regular meeting, or ~~at any special~~ by other means pursuant to Article IV. If the Members vote on the proposed amendment at a meeting called for that purpose, provided that such, then the proposed amendments shall be detailed in the ~~call~~ notice for the meeting at which they are to be considered.

~~Notice, by mail, of the meetings at which amendments are to be considered must be given to every Member of the Association to Members shall be pursuant to Article XV at least ten (10) but no more than ninety (90) days prior to the time of the meeting.~~

Pursuant to this Article XI, when an amendment to these Bylaws has been proposed for adoption at ~~a general membership~~ any meeting of the Members, no change in the wording of such proposed amendment as previously circulated to the membership shall be debated or voted upon at such meeting unless such change has been presented in writing to the ~~President -- Chief Executive Officer~~ Director at least ten (10) days prior to the ~~beginning of the general membership~~ Members' meeting. No substantive change in the wording of the proposed amendment shall be debated or voted upon unless prior formal notice has been given to the ~~Membership as described in the preceding Paragraph of this Article~~ Member ten (10) days prior to the time of the meeting of the Members. The presiding officer at the ~~general membership~~ Members' meeting shall determine whether such proposed change is substantive, and the ruling of such officer shall be final.

ARTICLE XII

~~Adoption of Bylaws~~

These Bylaws and all amendments thereto shall become effective and in full force upon their adoption ~~by a majority vote of the Members~~ pursuant to Article IV or, if specified, upon a future effective date identified in these Bylaws or the amendment.

ARTICLE XIII

ARTICLE XIII

Indemnification, Personal Liability, and Insurance

Section 1. Indemnification of Corporate Agents

A. Right of Indemnity. To the fullest extent permitted by Section 7237 of the Nonprofit Mutual Benefit Corporation Law, and as provided in these Bylaws, the Association:

1. may indemnify any person who is or was a Director, officer, or employee of the Association, or of a corporate predecessor of the Association;

2. may indemnify any person who is or was serving as another agent of the Association or of a corporate predecessor of the Association; and may indemnify any person who is or was serving, at the request of the Association or of a corporate predecessor, as a director, officer, employee or agent of another entity, (such persons described immediately above in subparagraphs (i), (ii), and (iii) shall be referred to as "agents of the Association"), against all expenses, judgments, fines, settlements and other amounts actually and reasonably incurred by them in connection with any proceeding, by reason of the fact that the person is or was an agent of the Association. As used in this Article, "expenses," shall have the same meaning as in Section 7237(a) and shall include reasonable attorney's fees; and "proceeding" shall have the same meaning as in Section 7237(a) (including an action by or in the right of the Association, an action brought for self-dealing transactions or breach of fiduciary duty, and an action brought by the Attorney General or its relator for breach of duty relating to assets held in charitable trust).

B. Approval of Indemnity. To the extent that an agent has been successful on the merits, the Board shall promptly authorize indemnification in accordance with Section 5238(d). Otherwise, on written request to the Board by any person seeking indemnification under the Section 5238(b) or Section 5238(c), the Board shall promptly decide under Section 5238(e) whether the applicable standard of conduct set forth in Section 5238(b) or Section 5238(c) has been met and, if so, the Board shall authorize indemnification to the extent permitted thereby.

C. Advancing Expenses. The Board may authorize the advance of expenses incurred by or on behalf of an agent of this Association in defending any proceeding, prior to final disposition of that proceeding, if the Board receives a written undertaking by or on behalf of that agent that the advance will be repaid unless it is ultimately found that the agent is entitled to be indemnified for those expenses.

Section 2. Insurance

The Association shall have the right, and shall use its best efforts, to purchase and maintain insurance to the full extent permitted by law on behalf of the Directors, officers, employees and other agents (each, an "agent"), to cover any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such. Such insurance may provide for coverage against liabilities beyond the Association's power to indemnify the agent under the law; however, the Association shall have no power to purchase and maintain such insurance to indemnify any agent for a violation of Section 7237 of the Nonprofit Mutual Benefit Corporation Law.

Section 3. Personal Liability of Directors and Officers

The personal liability of officers and Directors of this Association for negligent acts or omissions shall be eliminated to the fullest extent permitted by law.

ARTICLE XIV

Distribution of Assets Upon Dissolution

~~All corporate~~The Association's property is irrevocably dedicated to the purposes set forth in the Articles ~~of Incorporation~~. No part of the net earnings shall inure to the benefit of any private person, association, or corporation. Upon the dissolution of this ~~Corporation~~Association, after paying or adequately providing for the debts and obligations of the ~~Corporation~~Association, the remaining assets shall be distributed to those of the Members ~~which~~that are ~~California~~Healthcare Districts ~~organized under the Local Health Care District Law of California~~, or, in the absence of Healthcare Districts, to a State or other political subdivision performing an essential governmental function.

ARTICLE XV

Conflicts of Interest

Section 1. Purpose

The purpose of this Article XIV is to protect the Association when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or Director of the Association or might result in a possible excess benefit transaction. The conflict of interest policy set forth in this Article XIV is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

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The following capitalized words and phrases shall have the meanings indicated.

- A. **“Committee Member:**” A member of a committee with Board delegated powers.
- B. **“Interested Person:**” Any Director, officer, or Committee Member, who has a direct or indirect financial interest, as defined below.
- C. **“Financial Interest:**” A person has a “financial interest” if the person or a member of the person’s family, which shall include any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of such person, has, directly or indirectly, through business or investment:
1. An ownership or investment interest in an entity with which the Association has, or within the previous 12 months has had, a transaction or arrangement;
 2. A compensation arrangement with the Association or with any entity or individual with which the Association has, or within the previous 12 months has had, a transaction or arrangement;
 3. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Association is negotiating a transaction or arrangement; or
 4. Compensation includes direct and indirect remuneration as well as, scholarships, grants, gifts or favors that are not insubstantial.
 5. Notwithstanding the foregoing, (a) the payment of dues by a Member for which the Director is a trustee or senior officer does not constitute a financial interest, and (b) the Association’s reimbursements or payments to Directors in connection with their Board service does not constitute a financial interest.
 6. A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the Board or the appropriate committee decides that a conflict of interest exists.

Section 3. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Directors and Committee Members considering the proposed transaction or arrangement.

Section 4. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.

Section 5. Procedures for Addressing the Conflict of Interest

A. An interested person may make a presentation at the Board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

B. The chairperson of the Board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

C. After exercising due diligence, the Board or committee shall determine whether the Association can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

D. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Association's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

Section 6. Violations of the Conflicts of Interest Policy

If the Board or committee has reasonable cause to believe an officer, Director, or Committee Member has failed to discuss actual or possible conflicts of interest, it shall inform the officer, Director, or Committee Member of the basis for such belief and afford the officer, Director, or Committee Member an opportunity to explain the alleged failure to disclose.

If, after hearing the officer, Director, or Committee Member's response and after making further investigation as warranted by the circumstances, the Board or committee determines the officer, Director, or Committee Member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Section 7. Records of Proceedings

The minutes of the Board and all committees with Board delegated powers shall contain:

A. The names of the officers, Directors, or Committee Members who disclosed or otherwise were found to have a financial interest in connection with a conflict of interest as present, and the Board's or committee's decision as to whether a conflict of interest in fact existed.

B. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Section 8. ~~Delegates~~ 4Compensation

A. A voting Director who receives compensation, directly or indirectly, from the

Association for services is precluded from voting on matters pertaining to that Director's compensation.

B. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Association for services is precluded from voting on matters pertaining to that officer's, Director's, or Committee Member's compensation.

C. No voting Director or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirect, from the Association, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

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Each director, principal officer and Committee Member shall annually sign a statement which affirms such person:

A. Has received a copy of this conflict of interest policy set forth in this Article XIV;

B. Has read and understands the policy;

C. Has agreed to comply with the policy; and

D. Understands the Association is charitable and in order to maintain its federal tax-exemption it must engage primarily in activities which accomplish one or more of its tax-exempt

purposes.

Section 10. Periodic Reviews

A. To ensure the Association operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

B. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining; and

C. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Association's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Section 11. Use of Outside Experts

When conducting the periodic reviews as provided for in Article XIV, Section 10, the Association may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

ARTICLE XVI

Notices

Any notice, demand, or other communication required or permitted to be given by the Association, the Board or any officers in connection with these Bylaws shall be in writing and shall be deemed delivered as follows: if sent **certified or registered mail**, the notice shall be deemed to be delivered two days following deposit in the United States mail. If sent by nationally recognized overnight courier, then notice shall be deemed delivered on the date of delivery according to the overnight carrier. If sent by fax or e-mail or other electronic communication, the notice shall be deemed delivered on the date of transmission so long as the transmission results in written copies and the parties comply with Section 20 and Section 7211 of the California Corporations Code regarding electronic transmission.

This is the final page of the Bylaws. The Certificate of Secretary is on the next page.

AMENDED AND RESTATED BYLAWS

ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS, INC.

CERTIFICATE OF SECRETARY

I certify that I am the duly elected and acting Secretary of the Association of California Healthcare Districts, Inc., a California nonprofit mutual benefit corporation, and that the above Amended and Restated Bylaws were duly adopted by the Members of the Association by written ballot and that they now constitute the Bylaws of the Association beginning as of July 1, 2017.

Type Name: _____
Title: Secretary

EXHIBIT A
TO THE BYLAWS

ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS, INC.
CONSENT TO ELECTRONIC TRANSMISSION

[see attached]

ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS, INC.
CONSENT TO ELECTRONIC TRANSMISSION

As a Director or Member of Association of California Healthcare Districts, Inc., a California nonprofit mutual benefit corporation (the "**Association**"), you must provide an unrevoked consent in order to receive official communications from the Association via electronic transmission (fax or e-mail), as permitted by Article XV of the Bylaws and California Corporation Code Section 20 and California Nonprofit Mutual Benefit Corporation Law Section 7211. This consent form will allow the Association to send you meeting notices and handle other official business that requires board approval via e-mail. Before signing this consent form, please review and be aware of the following:

~~ii~~ Page

1. If you would prefer written communications, you may request the Association send meeting notices and other matters of official business to you via regular mail, telephone, or any other method permitted by Article XV of the Association's Bylaws.
2. You have the right to withdraw your consent at any time after signing this form by providing the Association with written notice that you are withdrawing your consent relative to electronic transmission. If you choose to withdraw your consent to electronic communications, you may mail your revocation to: Association of California Healthcare Districts, Inc. ACHD · 1215 K Street, Suite 2005 · Sacramento, CA 95814, attn.: Sheila Johnston.
3. You consent to receive all types of communications electronically, including, but not limited to, meeting notices and other important information regarding the Association. This consent form represents consent under Section 20 of the California Corporations Code.
4. Consenting to electronic transmission via e-mail requires that you have access to a computer, have a current e-mail account in your name, and have provided your current e-mail address to the Association.
5. Consenting to electronic transmission via e-mail requires that you have access to a computer, have a current e-mail account in your name, and have provided your current e-mail address to the Association.
6. You agree to maintain the Association's communications in strict confidence.
7. You consent to electronic transmission to the email address set forth below, and if a fax number is listed, then to the fax number set forth below, and any subsequent email address or fax number you deliver to the Association.

Agreed:

Member of the Association: _____

Your Name: _____

Enter your mailing address here: _____

Signature: _____

Date: _____

E-mail: _____

Fax: _____

Summary report: Litéra® Change-Pro 7.5.0.10 Document comparison done on 4/5/2017 11:50:55 AM	
Style name: Default Style	
Intelligent Table Comparison: Active	
Original filename: 00077765.DOCX	
Modified filename: 00077765.DOCX	
Changes:	
Add	610
Delete	531
Move From	35
Move To	35
Table Insert	1
Table Delete	0
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Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	11
Embedded Excel	0
Format Changes	0
Total Changes:	1223



ACHD

ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

**Amended and Restated
Bylaws**

Effective July 1, 2017

1215 K Street, Suite 2005 • Sacramento, CA 95814
916.266.5200 • FAX 916.266.5201 • www.achd.org • info@achd.org

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**AMENDED AND RESTATED
BYLAWS
OF THE ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS, INC.**

Effective as of July 1, 2017

PREAMBLE

These Amended and Restated Bylaws effective as of July 1, 2017 (these “**Bylaws**”) govern the Association of California Healthcare Districts, Inc., a California mutual benefit corporation (the “**Association**”). The Association has been formed pursuant to the California Corporations Code Section 7110, et seq. (the “**Nonprofit Mutual Benefit Corporation Law**”). These Bylaws are in addition to the Articles of Incorporation originally filed with the California Secretary of State on May 29, 1951, as amended August 2, 1956, June 14, 1957, amended and restated on August 3, 1995, and amended on August 14, 1996 (the “**Articles**”).

ARTICLE I

Principal Office

The principal office of the Association for the transaction of business is located in Sacramento, California. The Board of Directors (the “**Board**”) may change the location of the principal office.

ARTICLE II

Purpose

Section 1. The purposes of the Association are set forth in the Articles of Incorporation.

Section 2. Consistent with the purposes of the Association set forth in the Articles of Incorporation, the Association shall:

A. Maintain and expand Association services to healthcare districts organized pursuant to the Local Health Care District Law beginning at Gov. Code Division 23, Section 32000 (“**Healthcare Districts**”) and assist these Healthcare Districts in developing and maintaining best practices;

B. Identify and aggressively pursue legislative and educational programs that advance the interests of Members and others consistent with the Association’s mission and strategic plan;

C. Serve as a resource for Members and others consistent with the Association’s mission and strategic plan; and

D. Collaborate with others to enhance the mission and strategic plan of the Association.

ARTICLE III

Membership

Section 1. Members

"Members" shall include any Healthcare District in the State of California whose Dues (defined in Article III, Section 3) have been paid in full. Members shall have all rights and privileges as hereinafter set forth, and may, in addition, participate in any Association program, unless otherwise prohibited.

The Association may extend membership to organizations that are not Healthcare Districts but share a common interest with Healthcare Districts or the Association (**"Affiliate Members"**). Affiliate Members are ineligible to send a voting Director to serve on the Board.

Section 2. Membership

Any Healthcare District shall become a Member upon payment of Dues.

A candidate for Affiliate Member shall submit an application for membership to the Association. Applications shall be reviewed by the Board. A candidate for Affiliate Member shall become an Affiliate Member upon acceptance by the Board and payment of Dues.

