

#### **AGENDA**

### FINANCE COMMITTEE MEETING OF THE EL CAMINO HOSPITAL BOARD

Monday, March 25, 2024 – 5:30 pm

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

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

Dial-In: 1-669-900-9128. Meeting Code: 977 0958 7021#. No participant code. Just press #.

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

AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	Don Watters, Chair	information	5:30 pm - 5:31 pm
2. CONSIDER APPROVAL OF AB 2449 REQUEST	Don Watters, Chair	possible motion	5:31 - 5:32
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Don Watters, Chair	information	5:32 - 5:33
<ul> <li>4. PUBLIC COMMUNICATION</li> <li>a. Oral Comments</li> <li>This opportunity is provided for persons to address the Committee on any matter within the subject matter jurisdiction of the Committee that is not on this agenda. Speakers are limited to three (3) minutes each.</li> <li>b. Written Public Comments</li> <li>Comments may be submitted by mail to the Finance Committee of the El Camino Hospital Board of Directors at 2500 Grant Avenue, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.</li> </ul>	Don Watters, Chair	information public comment	5:33 - 5:36
5. CONSENT CALENDAR  Any Committee Member may remove an item for discussion before a motion is made. Items removed from the consent calendar will be considered separately.  Approval  a. Approve Minutes of the Open Session of the Finance Committee Meeting (02/26/2024)  b. Approve Minutes of the Closed Session of the Finance Committee Meeting (02/26/2024)  Information  c. Receive FY2024 Pacing Plan d. Receive Article(s) of Interest	Don Watters, Chair	motion required	5:36 - 5:41
6. FY2025 COMMITTEE PLANNING a. Proposed FY2025 Committee Meeting Dates	Don Watters, Chair	motion required	5:41 - 5:51

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 650-988-8483 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
	b. Proposed FY2025 Committee Goals c. Proposed FY2025 Committee Pacing Plan			
	APPROVE FY2024 PERIOD 8 FINANCIAL REPORT	Carlos Bohorquez, CFO	motion required	5:51 - 6:01
	FY2024 COMMUNITY BENEFIT GRANT PROGRAM UPDATE & MIDYEAR GRANT PERFORMANCE UPDATE	Jon Cowan, Exec. Dir. Gov't Relations &Comm Partnerships	discussion	6:01 - 6:11
9.	ADJOURN TO CLOSED SESSION	Don Watters, Chair	motion required	6:11 - 6:12
1	Health and Safety Code Section 32106(b) -for a report on health facility trade secrets regarding new services or programs: Physician Services Contract a. Updated Physician Financial Arrangement Policy	Mark Adams, MD, CMO	information	6:12 - 6:17
1 1	Health and Safety Code Section 32106(b) -for a report on health facility trade secrets regarding new services or programs: SUMMARY OF PHYSICIAN FINANCIAL ARRANGEMENTS (YEAR-END)	Mark Adams, MD, CMO	discussion	6:17 - 6:32
1	Health and Safety Code Section 32106(b) -for a report on health facility trade secrets regarding new services or programs PAYOR MIX SHIFT MITIGATION PLAN	Carlos Bohorquez, CFO	discussion	6:32 - 6:42
1 ]	Health and Safety Code Section 32106(b) -for a report on health facility trade secrets regarding new services or programs: FY205 BUDGET PREVIEW PART 1: KEY OPERATIONAL & CAPITAL BUDGET ASSUMPTIONS / TARGETS	Carlos Bohorquez, CFO	information	6:42 - 6:57
1 1	Health and Safety Code Section 32106(b) - for a report on health facility trade secrets regarding new services or programs:  STRATEGIC MEDICAL NETWORK INVESTMENT ANALYSIS	Carlos Bohorquez, CFO	information	6:57 - 7:07
15.	ADJOURN TO OPEN SESSION	Don Watters, Chair	motion required	7:07 - 7:08
	CONVENE OPEN SESSION / PORT OUT	Don Watters, Chair	information	7:08 - 7:09
16.	To report any required disclosures regarding permissible actions taken during the Closed Session.			
]	APPROVE THE AUTHORITY OF THE CHIEF EXECUTIVE OFFICER TO EXECUTE THE FOLLOWING  a. Updated Physician Financial Arrangement Policy  b. Summary of Physician Financial Arrangements (Year-End)	Mark Adams, MD, CMO	motion required	7:09 - 7:11

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AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
18. CLOSING COMMENTS	Don Watters, Chair	information	information 7:11 - 7:16
19. ADJOURNMENT	Don Watters, Chair	motion required	7:16 - 7:17 pm

**Upcoming Meetings**: Regular Meetings: May 20, 2024



#### Minutes of the Open Session of the Finance Committee of the El Camino Hospital Board of Directors Monday, February 26, 2024

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

Members Present	Members Absent	Staff Present
Don Watters, Chair		Carlos Bohorquez, Chief Financial Officer
Wayne Doiguchi		Dan Woods**, Chief Executive Officer
Peter Fung, MD		Ken King, Chief Administrative Services
Bill Hooper		Officer
Cynthia Stewart**	**via teleconference	Mark Adams, MD, Chief Medical Officer
		Omar Chughtai, Chief Growth Officer
		Victor Cabrera, Senior Dir. Decision Supp
		& Business Analytics
		Samreen Salehi, Executive Assistant II

	Samreen Salehi, Executive						
	Agenda Item	Comments/Discussion	Approvals/ Action				
1.	CALL TO ORDER/ ROLL CALL	The open session meeting of the Finance Committee of El Camino Hospital (the "Committee") was called to order at 6:06 pm by Chair Don Watters. A verbal roll call was taken and all members were present at roll call and attended in person except for Cynthia Stewart joined telephonically. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020, and N-29-20 dated March 18, 2020.					
2.	CONSIDER APPROVAL OF AB 2449 REQUEST	Cynthia Stewart, Finance Committee member joined this session telephonically under the AB 2449 guidelines a motion was taken by the Committee for approval.  Motion: Consider approval of AB 2449 Request Movant: Hooper Second: Doiguchi Ayes: Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None					
3.	POTENTIAL CONFLICT OF INTEREST	Chair Watters asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.					
4.	PUBLIC COMMUNICATION	No public members joined this session and no written correspondence was received from the public.					
5.	CONSENT CALENDAR	Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Finance Committee meeting (11/27/2023); (b) Minutes of the Closed of the Finance Committee meeting (11/27/2023); (c) FY2024 Period 5 Financial Report (d) FY2024 Period 6 Financial Report and for information; (e) Progress Against FY2024 FC Committee Goals (f) FY2024 Pacing Plan  Movant: Doiguchi Second: Fung Ayes: Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None	Consent Calendar approved.				

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6.	APPROVE UPDATED
	SIGNATURE
	AUTHORITY
	POLICY AS
	REVIEWED AND
	RECOMMENDED
	FOR APPROVAL BY
	BOARD

Carlos Bohorquez, Chief Financial Officer presented an overview of the revisions of the updated Signature Authority policy and highlighted the following key revisions as further detailed in the materials:

- Given the increase in size / scope of the organization and value of contracts due to inflation / complexity, the signature authorities for the CEO, CFO, COO, and other leaders have been updated.
- The updated policy includes new language that authorizes the CEO to approve the expenditure of funds in an Emergency.

**Motion**: To approve the updated signature authority policy and recommend for Board approval

Movant: Hooper Second: Fung

Ayes: Doiguchi, Fung, Hooper, Stewart, Watters

Noes: None
Abstentions:
Absent: None
Recused: None

#### 7. FY2024 PERIOD 7 FINANCIAL REPORT

Carlos Bohorquez, Chief Financial Officer presented the FY2024 Period 7 Operational / Financial Results as of January 31, 2024, and highlighted the following:

#### Period 7 – January 2024 Results

- Gross charges were favorable to budget by 6.4% and year over year favorable to budget by 12.7%.
- Total operating revenue is \$139.5M which is favorable to budget by 7.6% and 18.2% higher than the same period last year.
- Net Days in A/R are 52.2 days which is a reduction by almost 1.8 days compared to period 6.
- Operating EBIDA is favorable to budget by \$5.4M / 28.4% and \$6.9M / 39.6% higher than the same period last year.

#### **YTD FY2024 Results**

- Total operating revenue of \$896.6M is favorable to budget by \$1.7M / 0.2% and \$71.3M / 8.6% higher than the same period last year.
- Operating EBIDA of \$148.3M is favorable to budget by \$11.7M
   / 8.6% favorable to budget.
- Net income of \$155.3M is favorable to budget by about \$57.0M / 58.1%.

**Motion**: To approve the FY2024 Period 7 Financial Report

Movant: Doiguchi Second: Fung

Ayes: Doiguchi, Fung, Hooper, Stewart, Watters

Noes: None
Abstentions: None

Open Session Minutes: Finance Committee Meeting

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Mo	nday, February 26, 2024   Pag		
		Absent: None	
		Recused: None	
8.	ADJOURN TO	<b>Motion</b> : To adjourn to closed session at 6:18 pm.	Adjourned to
	CLOSED SESSION	Managh Fare	closed session
		Movant: Fung	at 6:18 pm
		Second: Doiguchi	
		Ayes: Doiguchi, Fung, Hooper, Stewart, Watters Noes: None	
		Abstentions: None	
		Absent: None	
		Recused: None	
9.	AGENDA ITEM 16:	During the closed session, there was no action taken by the Finance	
9.	RECONVENE OPEN	Committee.	
	SESSION/REPORT	Commutee.	
	OUT		
10.	<b>AGENDA ITEM 17:</b>	<b>Motion:</b> To recommend Board approval for the physician contracts.	
	APPROVE THE	Movant: Doiguchi	
	RECOMMENDATION	Second: Fung	
	FOR THE HOSPITAL		
	BOARD TO	Ayes: Doiguchi, Fung, Hooper, Stewart, Watters Noes: None	
	APPROVE THE		
	FOLLOWING	Abstentions: None	
	AGREEMENTS	Absent: None	
	(a) Interventional	Recused: None	
	Radiology Call Panel (MV)		
	(b) Interventional		
	Radiology Call panel		
	(LG)		
	(c) NICU Professional		
	Service (MV)		
11.	AGENDA ITEM 18:	None	
11.	CLOSING	Tione	
	COMMENTS		
12.	AGENDA ITEM 19:	Motion: To adjourn at 8:08 pm.	Meeting
	ADJOURNMENT	Movant: Fung	adjourned at
		Second: Doiguchi	8:08 pm
		Ayes: Doiguchi, Fung, Hooper, Stewart, Watters	
		Noes: None	
		Abstentions: None	
		Absent: None	
		Recused: None	
		10110	

Attest as to the approval of the foregoing minutes by the Finance Committee of El Camino Hospital:

Don Watters

Chair, Finance Committee

Prepared by: Samreen Salehi, Executive Assistant II, Administrative Services

Reviewed by: Carlos A. Bohorquez, Chief Financial Officer

FY2024 Finance Committee Paci	ing Pla	n	]									
A OFNIDA ITEM		Q1		Q2		Q3		Q4				
AGENDA ITEM	JUL	8/28	9/25	ОСТ	11/27	DEC	JAN	2/26	3/25	APR	5/20	JUN
STANDING AGENDA ITEMS												
Standing Consent Agenda Items		✓	✓		✓			✓	✓		✓	
Minutes		✓	✓		✓			✓	✓		✓	
Period Financials Report (Approval)		✓	✓		✓			✓	✓		✓	
Board Actions		✓	✓		✓			✓	✓		✓	
APPROVAL ITEMS												
Candidate Interviews & Recommendation to Appoint (If required to add / replace committee member)												
Financial Report Year End Results			✓									
Next FY Committee Goals, Dates, Plan									✓		✓	
Next FY Org. Goals											✓	
Next FY Community Benefit Grant Program											✓	
Physician Contracts		✓	✓		✓			✓	✓		✓	
DISCUSSION ITEMS												
Financial Report (Pre-Audit Year End Results)		✓										
Financial Performance JVs/ Business Affiliates		✓										
Progress on Opportunities/ Risks					✓							
Medical Staff Development Plan (every 2 years)									✓			
Impact of Strategic Initiatives/Market Share Update								✓				
Progress Against Committee Goals & Pacing Plan (Quarterly)					✓			✓			✓	
Foundation Strategic Update					✓							

FY2024 Finance Committee Pa	acing P	lan										
ACENDA ITEM	Q1			Q2			Q3			Q4		
AGENDA ITEM	JUL	8/23	9/25	OCT	11/27	DEC	JAN	2/26	3/25	APR	5/20	JUN
ECHMN Update					✓				✓			
Community Benefit Grant Application Process					✓				✓			
Progress Against 2027 Strategic Plan					✓				✓		✓	
Key Service Lines Performance/ Growth Plans											<b>✓</b>	
Managed Care Update								✓				
Long-Range Financial Forecast								✓				
Next FY Budget and Preliminary Assumptions Review									✓			
Review FY Operational / Capital Budget for Recommendation to Board	or								✓		<b>✓</b>	
Summary Physician Financial Arrangements									✓			
Post Implementation (as needed)												
Other Updates <sup>1</sup> (as needed)					· · · · · · · · · · · · · · · · · · ·							

<sup>1:</sup> Includes updates on special projects/joint ventures/real estate, ad-hoc updates

# KaufmanHall

**FEBRUARY 2024** 

# National Hospital Flash Report

Real Data. Real Insight. Real Time.

Based on Data from More Than 1,300 Hospitals

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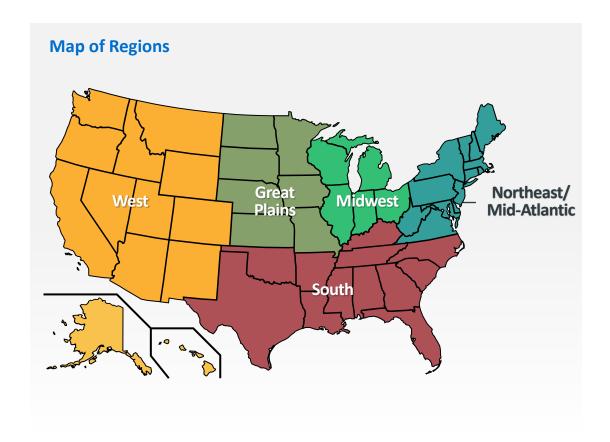
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### **About the Data**

The *National Hospital Flash Report* uses both actual and budget data over the last three years, sampled from more than 1,300 hospitals on a recurring monthly basis from Syntellis Performance Solutions.

The sample of hospitals for this report is representative of all hospitals in the United States both geographically and by bed size. Additionally, hospitals of all types are represented, from large academic to small critical access. Advanced statistical techniques are used to standardize data, identify and handle outliers, and ensure statistical soundness prior to inclusion in the report.

While this report presents data in the aggregate, Syntellis Performance Solutions also has real-time data down to individual department, jobcode, paytype, and account levels, which can be customized into peer groups for unparalleled comparisons to drive operational decisions and performance improvement initiatives.



### **About the Data** (continued)

**About Kaufman Hall** 

# **KaufmanHall**

Kaufman Hall provides management consulting solutions to help society's foundational institutions realize sustained success amid changing market conditions. Since 1985, Kaufman Hall has been a trusted advisor to boards and executive management teams, helping them incorporate proven methods, rigorous analytics, and industry-leading solutions into their strategic planning and financial management processes, with a focus on achieving their most challenging goals.

Kaufman Hall services use a rigorous, disciplined, and structured approach that is based on the principles of corporate finance. The breadth and integration of Kaufman Hall advisory services are unparalleled, encompassing strategy; financial and capital planning; performance improvement; treasury and capital markets management; mergers, acquisitions, partnerships, and joint ventures; and real estate.

#### **About Syntellis Performance Solutions**

## SYNTELLIS

Syntellis Performance Solutions provides innovative enterprise performance management software, data and intelligence solutions for healthcare organizations. Its solutions include enterprise planning, cost and decision support, and financial and clinical analytics tools to elevate organizational performance and transform vision into reality. With over 2,800 organizations and 450,000 users relying on its Axiom, Connected Analytics and Stratasan software, combined with No. 1 rankings from Black Book Research and an HFMA Peer Review designation for six consecutive years, Syntellis helps healthcare providers acquire insights, accelerate decisions and advance their business plans. For more information, please visit syntellis.com.

# **Key Takeaways**

- 1. Margins improved in January relative to previous years. While margins declined slightly from December, they were higher in January relative to the same periods in 2022 and 2021.
- 2. Net revenue has not risen as fast as gross revenue. This might reflect payers negotiating more aggressively and a shift to value-based payment models.
- **3. Total expenses on a volume-adjusted basis have improved.** Though there's been continued growth in drugs and supply expenses, labor expenses have improved.

# **Action Steps**

One of the driving factors of the growing divide between the highest and lowest performing healthcare organizations is the adoption, or lack thereof, of advanced analytics and artificial intelligence. A well-defined Al and analytics strategy should include:

- Business objectives that can be solved using AI, rather than AI seeking business objectives
- A focus on early wins with AI for the science of healthcare delivery rather than the science of healthcare; areas like workforce optimization, simulation modeling for strategic planning, task routinization and automation, and predictive analytics
- Adoption that moves at the speed of trust, which requires
  appropriate stakeholders to be engaged early on; explainable and
  transparent AI; and controls to ensure appropriate use
- Appropriate infrastructure and policies to manage data and analytics and ensure they can be deployed in an economically viable and efficient manner

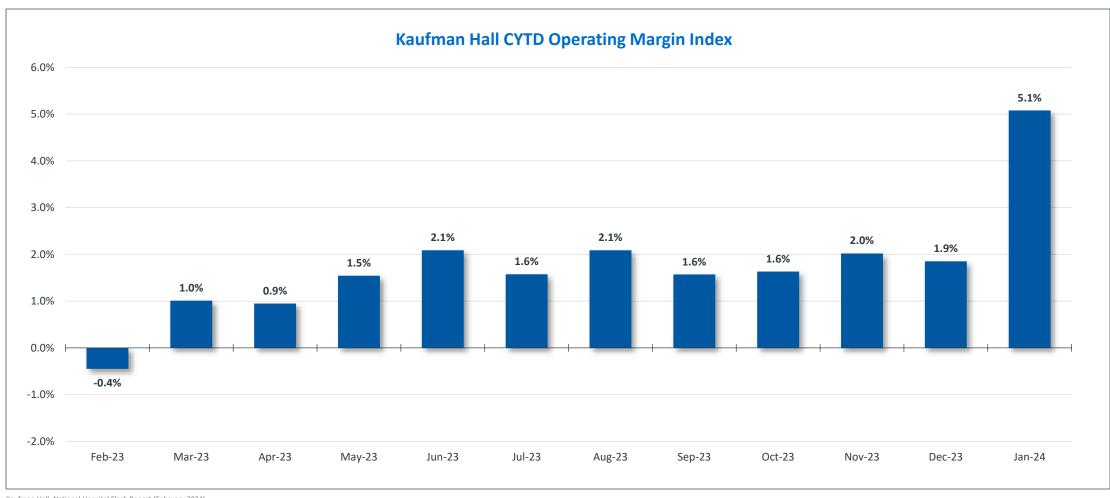
#### **CONTACT THE EXPERT / REPORT AUTHOR**



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Data and Analytics

eswanson@kaufmanhall.com

# **Operating Margin**

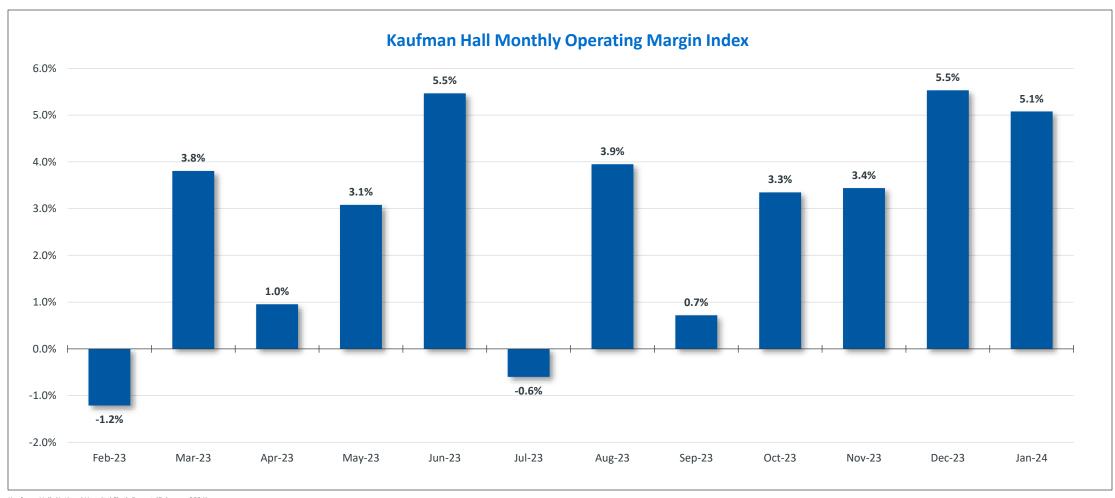


Kaufman Hall, National Hospital Flash Report (February 2024)

<sup>\*</sup> Note: The Kaufman Hall Hospital Operating Margin and Operating EBITDA Margin Indices are comprised of the national median of our dataset adjusted for allocations to hospitals from corporate, physician, and other entities.



# **Operating Margin** (continued)



Kaufman Hall, National Hospital Flash Report (February 2024)

<sup>\*</sup> Note: The Kaufman Hall Hospital Operating Margin and Operating EBITDA Margin Indices are comprised of the national median of our dataset adjusted for allocations to hospitals from corporate, physician, and other entities.



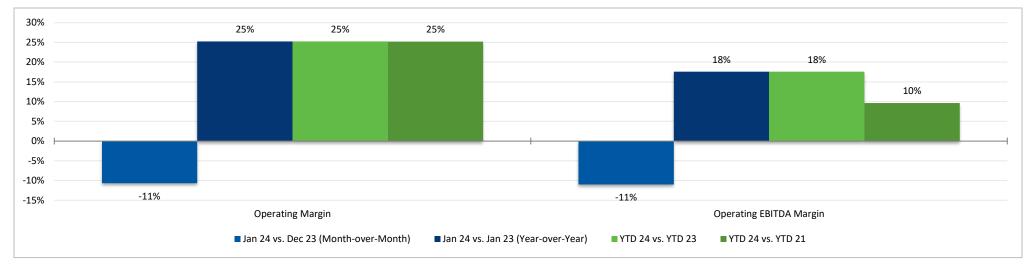
# National and Regional Data

Profitability, Revenue, Expense, and Volume

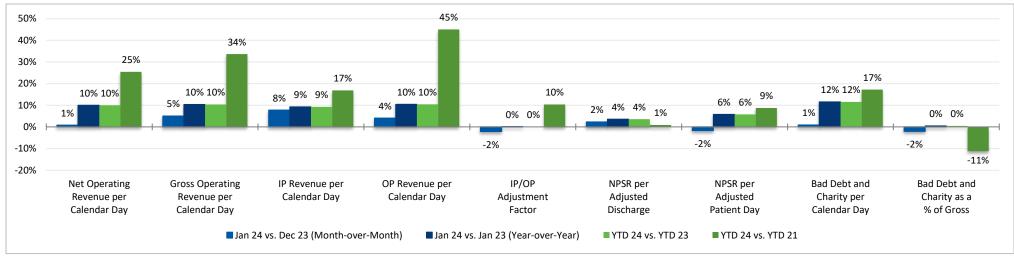


### **National Data**

#### **Profitability**

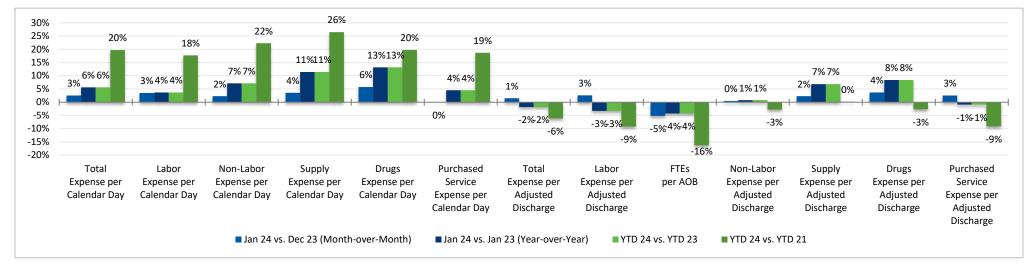


#### Revenue

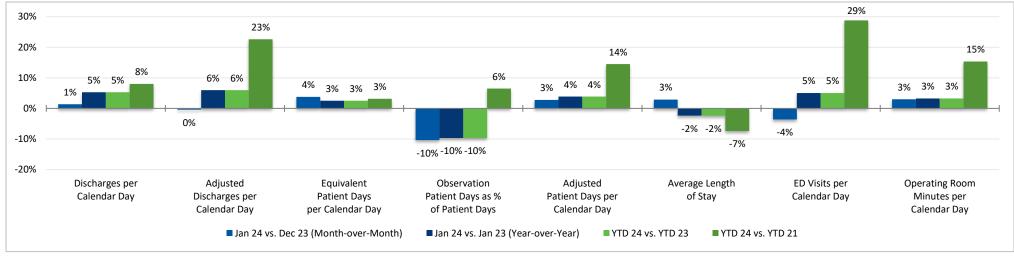


### National Data (continued)

#### **Expense**

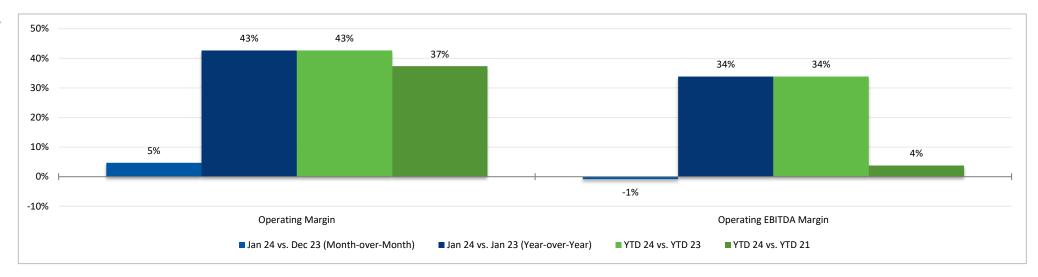


#### Volume

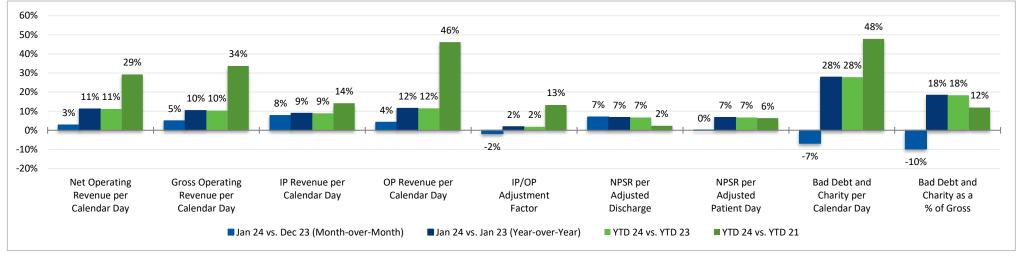


# **Regional Data: West**

#### **Profitability**

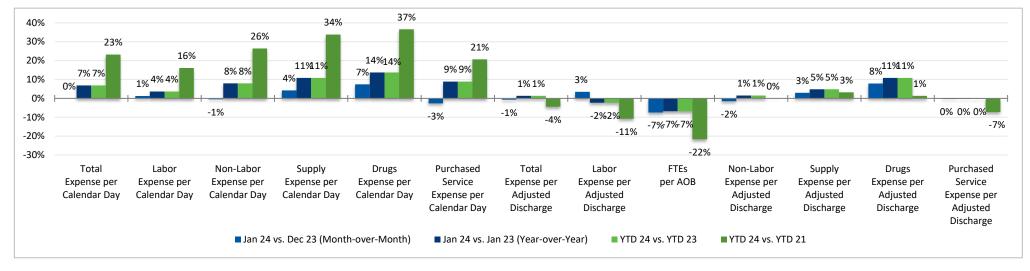


#### Revenue

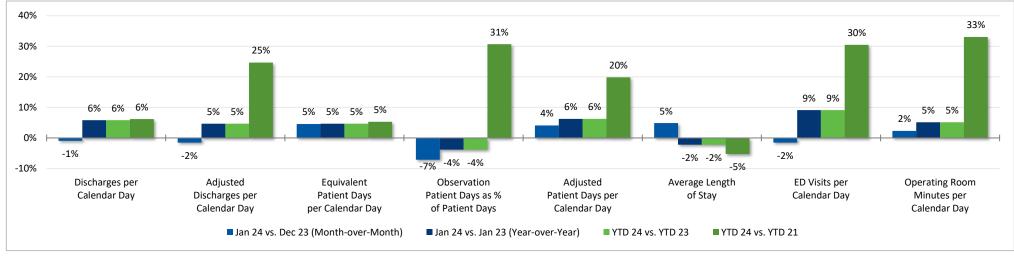


## Regional Data: West (continued)

#### **Expense**

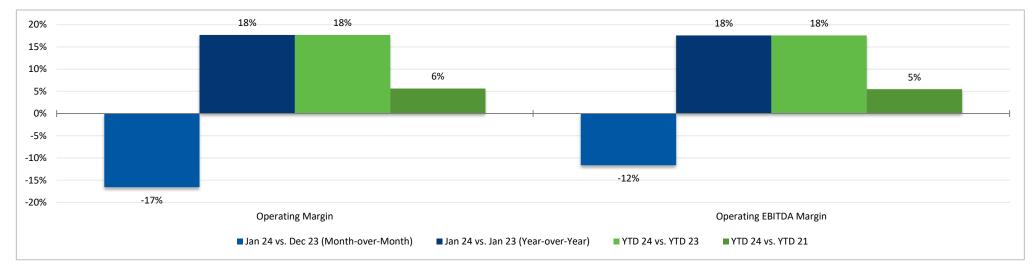


#### Volume

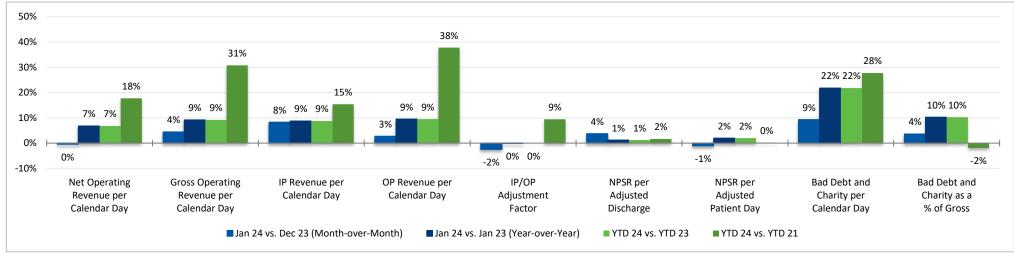


# **Regional Data: Midwest**

#### **Profitability**

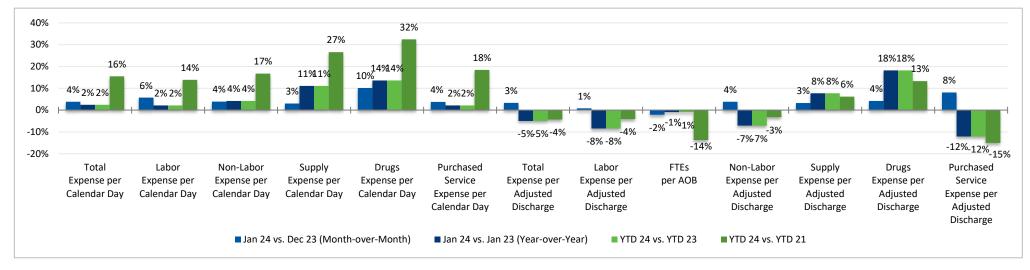


#### Revenue

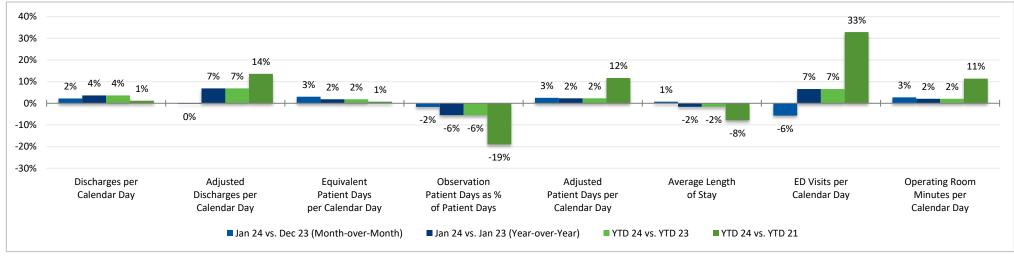


# Regional Data: Midwest (continued)

#### **Expense**

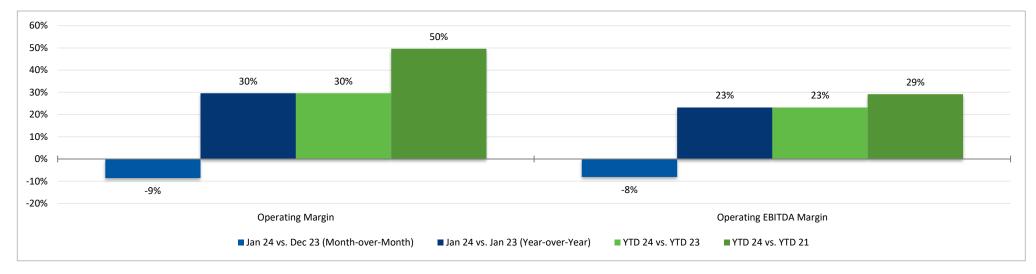


#### Volume

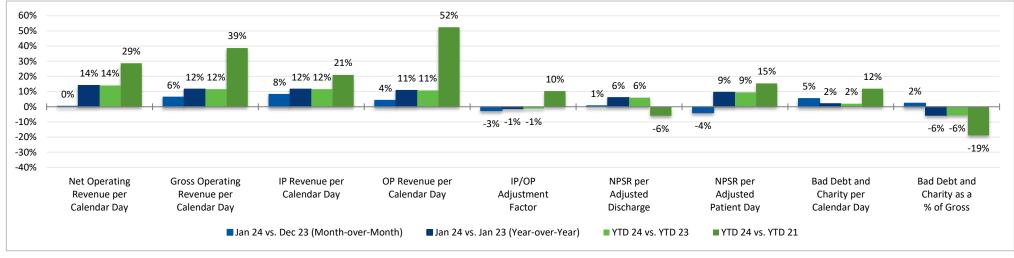


# **Regional Data: South**

#### **Profitability**

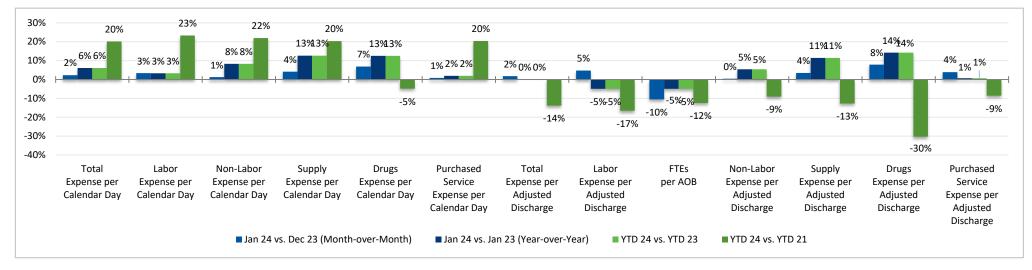


#### Revenue

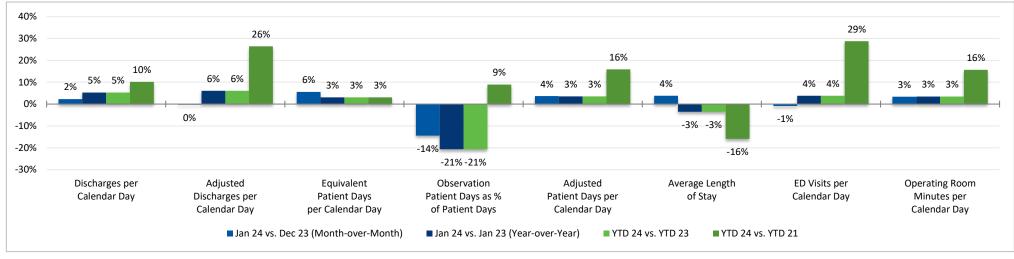


# Regional Data: South (continued)

#### **Expense**

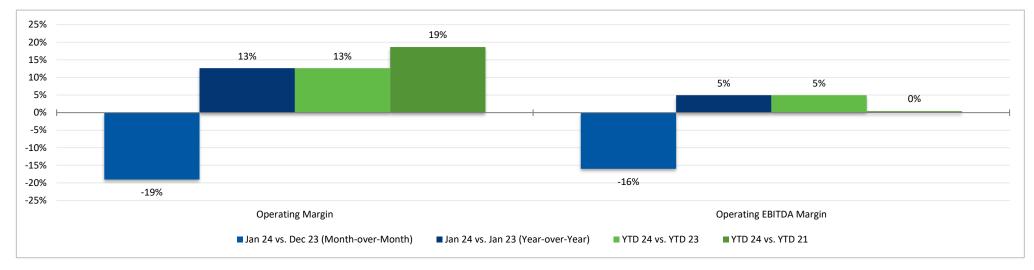


#### Volume

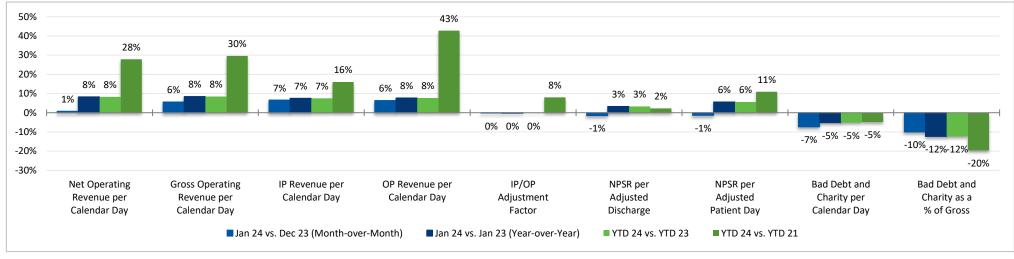


# **Regional Data: Northeast/Mid-Atlantic**

#### **Profitability**

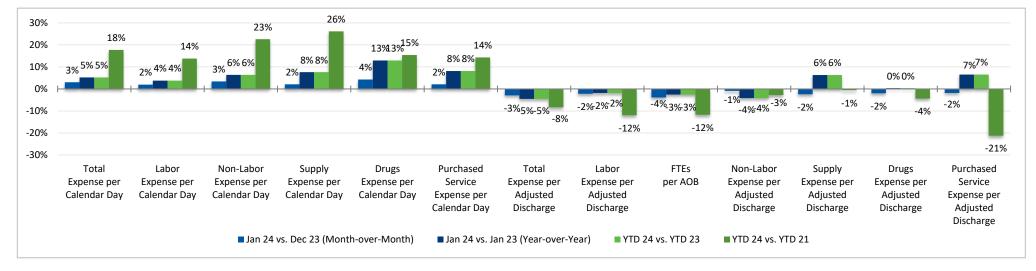


#### Revenue

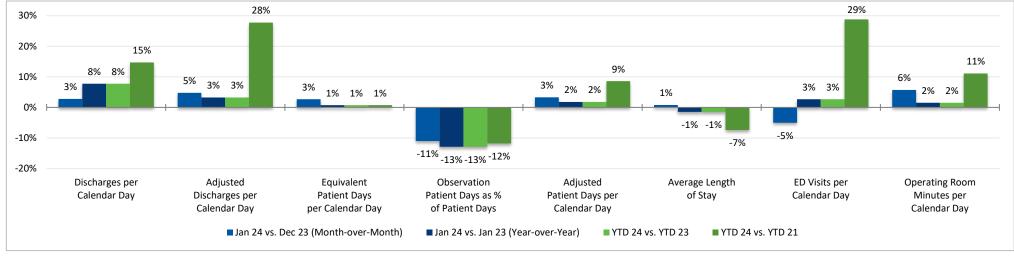


# Regional Data: Northeast/Mid-Atlantic (continued)

#### **Expense**

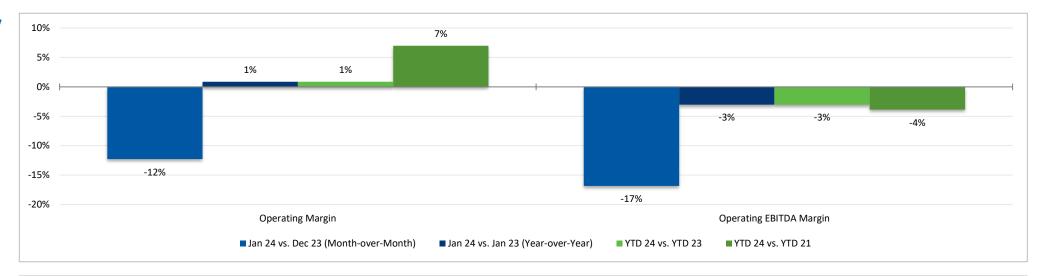


#### Volume

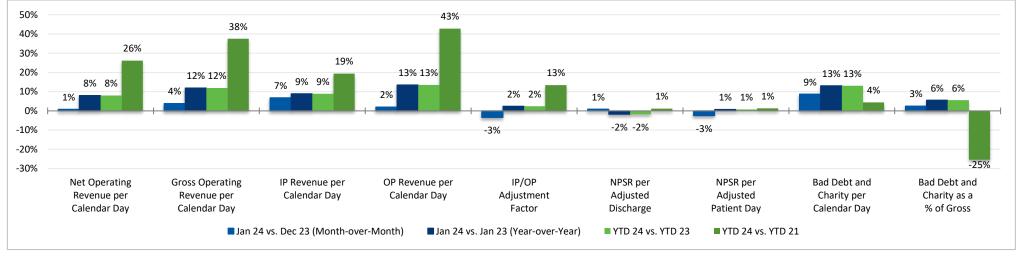


# **Regional Data: Great Plains**

#### **Profitability**

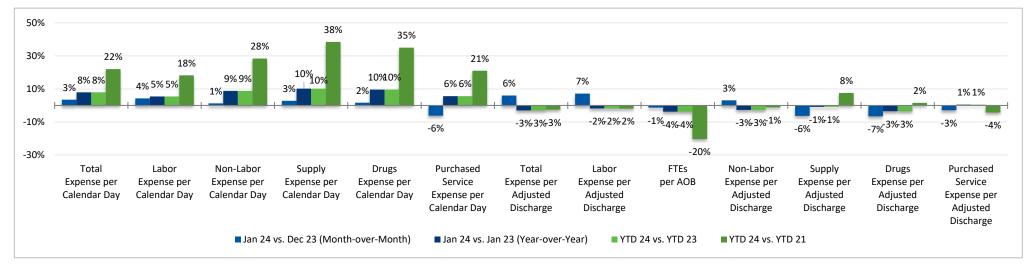


#### Revenue

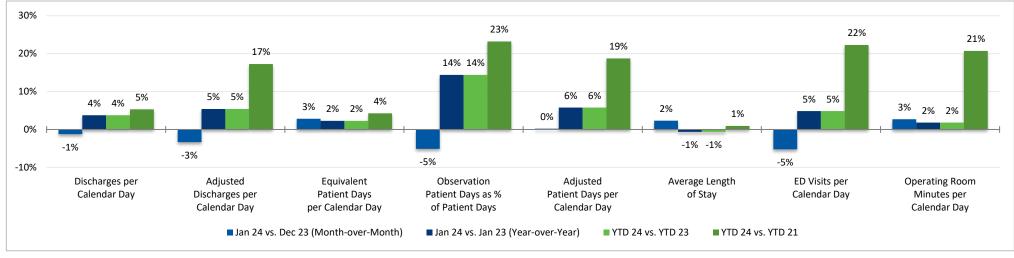


# Regional Data: Great Plains (continued)

#### **Expense**



#### Volume



# Data by Hospital Bed Size

Profitability, Revenue, Expense, and Volume



### **0-25** Beds

		Jan 24 vs. Dec 23 (Month-over-Month)	Jan 24 vs. Jan 23 (Year-over-Year)	YTD 24 vs. YTD 23	YTD 24 vs. YTD 21
Margin	Operating Margin	-8.0%	15.6%	15.6%	58.2%
	Operating EBIDA Margin	-10.9%	9.0%	9.0%	42.2%
Volume	Discharges per Calendar Day	0.1%	-2.2%	-2.2%	1.7%
	Adjusted Discharges per Calendar Day	-0.8%	3.1%	3.1%	24.5%
	Equivalent Patient Days per Calendar Day	2.8%	-1.3%	-1.3%	4.9%
	Observation Patient Days as % of Patient Days	-11.9%	2.4%	2.4%	9.8%
	Adjusted Patient Days per Calendar Day	2.5%	-0.2%	-0.2%	29.2%
	Average Length of Stay	-0.7%	-2.3%	-2.3%	-1.4%
	ED Visits per Calendar Day	-8.2%	4.3%	4.3%	29.0%