Section 3. Member Dues

"Dues" for Members shall be established annually by the Board of Directors at a duly constituted Board meeting. The Association shall deliver notice of Dues to Members annually, on the first day of the fiscal year. Each Member shall have thirty (30) days from the date the notice of Dues was delivered (the **"Notice Date"**) to pay Dues. If a Member has not paid Dues within ninety (90) days of the Notice Date, the Member's membership is automatically terminated as of the ninety first (91st) day after the Notice Date (the **"Termination Date"**).

Section 4. Termination or Suspension of Membership

A. Causes and Procedures of Termination. A Membership shall terminate on the occurrence of any of the following events:

1. Resignation of a Member pursuant to Article III, Section 5;
2. Failure of a Member to pay Dues before the Termination Date;
3. The date on which a Member is no longer a Healthcare District or eligible to be an Affiliate Member; or
4. Expulsion of a Member based on the determination of the Board, in its sole and absolute discretion, that the Member has failed in a material and serious degree to observe the rules of conduct of the Association, whether written rules or otherwise, or has engaged in conduct materially and seriously prejudicial to the purposes and interests of the Association.

B. Procedure for Termination, Expulsion or Suspension.

A Member is automatically terminated as of (a) the date set forth in the resignation letter or if no date is designated in the resignation letter on the date of the letter, (b) on the Termination Date, if any, (c) or on the date the Board delivers notice to the Member of the Board's action pursuant to Article III, Section 4(A)(4) above.

Section 5. Resignation of Members

A Member may deliver a resignation letter in writing to the Executive Director. A Member's resignation shall not entitle such Member to any refund of Dues.

Section 6. Voting Privileges of Members

A. So long as the Healthcare District Member has paid its dues before the Termination Date, then the Member shall be entitled to one (1) vote.

B. Voting by proxy will not be permitted. Only primary delegates or alternate delegates may vote at Association meetings.

C. Assuming a quorum is present, a majority of those Members represented at the meeting and voting on any matter shall be the act of the Members unless a greater number of votes are required elsewhere in these Bylaws. A "majority" is more than 50%.

D. No Affiliate Member shall have the right to vote at meetings of the Member.

ARTICLE IV

Meeting of Members

Section 1. Annual Meeting of the Members

Once per year there shall be a meeting of the Members (the "**Annual Meeting of the Members**"). The date and place of the Annual Meeting of the Members shall be fixed by the Board. The Annual Meeting of the Members shall be for the transaction of such business as may be deemed advisable by the Board.

Section 2. Notice of Annual Meeting of Members

Notice of the Annual Meeting of the Members shall be delivered to all Members in writing by the Association not less than thirty (30) days prior to the date set for the Annual Meeting of the Members. Any such notice shall specify the date, place, and hour of the meeting and the general nature of the business and proposals to be acted upon. The Association shall deliver notice of the Annual Meeting of the Members to all Members. The Members may discuss the matters described in the notice and any other matters that may arise.

Section 3. Special Meetings of Members

A. Special meetings of the Members may be called at any time by the Chair, the Board, the Executive Director, or any other Officer so designated by the Board, or by five (5%) percent of the Members.

B. Notice of each special meeting of the Members and stating the place, the day, and the hour of the meeting, and the purpose thereof, shall be delivered by the Executive Director to each Member at least thirty (30) days prior to the date of such special meeting.

C. No other business shall be transacted at a special meeting other than that for which such meeting has been called.

Section 4. Quorum of Meeting of Members

Thirty-three and one-third percent (33 1/3 %) of the Members shall constitute a quorum at any meeting of Members. The Members may not take any action unless a quorum is present.

Section 5. Delegates of Members

A. Each Healthcare District Member shall designate either an elected trustee or a senior executive of the Member as its primary delegate to represent the Member with full voting power at any meeting of Members of the Association.

B. Each Healthcare District Member shall also designate an alternate delegate, who may be either an elected trustee or a senior executive of that Member and in the absence of the primary delegate, the alternate delegate may exercise the Member's full voting power at any meeting of Members.

C. The Healthcare District Members shall provide the Association with the names and contact information of the primary delegate and alternate delegate prior to the Annual Meeting of the Members as defined in Article IV, Section 1.

D. Nothing in these Bylaws shall be construed to discourage or preclude attendance and participation by Affiliate Members at meetings, even though they are not qualified as voting representatives.

Section 6. Manner of Meeting of Members

A meeting of Members may be conducted, in whole or in part, by telephonic or electronic transmission by and to the Association or by electronic video screen communication (1) if the Association implements reasonable measures to provide Members a reasonable opportunity to participate in the meeting and to vote on matters submitted to the Members, including an opportunity to read or hear the proceedings of the meeting substantially concurrently with those proceedings, and (2) if any Member votes or takes other action at the meeting by means of electronic transmission to the Association or electronic video screen communication, a record of that vote or action is maintained by the Association. If a Member does not sign a consent to electronic transmission in the form attached as Exhibit A, or otherwise acceptable to the Executive Director then the Association must provide the Member the opportunity to participate in the meeting in person at a physical location.

Section 7. Waiver of Notice by Members

The transactions of any meeting of the Members, however called and noticed or wherever held, shall be valid as though taken at a meeting duly held after regular call and notice, if (i) a quorum is present; and (ii) the Association sends valid notice of the meeting or either before or after the meeting, each of the Members not present signs a written waiver of notice, a consent to holding the meeting, or an approval of the minutes. The waiver of notice or consent need not specify the purpose of the meeting. All waivers, consents, and approvals shall be filed with the corporate records or made a part of the minutes of the meeting. Notice of a meeting shall also be deemed given to any Member who attends the meeting without protesting before or at its commencement about the lack of adequate notice.

Section 8. Action Without a Meeting of Members

Notwithstanding any other provision of these Bylaws, any action required or permitted to be taken by the Members may be taken without a meeting if authorized in writing and signed by all the Members entitled to vote at a meeting for that purpose and filed with the Secretary.

Section 9. Members' Voting by Written Ballot

A. Notwithstanding any other provision of these Bylaws, any action which may be taken at any regular or special meeting of Members may be taken without a meeting if the Association distributes a written ballot to every Member entitled to vote on the matter. Such ballot shall set forth the proposed action, the reason for the action, provide opportunity to specify approval or disapproval of any proposal, and provide a reasonable time within which to return the ballot to the Association. Ballots must permit the Member to "withhold" its vote. Such a ballot will not be voted either for or against the proposed action.

B. Approval by written ballot pursuant to this Section shall be valid only when the number of votes cast by ballot within the time period specified equals or exceeds the quorum required to be present at a meeting authorizing the action, and the number of approvals equals or exceeds the number of votes that would be required to approve at a meeting at which the total number of votes cast was the same as the number of votes cast by ballot.

C. Ballots shall be solicited in a manner consistent with the requirements of Sections 2 and 3 hereof and Section 7513 of the Corporations Code. All such solicitations shall indicate the number of responses needed to meet the quorum requirements and shall state the percentage of approvals necessary to pass the measure submitted. The solicitation shall specify the time by which the ballot must be received in order to be counted.

ARTICLE V

Legislative Advocacy

Section 1. Legislative Advocacy Program

The Advocacy Committee (defined in Article VIII, Section 5) shall annually submit its legislative advocacy program to the Board and report quarterly on legislative activities at the last Board meeting of the calendar year.