	Operating Room Minutes per Calendar Day	3.7%	1.1%	1.1%	4.7%
evenue	Net Operating Revenue per Calendar Day	0.8%	9.1%	9.1%	28.5%
	Gross Operating Revenue per Calendar Day	4.6%	11.1%	11.1%	38.0%
	IP Revenue per Calendar Day	8.4%	4.2%	4.2%	7.1%
	OP Revenue per Calendar Day	4.4%	10.4%	10.4%	41.3%
	IP/OP Adjustment Factor	-4.2%	2.9%	2.9%	26.2%
	NPSR per Adjusted Discharge	-0.7%	1.2%	1.2%	-1.3%
	NPSR per Adjusted Patient Day	-2.6%	4.1%	4.1%	-6.5%
	Bad Debt and Charity per Calendar Day	3.3%	19.1%	19.1%	27.4%
	Bad Debt and Charity as a % of Gross	-1.7%	2.9%	2.9%	-6.5%
pense	Total Expense per Calendar Day	3.3%	5.0%	5.0%	19.9%
	Labor Expense per Calendar Day	3.0%	4.0%	4.0%	17.4%
	Non-Labor Expense per Calendar Day	2.4%	6.3%	6.3%	21.1%
	Supply Expense per Calendar Day	2.9%	10.5%	10.5%	28.8%
	Drugs Expense per Calendar Day	5.0%	12.9%	12.9%	38.5%
	Purchased Service Expense per Calendar Day	-0.6%	4.9%	4.9%	18.9%
	Total Expense per Adjusted Discharge	0.4%	0.8%	0.8%	-9.0%
	Labor Expense per Adjusted Discharge	4.5%	-3.9%	-3.9%	-10.8%
	FTEs per AOB	-4.8%	-3.1%	-3.1%	-27.3%
	Non-Labor Expense per Adjusted Discharge	-0.9%	0.8%	0.8%	-7.4%
	Supply Expense per Adjusted Discharge	0.6%	10.0%	10.0%	0.8%
	Drugs Expense per Adjusted Discharge	-1.1%	14.6%	14.6%	12.6%
	Purchased Service Expense per Adjusted Discharge	6.8%	-2.1%	-2.1%	-10.1%



### **26-99 Beds**

		Jan 24 vs. Dec 23 (Month-over-Month)	Jan 24 vs. Jan 23 (Year-over-Year)	YTD 24 vs. YTD 23	YTD 24 vs. YTD 21
Margin	Operating Margin	-15.3%	27.8%	27.8%	15.6%
	Operating EBIDA Margin	-18.2%	11.1%	11.1%	5.9%
Volume	Discharges per Calendar Day	3.0%	3.4%	3.4%	5.9%
	Adjusted Discharges per Calendar Day	-3.5%	5.9%	5.9%	20.9%
	Equivalent Patient Days per Calendar Day	5.8%	5.9%	5.9%	-2.6%
	Observation Patient Days as % of Patient Days	-18.2%	-15.5%	-15.5%	6.3%
	Adjusted Patient Days per Calendar Day	2.3%	5.9%	5.9%	14.1%
	Average Length of Stay	3.0%	-3.5%	-3.5%	-16.2%
	ED Visits per Calendar Day	-3.3%	5.1%	5.1%	29.7%
	Operating Room Minutes per Calendar Day	0.5%	5.2%	5.2%	13.0%
Revenue	Net Operating Revenue per Calendar Day	-0.1%	11.1%	11.1%	23.0%
	Gross Operating Revenue per Calendar Day	5.8%	11.3%	11.3%	31.9%
	IP Revenue per Calendar Day	9.5%	10.8%	10.8%	12.0%
	OP Revenue per Calendar Day	3.7%	10.7%	10.7%	45.7%
	IP/OP Adjustment Factor	-4.4%	-0.7%	-0.7%	15.5%
	NPSR per Adjusted Discharge	2.7%	3.2%	3.2%	1.3%
	NPSR per Adjusted Patient Day	-3.2%	6.2%	6.2%	10.1%
	Bad Debt and Charity per Calendar Day	3.7%	2.3%	2.3%	14.4%
	Bad Debt and Charity as a % of Gross	0.7%	-5.5%	-5.5%	-13.6%
Expense	Total Expense per Calendar Day	1.8%	4.9%	4.9%	16.5%
	Labor Expense per Calendar Day	1.8%	3.8%	3.8%	15.4%
	Non-Labor Expense per Calendar Day	0.3%	5.4%	5.4%	18.1%
	Supply Expense per Calendar Day	1.0%	9.7%	9.7%	17.7%
	Drugs Expense per Calendar Day	2.1%	9.8%	9.8%	-2.6%
	Purchased Service Expense per Calendar Day	-2.2%	3.8%	3.8%	22.8%
	Total Expense per Adjusted Discharge	-0.9%	-3.1%	-3.1%	-7.5%
	Labor Expense per Adjusted Discharge	4.8%	-4.9%	-4.9%	-13.7%
	FTEs per AOB	-8.3%	-7.1%	-7.1%	-16.3%
	Non-Labor Expense per Adjusted Discharge	-1.9%	-0.9%	-0.9%	-6.9%
	Supply Expense per Adjusted Discharge	2.2%	8.1%	8.1%	-3.7%
	Drugs Expense per Adjusted Discharge	0.7%	3.1%	3.1%	-7.8%
	Purchased Service Expense per Adjusted Discharge	2.4%	-0.4%	-0.4%	-6.7%



### **100-199 Beds**

		Jan 24 vs. Dec 23 (Month-over-Month)	Jan 24 vs. Jan 23 (Year-over-Year)	YTD 24 vs. YTD 23	YTD 24 vs. YTD 21
Margin	Operating Margin	-11.2%	27.1%	27.1%	37.8%
	Operating EBIDA Margin	-13.7%	32.1%	32.1%	35.2%
Volume	Discharges per Calendar Day	3.5%	7.7%	7.7%	9.1%
	Adjusted Discharges per Calendar Day	-1.0%	6.7%	6.7%	26.0%
	Equivalent Patient Days per Calendar Day	3.2%	2.5%	2.5%	4.4%
	Observation Patient Days as % of Patient Days	-11.5%	-10.7%	-10.7%	-15.8%
	Adjusted Patient Days per Calendar Day	3.5%	3.7%	3.7%	14.5%
	Average Length of Stay	2.8%	-0.7%	-0.7%	-8.5%
	ED Visits per Calendar Day	-1.8%	4.9%	4.9%	30.5%
	Operating Room Minutes per Calendar Day	1.4%	4.0%	4.0%	17.9%
Revenue	Net Operating Revenue per Calendar Day	1.2%	8.8%	8.8%	25.2%
	Gross Operating Revenue per Calendar Day	4.8%	8.5%	8.5%	31.0%
	IP Revenue per Calendar Day	6.7%	8.8%	8.8%	13.2%
	OP Revenue per Calendar Day	3.5%	10.1%	10.1%	45.4%
	IP/OP Adjustment Factor	-2.3%	-0.6%	-0.6%	10.4%
	NPSR per Adjusted Discharge	2.7%	3.6%	3.6%	-3.9%
	NPSR per Adjusted Patient Day	-0.9%	6.7%	6.7%	6.7%
	Bad Debt and Charity per Calendar Day	2.9%	10.9%	10.9%	26.2%
	Bad Debt and Charity as a % of Gross	0.4%	2.5%	2.5%	-8.3%
Expense	Total Expense per Calendar Day	3.1%	5.1%	5.1%	16.7%
	Labor Expense per Calendar Day	5.3%	2.9%	2.9%	19.7%
	Non-Labor Expense per Calendar Day	1.4%	6.3%	6.3%	19.5%
	Supply Expense per Calendar Day	2.4%	8.0%	8.0%	22.4%
	Drugs Expense per Calendar Day	4.4%	11.0%	11.0%	10.7%
	Purchased Service Expense per Calendar Day	0.2%	4.0%	4.0%	16.7%
	Total Expense per Adjusted Discharge	1.7%	-3.9%	-3.9%	-10.0%
	Labor Expense per Adjusted Discharge	3.6%	-3.3%	-3.3%	-15.4%
	FTEs per AOB	-5.5%	-5.4%	-5.4%	-13.2%
	Non-Labor Expense per Adjusted Discharge	-1.0%	-1.6%	-1.6%	-12.0%
	Supply Expense per Adjusted Discharge	-0.6%	0.3%	0.3%	-7.1%
	Drugs Expense per Adjusted Discharge	5.1%	4.0%	4.0%	-30.5%
	Purchased Service Expense per Adjusted Discharge	1.3%	0.4%	0.4%	-27.1%