Section 2. Legislative Action

Where legislation affecting the interests of Members is identified, the Executive Director or his/her designated representative shall use their best judgment and take appropriate action within the confines of Board policy. The Association shall regularly notify the Members on legislative actions.

ARTICLE VI

Board of Directors

Section 1. Definitions

The following capitalized words and phrases shall have the meanings indicated.

A. **"Administrator-Director:"** A Director who is an administrator, chief executive officer, or president of a Healthcare District Member.

B. **“Affiliate Director:”** Director of an Affiliate Member.

C. **“Director:”** A person who represents a Member or an Affiliate Member and has been elected to serve and is serving as a member of the Board of Directors of the Association.

D. **“Trustee-Director:”** A Director who is an elected or appointed member of the board of trustees or directors of a Member Healthcare District.

Section 2. Composition of Board

A. Except as otherwise provided in Subsection (B) hereof, the Board shall consist of no more than twenty-one (21) Directors and no less than fifteen (15) Directors. At least three (3) Directors shall be Trustee-Directors. The remaining Directors shall be Trustee-Directors or Administrator-Directors. One Director shall be the Immediate Past Chair. Each Director shall be entitled to one (1) vote. The Executive Director shall be an ex-officio non-voting member of the Board. The Board shall by resolution fix the number of Directors with the right and power to vote between twenty-one (21) and fifteen (15).

B. From time to time, at the discretion of a majority of the Board, the Board may appoint up to three (3) persons to be ex-officio, non-voting directors on the Board for terms of one (1) year each. Such appointments shall be based upon the unique expertise of such person or persons. Such Directors shall be entitled to fees and reimbursement of expenses to the same extent as other Directors of the Association. Such Directors shall not be counted for purposes of determining a quorum. An Affiliate Director may only be appointed to serve as an ex-officio, non-voting Director on the Board. Affiliate Directors do not count toward the total number of Directors for purposes of determining a quorum.

C. No Member may be represented on the Board by more than one (1) voting Director at the same time.

Section 3. Director Term Limits

A. Except for the Immediate Past Chair and those ex-officio Directors appointed under Article VI, Section 2(B), the term of each Director shall be for three (3) years. Each Director’s term shall commence upon the date the Board elected the Director to the Board and terminate on the third anniversary of that date. The terms of Directors shall be staggered so that the terms of at least five (5) Directors shall terminate each year.

B. Except for the Immediate Past Chair, no Director may serve more than two (2) consecutive terms. If a Director serves a partial term, that partial term shall not count toward term limits unless the partial term exceeds 12 months.

Section 4. Eligibility, Nomination and Appointment of Directors

A. The Board shall fill vacancies on the Board.

B. An individual Member may apply for its primary delegate or an alternate delegate to serve on the Board by submitting a nomination of that person to the Governance Committee together with the candidate’s statement of qualifications or resume. The Governance Committee shall recommend its choices for candidates to serve on the Board to the full Board.

C. A candidate who is selected by the Governance Committee shall be eligible for appointment as a Director of the Board. The Board shall appoint Directors by a majority vote of the Directors at the Board meeting so long as there is a quorum.

D. No more than forty-nine percent (49%) of the persons serving on the Board may be interested persons as defined in Article XIV, Section 2(B). However, any violation of this Section (D) shall not affect the validity or enforceability of transactions entered into by the Association.

Section 5. Termination of Directors

The Board may terminate a Director for any reason or no reason. The Chair shall deliver notice to a Director within five (5) days of the date on which the Board terminated the Director.

Section 6. Resignation of Directors

A Director may resign from the Board at any time by delivering a resignation in writing to the Chair, with a copy to the Executive Director, and such resignation shall be effective on the date of receipt, unless specified otherwise.

Section 7. Vacancies on Board

A. A Board vacancy or vacancies shall be deemed to exist if any Director dies, resigns, or is removed pursuant to Article VI, Section 5 or if the Board increases the size of the Board pursuant to Article VI, Section 2.

B. The Board may declare vacant the office of any Director who has been convicted of any felony, or that the Board determines has breached any duty arising under Section 7238 or Chapter 18 of the Nonprofit Mutual Benefit Corporation Law or found to be of unsound mind by any court of competent jurisdiction. The Board need not comply with Article VI, Section 6 to declare a vacancy under this Section 7.

C. The Board shall fill any vacancy on the Board for an unexpired term within ninety (90) days, after such vacancy occurs. The Board shall have the number of Directors determined by Article VI, Section 2. Any seats between that number and the maximum number of seats authorized shall not be treated as vacancies.

D. No reduction of the authorized number of Directors or change in the term of Directors shall have the effect of removing any Director prior to the expiration of the Director's then current term of office.

Section 8. General Corporate Powers. The activities and affairs of this Association shall be managed by, and all corporate powers shall be exercised by or under the direction of, the Board. Subject to the provisions and limitations of the Nonprofit Mutual Benefit Corporation Law and any other laws, the Board may delegate the management of the activities of the Association to any person or persons, or committee, provided that notwithstanding any such delegation, the activities and affairs of the Association shall continue to be managed and all corporate powers shall continue to be exercised under the ultimate direction of the Board.

Section 9. Specific Powers. Without prejudice to the general powers of the Board set forth in Section 8 above, the Board shall have the power to do the following things:

A. The Board shall have charge of the property, control and management of the affairs and funds of the Association, final authority over the acts of officers and committees, and power and authority to establish administrative regulations, and to do and perform all acts and functions not inconsistent with these Bylaws, or with any action taken at a duly constituted meeting of Members.

B. The Board shall have authority to make Association policy decisions consistent with these Bylaws.

C. The Board shall have authority to employ or contract with an Executive Director, Legal Counsel, independent auditor, and such other persons as may be necessary for the proper conduct of the Association's business.

D. The Board shall have the authority to administer joint powers agreements entered into by Members for whatever lawful purpose. In administering such joint powers agreements, the Board shall have the power to:

1. Authorize the Association to enter into agreements with the joint powers parties or with such consultants as the Board may deem necessary to perform the duties of the Association;

2. Authorize the Association to open and close such bank accounts as may be necessary for the proper conduct of the business of the joint powers agreement;

3. Delegate such of its powers, whether those provided in this Subsection (D), or general powers, to the Executive Committee, or to officers, contract consultants, or employees of the Association, as may be necessary in administering any joint powers agreement or any other Association program or activity;

4. Invest and reinvest funds of the joint powers agreement in a manner and in such investments as would be legal for a Member;

E. The Board may establish a hardship policy for reduced Dues on a case by case basis.

F. The Board shall have the power and authority to do all things set forth in these Bylaws.

G. The Board shall have the authority to determine what legislation the Association will sponsor.

H. The Board shall have the authority to review and approve the Advocacy Committee guiding principles.

I. The Board shall have such other powers as may be necessary or appropriate in carrying on the administration of any such joint powers agreement or any other Association program or activity.

Section 10. Limitations on Powers of Board

A. Self-Dealing Transactions. Notwithstanding the powers conferred on the Board pursuant to these Bylaws, this Association shall not engage in any transaction in which one or more of its Directors has a financial interest that is deemed a conflict of interest pursuant

to the conflict of interest policy in Article XIV of these Bylaws.