### 200-299 Beds

		Jan 24 vs. Dec 23 (Month-over-Month)	Jan 24 vs. Jan 23 (Year-over-Year)	YTD 24 vs. YTD 23	YTD 24 vs. YTD 21
Margin	Operating Margin	-15.8%	28.4%	28.4%	1.3%
	Operating EBIDA Margin	-8.1%	17.3%	17.3%	-6.4%
Volume	Discharges per Calendar Day	1.3%	7.6%	7.6%	9.9%
	Adjusted Discharges per Calendar Day	0.1%	7.7%	7.7%	20.8%
	Equivalent Patient Days per Calendar Day	3.4%	2.4%	2.4%	5.5%
	Observation Patient Days as % of Patient Days	-6.7%	-10.5%	-10.5%	13.5%
	Adjusted Patient Days per Calendar Day	2.1%	3.8%	3.8%	12.4%
	Average Length of Stay	1.8%	-4.9%	-4.9%	-8.4%
	ED Visits per Calendar Day	-2.7%	5.6%	5.6%	27.2%
	Operating Room Minutes per Calendar Day	2.7%	1.0%	1.0%	17.2%
Revenue	Net Operating Revenue per Calendar Day	0.6%	10.7%	10.7%	22.5%
	Gross Operating Revenue per Calendar Day	4.7%	9.6%	9.6%	33.5%
	IP Revenue per Calendar Day	8.7%	11.6%	11.6%	22.0%
	OP Revenue per Calendar Day	2.9%	8.7%	8.7%	46.9%
	IP/OP Adjustment Factor	-2.3%	-0.4%	-0.4%	9.4%
	NPSR per Adjusted Discharge	0.9%	0.5%	0.5%	-4.6%
	NPSR per Adjusted Patient Day	-1.4%	5.6%	5.6%	9.9%
	Bad Debt and Charity per Calendar Day	-7.9%	10.3%	10.3%	13.5%
	Bad Debt and Charity as a % of Gross	-12.5%	1.8%	1.8%	-15.3%
Expense	Total Expense per Calendar Day	1.3%	5.6%	5.6%	21.3%
	Labor Expense per Calendar Day	4.3%	3.8%	3.8%	21.6%
	Non-Labor Expense per Calendar Day	2.7%	6.3%	6.3%	23.2%
	Supply Expense per Calendar Day	4.4%	10.9%	10.9%	26.1%
	Drugs Expense per Calendar Day	10.7%	13.4%	13.4%	13.9%
	Purchased Service Expense per Calendar Day	-0.7%	4.5%	4.5%	15.5%
	Total Expense per Adjusted Discharge	0.8%	-4.3%	-4.3%	-5.8%
	Labor Expense per Adjusted Discharge	1.3%	-5.3%	-5.3%	-7.2%
	FTEs per AOB	-2.1%	-1.8%	-1.8%	-11.0%
	Non-Labor Expense per Adjusted Discharge	1.0%	-0.4%	-0.4%	-2.7%
	Supply Expense per Adjusted Discharge	3.2%	3.0%	3.0%	6.9%
	Drugs Expense per Adjusted Discharge	10.0%	5.8%	5.8%	-7.5%
	Purchased Service Expense per Adjusted Discharge	-1.4%	-2.5%	-2.5%	-12.7%



### 300-499 Beds

		Jan 24 vs. Dec 23 (Month-over-Month)	Jan 24 vs. Jan 23 (Year-over-Year)	YTD 24 vs. YTD 23	YTD 24 vs. YTD 21
Margin	Operating Margin	-5.1%	27.6%	27.6%	-8.5%
	Operating EBIDA Margin	-3.4%	24.0%	24.0%	-3.9%
Volume	Discharges per Calendar Day	1.7%	7.9%	7.9%	9.0%
	Adjusted Discharges per Calendar Day	0.7%	6.9%	6.9%	20.4%
	Equivalent Patient Days per Calendar Day	4.3%	1.9%	1.9%	0.3%
	Observation Patient Days as % of Patient Days	-6.9%	-10.4%	-10.4%	11.3%
	Adjusted Patient Days per Calendar Day	3.8%	2.8%	2.8%	6.4%
	Average Length of Stay	3.5%	-2.7%	-2.7%	-4.1%
	ED Visits per Calendar Day	-3.0%	5.7%	5.7%	24.9%
	Operating Room Minutes per Calendar Day	4.8%	1.7%	1.7%	19.4%
Revenue	Net Operating Revenue per Calendar Day	1.9%	9.0%	9.0%	20.8%
	Gross Operating Revenue per Calendar Day	5.8%	10.0%	10.0%	28.3%
	IP Revenue per Calendar Day	8.1%	9.9%	9.9%	19.0%
	OP Revenue per Calendar Day	5.3%	10.2%	10.2%	43.6%
	IP/OP Adjustment Factor	-1.4%	0.3%	0.3%	8.1%
	NPSR per Adjusted Discharge	4.6%	4.9%	4.9%	6.2%
	NPSR per Adjusted Patient Day	-2.6%	5.7%	5.7%	13.0%
	Bad Debt and Charity per Calendar Day	1.7%	12.9%	12.9%	15.2%
	Bad Debt and Charity as a % of Gross	-2.2%	6.2%	6.2%	-7.4%
Expense	Total Expense per Calendar Day	3.5%	6.0%	6.0%	19.8%
	Labor Expense per Calendar Day	3.1%	2.9%	2.9%	15.0%
	Non-Labor Expense per Calendar Day	3.6%	9.7%	9.7%	23.3%
	Supply Expense per Calendar Day	4.6%	13.6%	13.6%	29.1%
	Drugs Expense per Calendar Day	8.9%	13.4%	13.4%	24.8%
	Purchased Service Expense per Calendar Day	4.3%	3.1%	3.1%	21.7%
	Total Expense per Adjusted Discharge	1.9%	0.1%	0.1%	2.9%
	Labor Expense per Adjusted Discharge	1.6%	-3.1%	-3.1%	1.1%
	FTEs per AOB	-5.2%	-3.0%	-3.0%	-11.0%
	Non-Labor Expense per Adjusted Discharge	2.3%	4.7%	4.7%	5.8%
	Supply Expense per Adjusted Discharge	3.1%	8.8%	8.8%	11.7%
	Drugs Expense per Adjusted Discharge	8.6%	15.3%	15.3%	8.4%
	Purchased Service Expense per Adjusted Discharge	5.4%	-2.6%	-2.6%	3.7%



## **500+ Beds**

		Jan 24 vs. Dec 23 (Month-over-Month)	Jan 24 vs. Jan 23 (Year-over-Year)	YTD 24 vs. YTD 23	YTD 24 vs. YTD 21
Margin	Operating Margin	-10.5%	26.9%	26.9%	23.7%
	Operating EBIDA Margin	-13.2%	13.7%	13.7%	-1.5%
Volume	Discharges per Calendar Day	-0.9%	3.4%	3.4%	11.3%
	Adjusted Discharges per Calendar Day	-0.9%	5.1%	5.1%	22.2%
	Equivalent Patient Days per Calendar Day	3.6%	3.8%	3.8%	8.7%
	Observation Patient Days as % of Patient Days	-7.0%	-9.4%	-9.4%	3.0%
	Adjusted Patient Days per Calendar Day	3.9%	5.4%	5.4%	16.7%
	Average Length of Stay	4.5%	-0.1%	-0.1%	0.7%
	ED Visits per Calendar Day	-0.2%	3.0%	3.0%	28.6%
	Operating Room Minutes per Calendar Day	4.2%	3.7%	3.7%	14.5%
Revenue	Net Operating Revenue per Calendar Day	0.3%	12.9%	12.9%	28.6%
	Gross Operating Revenue per Calendar Day	5.5%	11.3%	11.3%	36.6%
	IP Revenue per Calendar Day	6.8%	10.1%	10.1%	26.3%
	OP Revenue per Calendar Day	7.2%	13.4%	13.4%	48.1%
	IP/OP Adjustment Factor	0.0%	0.9%	0.9%	8.6%
	NPSR per Adjusted Discharge	3.4%	6.4%	6.4%	5.1%
	NPSR per Adjusted Patient Day	-3.4%	5.5%	5.5%	15.4%
	Bad Debt and Charity per Calendar Day	8.0%	11.6%	11.6%	11.0%
	Bad Debt and Charity as a % of Gross	2.4%	-0.5%	-0.5%	-13.5%
Expense	Total Expense per Calendar Day	1.4%	9.4%	9.4%	26.1%
	Labor Expense per Calendar Day	2.6%	4.8%	4.8%	20.7%
	Non-Labor Expense per Calendar Day	1.9%	12.3%	12.3%	32.9%
	Supply Expense per Calendar Day	5.8%	16.3%	16.3%	39.1%
	Drugs Expense per Calendar Day	6.6%	25.4%	25.4%	47.6%
	Purchased Service Expense per Calendar Day	0.4%	16.0%	16.0%	26.6%
	Total Expense per Adjusted Discharge	2.5%	3.6%	3.6%	-1.8%
	Labor Expense per Adjusted Discharge	0.6%	-1.3%	-1.3%	-10.2%
	FTEs per AOB	-5.5%	-4.3%	-4.3%	-13.3%
	Non-Labor Expense per Adjusted Discharge	5.2%	6.5%	6.5%	8.3%
	Supply Expense per Adjusted Discharge	3.9%	8.7%	8.7%	11.8%
	Drugs Expense per Adjusted Discharge	4.2%	16.6%	16.6%	13.9%
	Purchased Service Expense per Adjusted Discharge	1.0%	11.4%	11.4%	-5.9%



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## Non-Operating



### **National Non-Operating Results**

#### **Key Observations**

- Consumer prices rose more than expected in January with the Consumer Price Index (CPI) increasing 0.3% in January and 3.1% from a year ago, the largest price increase in four months
- Rising rents pushed US inflation higher in January, rising 0.6% in January after gaining 0.4% in December, and accounted for two-thirds of the rise in CPI
- At the Federal Reserve Board's January meeting, The Fed kept interest rates unchanged at 5.25%-5.50% while Fed Chair Powell stated that a rate cut in March is "unlikely" as the Chair does not believe the committee will reach a level of confidence necessary to do so
- The Expectations Index based on consumers' short-term outlook for income, business, and labor market conditions – improved to 83.8 in January, up from a revised reading of 81.9 in December
- 4Q23 GDP data print came in at 3.3% on an annualized basis, significantly higher than market expectations of 2.0% driven by upside in inventories, trade, business investment, and consumption
- Job gains were higher than expected for January with the total coming in at 353,000, beating estimates of ~185,000
- Unemployment remained unchanged from January, staying flat at 3.7%; wages are expected to slow throughout 2024 supporting further reductions in inflation
- Yields on the 10 and 30-year Treasuries rose to 3.96% and 4.21% month-overmonth, rising 10 and 22 bps, respectively; on the short end of the curve, 2-year yields fell 5 bps to 4.21%
- The S&P 500 rose by 1.6% in January, marking a slowdown from the gain of 4.4% in December; Y-o-Y gains fell to 18.9%

#### **General Non-Operating Observations**

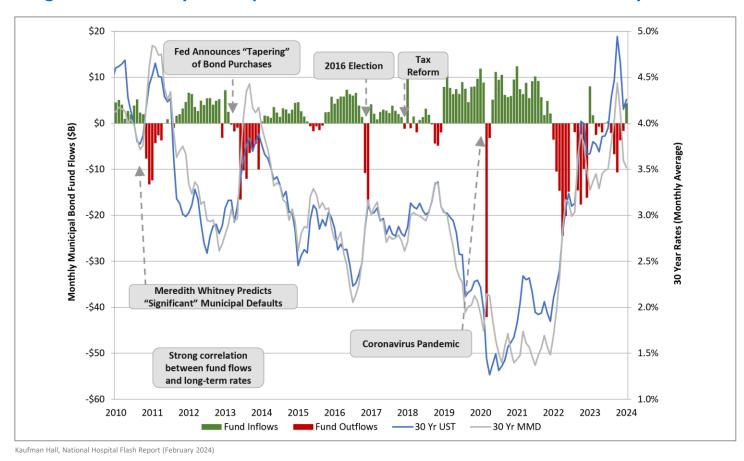
	January 2024	M-o-M Change	Y-o-Y Change
General	_		
GDP Growth*	3.3%	n/a	n/a
Unemployment Rate	3.7%	n/c	+0.3%
Personal Consumption Expenditures (YoY)	2.9 %	-0.2%	-2.0%
Liabilities			
SOFR	5.32%	-6 bps	+101 bps
SIFMA	3.74%	-13 bps	+208 bps
30yr MMD	3.52%	+10 bps	+32 bps
30yr Treasury	4.21%	+22 bps	+58 bps
Assets			
60/40 Asset Allocation <sup>†</sup>	n/a	+0.1%	+8.8%