B. Loans to Directors or Officers. This Association shall not make any loan of money or property to, or guarantee the obligation of, any Director or officer, unless the transaction is first approved by the California Attorney General. This provision shall not apply to any reasonable advance on account of expenses anticipated to be incurred in the performance of the Director's or officer's duties or indemnification expenses set forth in these Bylaws.

C. Standards for Investment. Except as provided in Sections 5240(c) and 5241 of the Nonprofit Public Benefit Corporation Law, in the investment, reinvestment, purchase, acquisition, exchange, sale and management of the Association's investments, the Board shall:

1. Avoid speculation, looking instead to the permanent disposition of the funds, considering the probable income, as well as the probable safety of the Association's capital;

2. Comply with all state and federal laws and regulations governing investments by nonprofit corporations qualified as tax-exempt private foundations under Section 501(c)(3) of the Internal Revenue Code, if applicable, including, but not limited to, the provisions contained in Section 5240 of the Nonprofit Corporation Law and Section 18506 of the California Probate Code; and

3. Comply with additional standards, if any, imposed by the Articles, these Bylaws, Board policy as it may change from time to time, or the express terms of any instrument or agreement pursuant to which the invested assets were contributed to the Association.

Section 11. Meetings of the Board

A. The Board shall meet quarterly per fiscal year.

B. The time and place of such regular meetings shall be determined by the Board.

C. A majority of the voting Directors shall constitute a quorum for any duly constituted meeting.

D. Except as otherwise provided in these Bylaws, or by law, every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present is the act of the Board, provided, however, that any meeting at which a quorum was initially present may continue to transact business notwithstanding the withdrawal of Directors if any action taken is approved by at least a majority of the required quorum for such meeting.

E. Special meetings of the Board may be held only after each Director has received forty-eight (48) hours advanced notice by telephone call, email, or other means set forth in **Article XV**.

F. The Chair, Executive Director, or any two (2) Directors may call a special meeting of the Board.

Section 12. Manner of Meeting of Board

Directors may participate in a meeting through use of conference telephone, electronic video screen communication, or electronic transmission by and to the Association. Participation in a meeting through use of conference telephone or electronic video screen communication pursuant to this **Section 12** constitutes presence in person at that meeting as long as all Directors participating in the meeting are able to hear one another. Participation in a meeting through use of electronic transmission by and to the Association, other than conference telephone and electronic video screen communication, pursuant to this Section constitutes presence in person at that meeting if both of the following apply: (a) each Director participating in the meeting can communicate with all of the other Directors concurrently, and (b) each Director is provided the means of participating in all matters before the Board, including, without limitation, the capacity to propose, or to interpose an objection to, a specific action to be taken by the Association.

Section 13. Responsibilities of Directors; Attendance. The responsibilities of each Director shall include:

A. If appointed to a committee or committees, the participation in such committees with regular attendance at committee meetings;

B. Attendance at regularly scheduled Board meetings, the Annual Meeting of the Directors, any Board retreats, and other special meetings that may be called from time to time if noticed sufficiently in advance;

C. Response to action items, such as formal inquiries by the Board or its representatives, directed to Directors at or between Board meetings relating to Board business; and

D. Compliance with these Bylaws, including the conflict of interest policy in **Article XIV** of these Bylaws.

Section 14. Waiver of Notice of Meeting of the Board

Notice of a meeting need not be given to any Director who signs a waiver of notice, a written consent to the holding of the meeting, an approval of the minutes of the meeting, whether before or after the meeting, or who attends the meeting without protesting the lack of notice prior thereto or at its commencement. All such waivers, consents and approvals shall be filed with the corporate records or made a part of the minutes of the meetings.

Section 15. Adjournment of Meeting of the Board

A majority of the Directors present, whether or not a quorum is present, may adjourn any Directors' meeting to another time and place. If a meeting is adjourned for more than twenty-four (24) hours, notice of such adjournment to another time or place shall be given, prior to the time scheduled for the continuation of the meeting, to the Directors who were not present at the time of the adjournment.

Section 16. Action Without a Meeting of the Board

Any action required or permitted to be taken by the Board may be taken without a meeting if all Directors individually or collectively consent in writing to such action. Such consent(s) shall have the same effect as a unanimous vote of the Board and shall be filed with the minutes of

the proceedings of the Board.

Section 17. Directors' Rights of Inspection

Every Director has the absolute right to inspect and copy all books, records and documents of every kind and to inspect the physical properties of the Association provided such inspection is conducted at a reasonable time after reasonable notice.

ARTICLE VII

Officers

Section 1. Titles of Officers; Term

The officers of the Association shall be Chair, Vice Chair, Secretary, Treasurer, Immediate Past Chair, and Executive Director. The Board may appoint such other officers for such terms of office as may, in the Board's judgment, be necessary. Except as otherwise provided by contract, each officer shall be elected for a term of one (1) year or until a successor is elected.

Section 2. Eligibility and Election of Officers

At a meeting of the Board following the Annual Meeting of Members (the "**Annual Meeting of the Board**") in each year where officer terms expire, the Board shall elect a Chair, Vice Chair, Secretary, and Treasurer. The officers so elected shall take office at the conclusion of that meeting of the Board.

Section 3. The Chair

The Chair of the Board shall preside at all meetings of the Members and of the Board, and shall perform such other duties and exercise such powers as may be prescribed by the Board or as are usually vested in the office of Chair of a corporation. The Chair shall have one vote, shall be responsible to the Board, and shall perform all duties and exercise all powers pursuant to policies and directions of the Board.

Section 4. Vice Chair

In the absence or disability of the Chair, the Vice Chair shall perform all the duties of the Chair and, when so acting, shall have all the powers of, and be subject to all the restrictions upon, the Chair. The Vice Chair shall have such other powers and perform such other duties as the Board may prescribe from time to time.

Section 5. Secretary

The Secretary shall keep, or cause to be kept, a book of minutes of all meetings of the Members, the Board and its committees. The Secretary shall keep, or cause to be kept, the original copy of the Association's Articles of Incorporation and Bylaws, and any amendments thereto, and a register showing the names of all Directors, all Members, and their respective addresses. The Secretary shall give, or cause to be given, notice of all meetings of the Members, Board and any committees thereof required by these Bylaws or by law to be given; shall see that all reports, statements and other documents required by law are properly kept or filed, except to the extent the same are to be kept or filed by the Treasurer; and shall have such other powers and perform such other duties as may be prescribed from time to time by the Board.

In the absence or disability of the Chair, and Vice Chair, if any are appointed, the Secretary shall perform all the duties of the Chair and, when so acting, shall have all the powers of, and be subject to all the restrictions upon, the Chair. The Secretary shall have such other powers and perform such other duties as the Board may prescribe from time to time.

Section 6. Treasurer

The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct accounts of the properties and business transactions of the Association, including accounts of its assets, liabilities, receipts and disbursements. The Treasurer shall deposit, or cause to be deposited, all money and other valuables in the name and to the credit of the Association. The Treasurer shall disburse the funds of the Association as may be ordered by the Board, and shall render to the Directors, upon request, the financial condition of the Association. The Treasurer shall present an operating statement and report to the Board at all regular meetings. The Treasurer shall have such other powers and perform such other duties as may be prescribed from time to time by the Board.