<sup>\*</sup>U.S. Bureau of Economic Analysis, Q4 2023 "Advance Estimate"

<sup>+60/40</sup> Asset Allocation assumes 30% S&P 500 Index, 20% MSCI World Index, 10% MSCI Emerging Markets Index, 40% Barclays US Aggregate Bond Index

### **Non-Operating Liabilities**

#### Long Term - Monthly Municipal Bond Fund Flows with 30-Year U.S. Treasury and 30-Year MMD

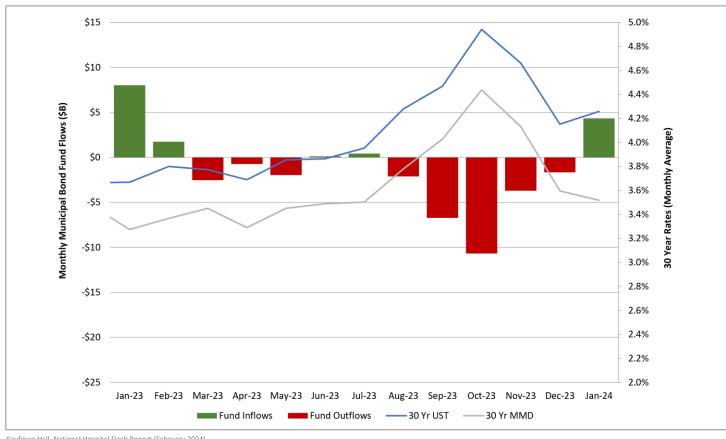


Following two consecutive months of declining rates, both the 30-year MMD and 30-year treasury rates increased. The 30-year MMD rose a modest 10 bps to close the month at 3.52%, while the 30-year Treasury increased 22 bps to end the month at 4.21%. Following 5 consecutive months of outflows that saw nearly \$25.0 billion exit the market, Municipal funds experienced inflows of \$4.4 billion, the largest singlemonth gain since January of 2023. MMD/Treasury ratios tightened throughout the entirety of the curve, with a two-year ratio of 63%, 10-year ratio of 60%, and 30-year ratio of 84% compared to measures of 59%, 59%, and 86%, respectively, at the end of December.

Taxable and tax-exempt debt capital markets, as approximated here by the '30-yr U.S. Treasury' and '30-yr MMD Index', are dependent upon macroeconomic conditions, including inflation expectations, GDP growth, and investment opportunities elsewhere in the market. A key measure to track is bond fund flows, particularly in the more supply and demand sensitive tax-exempt market. Fund flows are monies moving into bond funds from new investment and principal and interest payments on existing and maturing holdings. Strong fund flows generally signal that investors have more cash to put to work, a boon to the demand. Fund inflows generally are moderate and consistent over time while fund outflows are typically large and sudden, as external events affect investor sentiment, resulting in quick position liquidation which can drive yields up considerably in a short amount of time.

### **Non-Operating Liabilities** (continued)

#### Last Twelve Months – Monthly Municipal Bond Fund Flows with 30-Year U.S. Treasury and 30-Year MMD



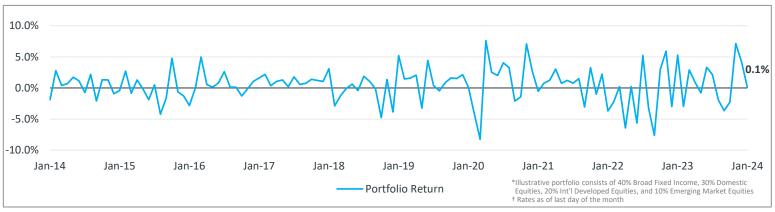
Issuance in January increased year-on-year due to strong market conditions from the end of last year, increasing capital requirements, tighter credit spreads, and issuers planning for reduced federal stimulus funding. The January uptrend was sustained as economic data began to improve and recession warnings abated, prompting issuers to add more debt to their books. Total municipal issuance and total healthcare supply are 17.7% and 456.9% higher, respectively, to start 2024 compared to 2023.

Kaufman Hall, National Hospital Flash Report (February 2024)

Taxable and tax-exempt debt capital markets, as approximated here by the '30-yr U.S. Treasury' and '30-yr MMD Index', are dependent upon macroeconomic conditions, including inflation expectations, GDP growth and investment opportunities elsewhere in the market. A key measure to track is bond fund flows, particularly in the more supply and demand sensitive tax-exempt market. Fund flows agenerally signal that investors have more cash to put to work, a boon to the demand. Fund inflows generally are moderate and consistent over time while fund outflows are typically large and sudden, as external events affect investor sentiment, resulting in quick position liquidation which can drive yields up considerably in a short amount of time.

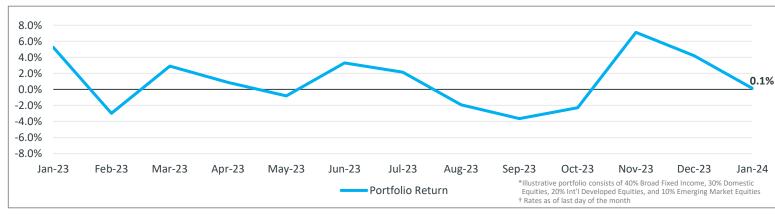
### **Non-Operating Assets**

#### Long Term - Illustrative Investment Portfolio Returns, Month-over-Month Change



Kaufman Hall, National Hospital Flash Report (February 2024)

#### Last Twelve Months – Illustrative Investment Portfolio Returns, Month-over-Month Change



Kaufman Hall, National Hospital Flash Report (February 2024)

Equities remained positive for a third consecutive month. The S&P 500 continued its gains from December (4.4%) and November (8.9%), rising 1.6%, bringing its YoY and YTD gains to 18.9% and 6.1%, respectively. Similarly, the Dow rose 1.2% over the month and posted YoY gains of 11.9%. These gains represent a three-month winning streak on the back of what was a historic three-month losing streak between August and October of last year.

The blended 60/40 asset allocation finished January 0.1% higher month-over-month with the S&P 500 and MSCI World Indices posting gains of 1.6% and 1.1%, respectively, monthover-month, while the MSCI Emerging Markets and Barclays Aggregate Bond Index fell -4.7% and -0.3%, respectively.

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#### Talk to us

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Week of March 8, 2024



### Weekly Market Overview



#### Tax-Exempt Market Overview – 30 Year MMD Decreased<sup>(1)</sup>

- 30 Year MMD decreased 2 basis points to 3.57% this week.
- Tax-exempt bond funds saw inflows of \$869.3 million this week.
- Tax-exempt municipal money market fund asset increased by \$220 million, bringing total net assets to \$120.03 billion.
- SIFMA increased by 7 basis points, moving from 3.30% to 3.37%. The SIFMA/1D SOFR ratio currently sits at 63%.
- A tax-exempt healthcare issue priced this week for NCH Healthcare.

#### Taxable Market Overview – 30 Year UST Decreased(1)

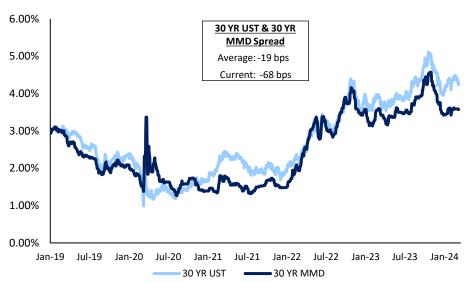
- 30 Year UST decreased by 13 basis points to 4.25% this week.
- Corporate Investment Grade Bond Funds saw an inflow of \$8.458 billion this week.
- Taxable municipal money market fund assets increased by \$38.87 billion, bringing their total to \$5.92 trillion.
- A taxable healthcare issue priced this week for NCH Healthcare.

#### Macro Overview<sup>(2)</sup>

- Nonfarm payrolls increased by 275,000 for the month while the jobless rate moved higher to 3.9%. Wall Street had been looking for 198,000 new jobs and unemployment at 3.7%.
- Health care led with 67,000 new jobs. Government again was a big contributor, with 52,000, while restaurants and bars added 42,000.
- Wages rose just 0.1% on the month, one-tenth of a percentage point below the estimate and were up 4.3% from a year ago.
- Private companies added 140,000 positions for the month, an increase from the upwardly revised 111,000 in January but a bit below the Dow Jones estimate for 150,000.

Tax-Exempt and Taxable – Fixed Rates

#### MMD & UST Fixed Rates (1)



#### Rate Trends and Ratios (1)

	Current	Change Over the Last Week	Change YTD	10 Year Average
10 Year UST	4.09%	(0.16%)	0.10%	2.34%
30 Year UST	4.25%	(0.13%)	0.12%	2.83%
10 Year MMD	2.40%	(0.06%)	0.12%	1.93%
30 Year MMD	3.57%	(0.02%)	0.14%	2.70%
10 Year MMD / UST	58.68%	57.88%	57.14%	82.66%
30 Year MMD / UST	84.00%	81.96%	83.05%	95.53%

Date	2/1/24	2/8/24	2/15/24	2/22/24	2/29/24	3/7/24
Revenue Bond Index (RBI)	3.62%	3.77%	3.82%	3.82%	3.82%	3.80%

#### Tax-Exempt Healthcare Yields (3)

YRS	TE Healthcare Aa/AA	Spread to Benchmark MMD	TE Healthcare A2/A	Spread to Benchmark MMD	TE Healthcare Baa2/BBB	Spread to Benchmark MMD	Benchmark MMD
1	3.03%	8 bps	3.25%	30 bps	3.55%	60 bps	2.95%
2	2.83%	12 bps	3.11%	40 bps	3.36%	65 bps	2.71%
3	2.69%	15 bps	2.99%	45 bps	3.24%	70 bps	2.54%
4	2.59%	17 bps	2.92%	50 bps	3.17%	75 bps	2.42%
5	2.60%	20 bps	2.95%	55 bps	3.20%	80 bps	2.40%
6	2.55%	17 bps	2.96%	58 bps	3.23%	85 bps	2.38%
7	2.60%	22 bps	3.00%	62 bps	3.28%	90 bps	2.38%
8	2.66%	27 bps	3.04%	65 bps	3.34%	95 bps	2.39%
9	2.70%	30 bps	3.08%	68 bps	3.40%	100 bps	2.40%
10	2.75%	35 bps	3.10%	70 bps	3.45%	105 bps	2.40%
20	3.85%	60 bps	4.00%	75 bps	4.30%	105 bps	3.25%
30	4.22%	65 bps	4.42%	85 bps	4.72%	115 bps	3.57%

#### Index Eligible Taxable Healthcare Yields (4)

YRS	Taxable Healthcare Aa/AA	Spread to Benchmark UST	Taxable Healthcare A2/A	Spread to Benchmark UST	Benchmark US Treasury
1	5.63%	70 bps	6.03%	110 bps	4.93%
2	5.00%	50 bps	5.40%	90 bps	4.50%
3	4.83%	55 bps	5.28%	100 bps	4.28%
4	4.72%	65 bps	5.17%	110 bps	
5	4.77%	70 bps	5.22%	115 bps	4.07%
6	4.89%	80 bps	5.34%	125 bps	
7	4.99%	90 bps	5.44%	135 bps	4.09%
8	5.14%	105 bps	5.59%	150 bps	
9	5.19%	110 bps	5.64%	155 bps	
10	5.24%	115 bps	5.69%	160 bps	4.09%
20	5.45%	120 bps	5.90%	165 bps	
30	5.55%	130 bps	6.00%	175 bps	4.25%

<sup>1)</sup> Source: Thomson Reuters as of 3/7/2024.