Section 7. Executive Director

The Executive Director shall be the general manager and chief executive officer of the Association. The Executive Director shall have such duties as may be assigned by the Board, or as may be necessarily inferred, to carry out the functions of the Association required under any joint powers agreement entered into pursuant to Article VI, Section 9(D) of these Bylaws or any other Association program and activity. The Executive Director may be referred to as the Executive Director or the Chief Executive Officer.

ARTICLE VIII

Committees

Section 1. Committees

A. No later than thirty (30) days following the Annual Meeting of the Board, the Chair, subject to the approval of the Board, shall appoint standing committee members to carry on the business of the Association and chairs of each committee to run each committee.

B. Each Committee shall consist of three (3) or more voting Directors, one of whom shall be the Chair. Committee size and composition will be established by the Chair.

C. Each Director on the committee shall be appointed to a one-year term.

D. Each committee shall review, study, and make recommendations to the Board on all matters under its jurisdiction.

E. Each committee shall conduct business only if there is a quorum of the committee. If a quorum is not established, the committee will be rescheduled to a time in which a quorum can be established.

F. The Board and committees may communicate and conduct business as per policies set by the Board.

G. The duties of each standing committee shall be prescribed by the Board.

H. The Chair shall be an ex-officio member of each committee and may vote

on any action taken by the committee.

I. There shall be five (5) standing committees:

- Executive Committee
- Governance Committee
- Finance Committee
- Advocacy Committee
- Education Committee

J. Notwithstanding any other provision of these Bylaws, if a committee includes any persons who are not voting Directors, then the committee is limited to making recommendations to the Board and may not exercise the authority of the Board, which would contravene Section 7212(b) of the Nonprofit Mutual Benefit Corporations Law.

Section 2. Executive Committee

There shall be an “**Executive Committee**” consisting of the Chair, the Vice Chair, the Secretary, the Treasurer, the Immediate Past Chair, and at least one (1) Administrator-Director, who shall all be voting Directors. The Executive Director shall be an ex- officio, non-voting member of the Executive Committee. Four (4) members of the Executive Committee shall constitute a quorum.

The Executive Committee shall have and may exercise the powers and authority of the Board subject to any prior limitation imposed by law, the Board, or these Bylaws when action is necessary due to the urgency or sensitivity of the item to be discussed.

The Executive Committee shall report its activities to the Board, and be subject at all times to the control of the Board, which shall have the power to revise or alter any action taken by the Committee, provided, however, that no rights of third parties shall be affected thereby.

The Executive Committee shall meet as required to carry out its duties and functions. In addition, the Committee may meet upon call of the Chair, or in his/her absence, the Vice Chair.

The Executive Committee shall develop and annually update, if necessary, the Association's strategic plan which depicts the goals and priorities of the Association.

Section 3. Governance Committee

There shall be a “**Governance Committee**” appointed by the Chair.

A. The Governance Committee shall meet at such times as determined by the Governance Committee Chair and shall exercise the functions and powers set forth herein and as delegated to it by the Board from time to time.

B. The primary responsibilities of the Governance Committee shall be to:

1. Review the Association Bylaws and recommend appropriate changes to the Board and the Members;
2. Review policies and procedures of the Board and recommend appropriate changes to the Board;

3. The Governance Committee shall nominate candidates for Directors on the Board. In selecting candidates, the Governance Committee shall endeavor to maintain a balance on the Board among small, medium and large Healthcare Districts, taking into consideration the diversity of Members, such as rural or non-rural, services provided and operating budget.

4. Act on specific requests of the Board or its Chair.

Section 4. Finance Committee

There shall be a “**Finance Committee**” appointed by the Chair.

A. The Finance Committee shall meet at such times as determined by the Treasurer, who, notwithstanding any other provision of these Bylaws, shall be the Chair of the Finance Committee. The Finance Committee shall exercise the functions and powers set forth herein and as delegated to it by the Board from time to time.

B. The responsibilities of the Finance Committee shall be to:

1. Advise the Board on appropriate financial, investment and contracting policies and procedures, including joint powers agreements, and report to the Board from time to time on the adequacy of such policies and procedures;

2. Oversee the prioritization of the Association's annual budget and advise the Board as appropriate;

3. Review and approve unbudgeted programs, activities, and expenditures with a significant fiscal impact;

4. At least once each quarter, review the budget, financial and investment performance of the Association and joint powers agreements as appropriate, and advise the Board on any corrections which may be needed;

5. Review the contracts for the Association's insurance coverage prior to June 30 of each year, and review the Association space leases prior to renewal;

6. Develop and maintain, on a current basis, guidelines for Association contracts;

7. Review and evaluate the results of guidelines for Association contracts, processes, and procedures and make appropriate recommendations to the Board for changes; and

8. Act on specific requests of the Board or its Chair.

Section 5. Advocacy Committee

There shall be an “**Advocacy Committee**” appointed by the Chair.

A. The Advocacy Committee shall meet at such times as determined by the Advocacy Committee Chair and shall exercise the functions and powers set forth herein and as delegated to it by the Board from time to time.

B. A majority of the members of the Advocacy Committee shall constitute a quorum of the Advocacy Committee.

C. The Advocacy Committee shall meet at such times as may be determined by the Chair or the Executive Director, and shall exercise such powers as may be delegated to it by the Board from time to time.

D. The primary responsibility of the Advocacy Committee shall be to monitor and coordinate the Association's legislative activity by:

1. Reviewing necessary and appropriate information on legislative matters;

2. Analyzing information received in order to provide a basis for establishing Association positions with respect to legislation;

3. Establishing for Board approval, the Association's positions on bills, the "**Advocacy Guiding Principles**" created by staff and adopted by the Advocacy Committee;

4. Overseeing dissemination of information with respect to legislation to the Association's Members and Board;

5. Monitoring the Association's lobbying activity under the overall supervision of the Board; and

6. Acting on specific requests of the Board or its Chair.

Section 6. Education Committee

There shall be an "**Education Committee**" appointed by the Chair.

A. The Education Committee shall meet at such times as determined by the Education Committee Chair and shall exercise the functions and powers set forth herein and as delegated to it by the Board.

B. The primary responsibilities of the Education Committee shall be to:

1. Identify, develop and implement activities that directly involve and benefit Healthcare District Members; subject to the approval of the Board. Consistent with these Bylaws and goals of the Board, the Education Committee activities shall be to assist Members in the performance of their duties by conducting educational and instructional programs and activities designed to increase political awareness;

2. Report to the Board the location and dates for each Annual Meeting of the Members, the theme for the Annual Meeting of the Members, the schedule of events, specific topics to be addressed, and all other aspects of each Annual Meeting of the Members. Following each Annual Meeting of the Members, the Education Committee shall file a report with the Board of the results of such Annual Meeting of the Members, including attendance figures and any other pertinent statistics, membership reaction and recommendations for future Annual Meetings of the Members;

3. Review, evaluate, and prioritize new programs and studies proposed for Association involvement, and determine feasibility and utility; and

4. Act on specific requests of the Board or its Chair.

Section 7. Ad Hoc Committees

The Chair, with the consent of the Board, shall appoint any ad hoc committee deemed necessary and shall define its responsibilities and the time limits by which it must report. All ad hoc committees shall automatically terminate upon completion of their assigned tasks.

ARTICLE IX

Fiscal Year

The Fiscal Year shall begin on the first day of July and end on the thirtieth day of June each year.

ARTICLE X

Parliamentary Procedure

In the absence of rules contained in these Bylaws, the proceedings of all meetings of the Board and the Membership shall be conducted in accordance with the current edition of Robert's Rules of Order. If Robert's Rules of Order do not address the question, then the default rules of the Nonprofit Mutual Benefit Corporation Law shall apply.

ARTICLE XI

Amendments

The Articles or these Bylaws may be amended by a majority vote of the Members in attendance at any regular meeting or by other means pursuant to Article IV. If the Members vote on the proposed amendment at a meeting, then the proposed amendments shall be detailed in the notice for the meeting at which they are to be considered. Notice to Members shall be pursuant to Article XV at least ten (10) days prior to the time of the meeting.

Pursuant to this Article XI, when an amendment to these Bylaws has been proposed for adoption at any meeting of the Members, no change in the wording of such proposed amendment as previously circulated to the membership shall be debated or voted upon at such meeting unless such change has been presented in writing to the Executive Director at least ten (10) days prior to the Members' meeting. No substantive change in the wording of the proposed amendment shall be debated or voted upon unless prior formal notice has been given to the Member ten (10) days prior to the time of the meeting of the Members. The presiding officer at the Members' meeting shall determine whether such proposed change is substantive, and the ruling of such officer shall be final.

These Bylaws and all amendments thereto shall become effective and in full force upon their adoption pursuant to **Article IV** or, if specified, upon a future effective date identified in these Bylaws or the amendment.

ARTICLE XII

Indemnification, Personal Liability, and Insurance

Section 1. Indemnification of Corporate Agents

A. Right of Indemnity. To the fullest extent permitted by Section 7237 of the Nonprofit Mutual Benefit Corporation Law, and as provided in these Bylaws, the Association:

1. may indemnify any person who is or was a Director, officer, or employee of the Association, or of a corporate predecessor of the Association;

2. may indemnify any person who is or was serving as another agent of the Association or of a corporate predecessor of the Association; and may indemnify any person who is or was serving, at the request of the Association or of a corporate predecessor, as a director, officer, employee or agent of another entity, (such persons described immediately above in subparagraphs (i), (ii), and (iii) shall be referred to as “agents of the Association”), against all expenses, judgments, fines, settlements and other amounts actually and reasonably incurred by them in connection with any proceeding, by reason of the fact that the person is or was an agent of the Association. As used in this Article, “expenses,” shall have the same meaning as in Section 7237(a) and shall include reasonable attorney’s fees; and “proceeding” shall have the same meaning as in Section 7237(a) (including an action by or in the right of the Association, an action brought for self-dealing transactions or breach of fiduciary duty, and an action brought by the Attorney General or its relator for breach of duty relating to assets held in charitable trust).

B. Approval of Indemnity. To the extent that an agent has been successful on the merits, the Board shall promptly authorize indemnification in accordance with Section 5238(d). Otherwise, on written request to the Board by any person seeking indemnification under the Section 5238(b) or Section 5238(c), the Board shall promptly decide under Section 5238(e) whether the applicable standard of conduct set forth in Section 5238(b) or Section 5238(c) has been met and, if so, the Board shall authorize indemnification to the extent permitted thereby.

C. Advancing Expenses. The Board may authorize the advance of expenses incurred by or on behalf of an agent of this Association in defending any proceeding, prior to final disposition of that proceeding, if the Board receives a written undertaking by or on behalf of that agent that the advance will be repaid unless it is ultimately found that the agent is entitled to be indemnified for those expenses.

Section 2. Insurance

The Association shall have the right, and shall use its best efforts, to purchase and maintain insurance to the full extent permitted by law on behalf of the Directors, officers, employees and other agents (each, an “**agent**”), to cover any liability asserted against or incurred by the agent in such capacity or arising out of the agent’s status as such. Such insurance may provide for coverage against liabilities beyond the Association’s power to indemnify the agent under the law; however, the Association shall have no power to purchase and maintain such insurance to indemnify any agent for a violation of Section 7237 of the Nonprofit Mutual Benefit Corporation Law.

Section 3. Personal Liability of Directors and Officers

The personal liability of officers and Directors of this Association for negligent acts or omissions shall be eliminated to the fullest extent permitted by law.

ARTICLE XIII

Distribution of Assets Upon Dissolution

The Association's property is irrevocably dedicated to the purposes set forth in the Articles. No part of the net earnings shall inure to the benefit of any private person, association, or corporation. Upon the dissolution of this Association, after paying or adequately providing for the debts and obligations of the Association, the remaining assets shall be distributed to those of the Members that are Healthcare Districts, or in the absence of Healthcare Districts, to a State or other political subdivision performing an essential governmental function.

ARTICLE XIV

Conflicts of Interest

Section 1. Purpose

The purpose of this Article XIV is to protect the Association when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or Director of the Association or might result in a possible excess benefit transaction. The conflict of interest policy set forth in this Article XIV is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Section 2. Definitions

The following capitalized words and phrases shall have the meanings indicated.

A. **"Committee Member:"** A member of a committee with Board delegated powers.

B. **"Interested Person:"** Any Director, officer, or Committee Member, who has a direct or indirect financial interest, as defined below.

C. **"Financial Interest:"** A person has a "financial interest" if the person or a member of the person's family, which shall include any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of such person, has, directly or indirectly, through business or investment:

1. An ownership or investment interest in an entity with which the Association has, or within the previous 12 months has had, a transaction or arrangement;

2. A compensation arrangement with the Association or with any entity or individual with which the Association has, or within the previous 12 months has had, a transaction or arrangement;

3. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Association is negotiating a transaction or arrangement; or

4. Compensation includes direct and indirect remuneration as well as, scholarships, grants, gifts or favors that are not insubstantial.

5. Notwithstanding the foregoing, (a) the payment of dues by a Member for which the Director is a trustee or senior officer does not constitute a financial interest, and (b) the Association's reimbursements or payments to Directors in connection with their Board service does not constitute a financial interest.

6. A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the Board or the appropriate committee decides that a conflict of interest exists.

Section 3. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Directors and Committee Members considering the proposed transaction or arrangement.

Section 4. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.

Section 5. Procedures for Addressing the Conflict of Interest

A. An interested person may make a presentation at the Board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

B. The chairperson of the Board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

C. After exercising due diligence, the Board or committee shall determine whether the Association can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

D. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Association's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

Section 6. Violations of the Conflicts of Interest Policy

If the Board or committee has reasonable cause to believe an officer, Director, or Committee Member has failed to discuss actual or possible conflicts of interest, it shall inform the officer, Director, or Committee Member of the basis for such belief and afford the officer, Director, or Committee Member an opportunity to explain the alleged failure to disclose.

If, after hearing the officer, Director, or Committee Member's response and after making further investigation as warranted by the circumstances, the Board or committee determines the officer, Director, or Committee Member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Section 7. Records of Proceedings

The minutes of the Board and all committees with Board delegated powers shall contain:

A. The names of the officers, Directors, or Committee Members who disclosed or otherwise were found to have a financial interest in connection with a conflict of interest as present, and the Board's or committee's decision as to whether a conflict of interest in fact existed.

B. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Section 8. Compensation

A. A voting Director who receives compensation, directly or indirectly, from the Association for services is precluded from voting on matters pertaining to that Director's compensation.

B. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Association for services is precluded from voting on matters pertaining to that officer's, Director's, or Committee Member's compensation.

C. No voting Director or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Association, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Section 9. Annual Statements

Each director, principal officer and Committee Member shall annually sign a statement which affirms such person:

A. Has received a copy of this conflict of interest policy set forth in this Article XIV;

B. Has read and understands the policy;

C. Has agreed to comply with the policy; and

D. Understands the Association is charitable and in order to maintain its federal tax-exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Section 10. Periodic Reviews

A. To ensure the Association operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

B. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining; and

C. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Association's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Section 11. Use of Outside Experts

When conducting the periodic reviews as provided for in Article XIV, Section 10, the Association may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

ARTICLE XV

Notices

Any notice, demand, or other communication required or permitted to be given by the Association, the Board or any officers in connection with these Bylaws shall be in writing and shall be deemed delivered as follows: if sent certified or registered mail, the notice shall be deemed to be delivered two days following deposit in the United States mail. If sent by nationally recognized overnight courier, then notice shall be deemed delivered on the date of delivery according to the overnight carrier. If sent by fax or e-mail or other electronic communication, the notice shall be deemed delivered on the date of transmission so long as the transmission results in written copies and the parties comply with Section 20 and Section 7211 of the California Corporations Code regarding electronic transmission.

This is the final page of the Bylaws. The Certificate of Secretary is on the next page.

AMENDED AND RESTATED BYLAWS
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS, INC.

CERTIFICATE OF SECRETARY

I certify that I am the duly elected and acting Secretary of the Association of California Healthcare Districts, Inc., a California nonprofit mutual benefit corporation, and that the above Amended and Restated Bylaws were duly adopted by the Members of the Association by written ballot and that they now constitute the Bylaws of the Association beginning as of July 1, 2017.

Type Name: _____
Title: Secretary

**EXHIBIT A
TO THE BYLAWS**

**ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS, INC.
CONSENT TO ELECTRONIC TRANSMISSION**

[see attached]

**ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS, INC.
CONSENT TO ELECTRONIC TRANSMISSION**

As a Director or Member of Association of California Healthcare Districts, Inc., a California nonprofit mutual benefit corporation (the “**Association**”), you must provide an unrevoked consent in order to receive official communications from the Association via electronic transmission (fax or e-mail), as permitted by Article XV of the Bylaws and California Corporation Code Section 20 and California Nonprofit Mutual Benefit Corporation Law Section 7211. This consent form will allow the Association to send you meeting notices and handle other official business that requires board approval via e-mail. Before signing this consent form, please review and be aware of the following:

1. If you would prefer written communications, you may request the Association send meeting notices and other matters of official business to you via regular mail, telephone, or any other method permitted by Article XV of the Association’s Bylaws.
2. You have the right to withdraw your consent at any time after signing this form by providing the Association with written notice that you are withdrawing your consent relative to electronic transmission. If you choose to withdraw your consent to electronic communications, you may mail your revocation to: Association of California Healthcare Districts, Inc. ACHD 1215 K Street, Suite 2005 Sacramento, CA 95814, attn.: Sheila Johnston.
3. You consent to receive all types of communications electronically, including, but not limited to, meeting notices and other important information regarding the Association. This consent form represents consent under Section 20 of the California Corporations Code.
4. Consenting to electronic transmission via e-mail requires that you have access to a computer, have a current e-mail account in your name, and have provided your current e-mail address to the Association.
5. Consenting to electronic transmission via e-mail requires that you have access to a computer, have a current e-mail account in your name, and have provided your current e-mail address to the Association.
6. You agree to maintain the Association’s communications in strict confidence.
7. You consent to electronic transmission to the email address set forth below, and if a fax number is listed, then to the fax number set forth below, and any subsequent email address or fax number you deliver to the Association.

Agreed:

Member of the Association: _____

Your Name: _____

Enter your mailing address here:

Signature: _____

Date: _____

E-mail: _____

Fax: _____

EL CAMINO HEALTHCARE DISTRICT BOARD
FY2017 PACING PLAN (Updated April 18, 2017)

FY17 Q1		
JULY 2016	AUGUST 10, 2016	SEPTEMBER 2016
No Meeting	Approval of Campus Development Funding	No meeting
FY17 Q2		
OCTOBER 18, 2016	NOVEMBER 2016	DECEMBER 6, 2016
<ul style="list-style-type: none"> ▪ FY17 YTD ECHD Financials ▪ FY16 Community Benefit Year End Report ▪ FY16 Stand-Alone Financials ▪ FY16 Financial Audit Presentation – Consolidated ECH District Financials ▪ Approve FY16 Hospital Audit ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ GO Bond Re-Financing Approval ▪ Approval of Easement for Melchor and 2500 Hospital Drive Driveway merging ▪ Pacing Plan 	No Meeting	<ul style="list-style-type: none"> ▪ Swearing in of District Board Members ▪ Election of El Camino Hospital Board Directors ▪ Silicon Valley Tobacco Securitization Joint Powers Authority Board Report ▪ ACHD Report ▪ Affirm and Sign Standards of Conduct ▪ Pacing Plan

FY17 Q3		
JANUARY 17, 2017	FEBRUARY 2017	MARCH 14, 2017
<ul style="list-style-type: none"> Recognition (As Needed) Community Benefit Spotlight (If Time Allows) FY17 YTD ECHD Financials Hospital Board Member Election Ad Hoc Committee Report (if necessary) Pacing Plan El Camino Hospital Governance 	No Meeting	<ul style="list-style-type: none"> Recognition (As Needed) Community Benefit Spotlight (If Time Allows) FY17 YTD ECHD Financials Hospital Board member Election Ad Hoc Committee Report (if necessary). Affirm Process for June Board Officer Election Pacing Plan Closed Session Minutes Requirements ECH Governance CBAC: Staff or Board Committee Added March 8 Meeting Re Bond Refinancing)
FY17 Q4		
APRIL 2017	MAY 22, 2017	JUNE 20, 2017
No Meeting	<p>May 15, 2017</p> <ul style="list-style-type: none"> Consent: Approval: 3/8 and 3/14 Minutes; Resolution 2017-03 ECH Board Governance Appointment to ISDSC <p>May 22, 2017</p> <ul style="list-style-type: none"> Candidate Interviews and Appointment of ECH Board Member Study Session – CB Grantee Application Review ACHD Report and Membership Review Community Benefit Mid -Year Metrics and Audit 	<ul style="list-style-type: none"> Recognition (As Needed) Community Benefit Spotlight (If Time Allows) FY17 YTD ECHD Financials Tax Appropriation for FY18 District Capital Outlay Fund Review and Approve FY18 Pacing Plan Approval of FY18 Community Benefit Plan Approve ECH FY18 Budget Approve ECHD FY18 Budget Biennial Board Officer Election ECH Physician Development Plan? Biennial Bylaws Review Biennial Review of Reserve Powers Appoint FY18 ECH Board Member Election Ad Hoc Committee Approval of 5/15 and 5/22 Minutes <p>June 28 – Consider Approval of ECH Strategy</p>