Source: Bond Buyer, 25-Bond Revenue. Revenue bonds maturing in 30 years are used in compiling this index.

Indicative as of 3/7/2024. Assumes 5% coupons and yields reflect yields to call. Rates displayed are not specific to any borrower. Actual rates will depend on many variables including notch-specific credit rating, size, call provisions, state of issuance and other factors.

<sup>4)</sup> Indicative as of 3/7/2024. Yields for non-index eligible bonds would be @DONIFITED WOOD INTERPROPER WITH BUILDING WHO IN THE BIS SOURCE A RATE AGENT OF A R



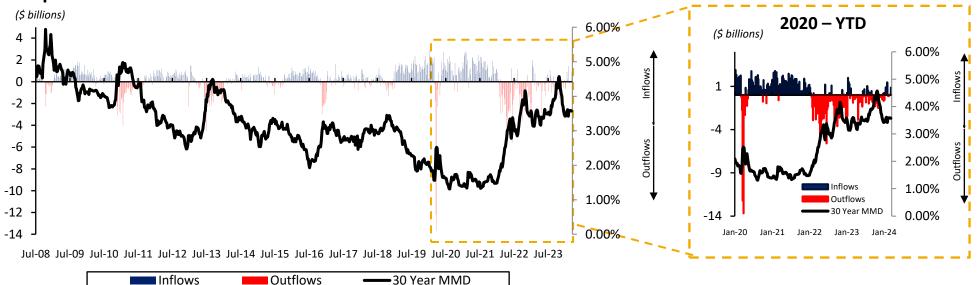
Tax-Exempt bond funds experienced approximately \$869.3 million of inflows this week

#### **Economic Data: Upcoming Reports and Forecasts (1)**

BOFA INTEREST RATE FORECAST											
	1Q24	2Q24	3Q24	4Q24							
Fed Funds (%)	5.25-5.50	5.00-5.25	4.75-5.00	4.50-4.75							
2Y UST (%)	4.75	4.50	4.25	4.00							
5Y UST (%)	4.50	4.40	4.25	4.15							
10Y UST (%)	4.40	4.30	4.25	4.25							
30Y UST (%)	4.70	4.65	4.65	4.75							

	SELECTED ECONOMIC DATA REPORTS											
Date	Economic Event	Date	Economic Event									
3/12/2024	Consumer Price Index	3/20/2024	FOMC Economic Projections									
3/13/2024	MBA Mortgage Applications	3/21/2024	Philadelphia Fed Manufacturing Index									
3/14/2024	Initial Jobless Claims	3/21/2024	Initial Jobless Claims									
3/15/2024	NY Empire State Manufacturing	3/25/2024	Chicago Fed National Activity Index									
3/19/2024	Redbook Index YoY	3/26/2024	Consumer Confidence – March									
3/20/2024	Fed Monetary Policy Statement	3/28/2024	Annualized GDP									

#### Municipal Bond Fund Inflows and Outflows (2)



Short-Term Market Update: Current Environment



Jan-24

#### **Recent SIFMA Index Resets**

Reset Date	2/2/24	2/9/24	2/16/24	2/23/24	3/1/24	3/7/24
SIFMA	3.74%	3.24%	3.60%	3.24%	3.30%	3.37%
Trend (wk/wk)	-0.81%	-0.50%	0.36%	-0.36%	0.06%	0.07%
SIFMA/1D SOFR (%)	70%	61%	68%	61%	62%	63%

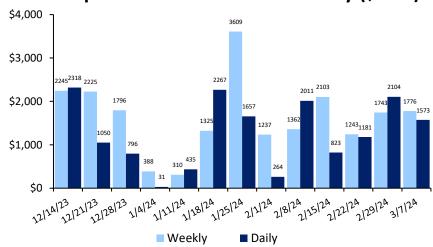
	Current
1M BSBY	5.38%
1D SOFR	5.32%
1M SOFR	5 32%

#### **Weekly Observations**

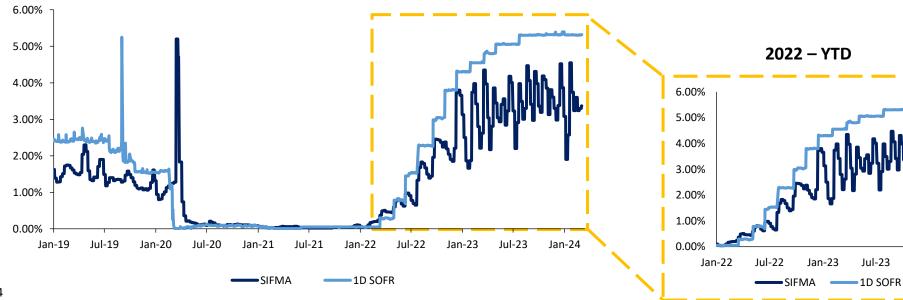
- SIFMA increased by 7 basis points to 3.37%
- Weekly dealer VRDO inventory increased by \$33 million
- Daily dealer VRDO inventory decreased by \$531 billion

#### Index Resets and SIFMA/1M SOFR Ratio Since 2019

#### **BOOM Reported Dealer VRDO Inventory (\$MM)**<sup>(1)</sup>



	SIFMA	1D SOFR	SIFMA/SOFR Ratio
Current	3.37%	5.32%	63%
3 Month Avg.	3.38%	5.32%	64%
6 Month Avg.	3.51%	5.32%	66%



## BofA Weekly Healthcare Update Recent Healthcare Deals



#### **Tax-Exempt Deals Priced**

Issuer	State	Rating <sup>(1)</sup>	Structure	Maturity	Coupon <sup>(2)</sup>	Yield <sup>(3)</sup>	Spread to MMD	Managers	Total Par	Timing
NCH Healthcare	FL	A3/NR/A-	Fixed Rate Put Bonds	2054 2031	5.000% 5.000%	4.190% 3.290%	57 bps 85 bps	JP Morgan	\$157,710,000	3/6/2024

#### **Tax-Exempt Deals in the Pipeline**

Issuer	State	Rating (1)	Structure	Maturity	Coupon <sup>(2)</sup>	Yield <sup>(3)</sup>	Spread to MMD	Managers	Total Par	Timing
CommonSpirit	CA	A3/A-/A-	Fixed Rate	TBD	TBD	TBD	TBD	BofA/Morgan	\$246,565,000	TBD
Commonspirit	CO	A3/A-/A-	rixeu nate	TBD	TBD	TBD	TBD	Stanley/Jefferies	\$775,270,000	טסו
Children's Hospital of Orange County	CA	NR/AA-/AA-	Fixed Rate	TBD	TBD	TBD	TBD	Margan Stanloy	\$91,900,000	TBD
	CA	INK/AA-/AA-	Put Bonds	TBD	TBD	TBD	TBD	Morgan Stanley	\$91,280,000	עמו

#### **Taxable Deals Priced**

Issuer	State	Rating <sup>(1)</sup>	Structure	Maturity	Yield <sup>(3)</sup>	Spread to MMD	Managers	Total Par	Timing
NCH Healthcare	FL	A3/NR/A-	Fixed Rate	2026	5.249%	82 bps	JPM	\$42,229,000	3/6/2024

#### **Taxable Deals in the Pipeline**

Issuer	State	Rating (1)	Structure	Maturity	Yield <sup>(3)</sup>	Spread to MMD	Managers	Total Par	Timing
CommonSpirit	CA	A3/A-/A-	Fixed Rate	TBD	TBD	TBD	BofA/Morgan Stanley/Jefferies	\$1,750,780,000	TDD
Commonspirit	CO	A3/A-/A-	rixeu Kale	TBD	TBD	TBD	bora/iviorgan stanley/Jenenes	\$1,750,780,000	TBD

Recent Industry Rating Actions





Date	Health System	State	Action		New		Prior
				Rating	Outlook	Rating	Outlook
3/7/2024	Irving Hospital Authority	TX	Upgraded	Baa1	Stable	Baa2	Stable
3/6/2024	CoxHealth	MO	Affirmed	A2	Stable	A2	Stable
3/1/2024	Bellin Health	WI	Outlook Revised	A2	Stable	A2	Positive

**S&P Global** 

Date	Health System	State	Action		New		Prior
				Rating	Outlook	Rating	Outlook
3/6/2024	Willis-Knighton Health System	LA	Affirmed	Α	Stable	Α	Stable
3/4/2024	Central Florida Health	FL	Affirmed	Α	Stable	Α	Stable



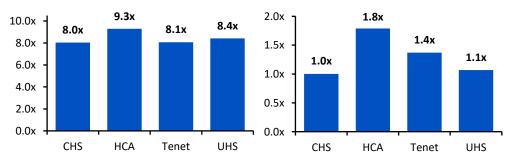
Date	Health System	State	Action	ا	New		Prior
				Rating	Outlook	Rating	Outlook
3/7/2024	Martin County Hospital District	TX	Upgraded	A-	Stable	BBB+	Positive
3/7/2024	Providence Health	WA	Affirmed	Α	Negative	Α	Negative
3/6/2024	<b>Baystate Medical Center</b>	MA	Outlook Revised	A+	Negative	A+	Stable
3/4/2024	Presbyterian Healthcare	NM	Affirmed	AA	Stable	AA	Stable

## BofA Weekly Healthcare Update Strategic Advisory

#### Recent M&A News(1)

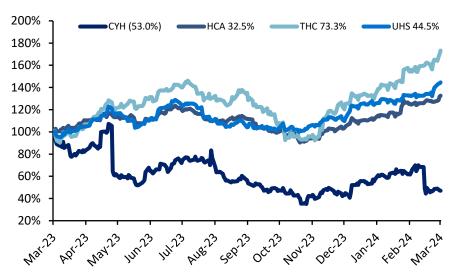
- Kittanning, PA-based Armstrong County Memorial Hospital has signed a definitive agreement with the Pennsylvania Mountains Care Network, a healthcare network.
- Cincinnati Children's has signed a letter of intent with Fort Wayne, IN-based Parkview Health to expand their partnership for pediatric healthcare access across Fort Wayne and surrounding areas.
- The number of physician practices acquired by private equity firms increased by more than 600% from 2012 to 2021.
- Denver-based Healthpeak Properties has closed its \$21 billion all-stock merger with Milwaukee-based Physicians Realty Trust. The companies will operate under the name Healthpeak Properties.
- Sacramento, CA-based Sutter Health has acquired five radiation oncology centers from GenesisCare, a cancer care services provider.
- Duluth, MN-based St. Luke's and Wausau, WI-based Aspirus Health have officially combined, forming a 19-hospital system with almost 14,000 employees.
- Lion Star, the group that runs Nacogdoches (TX) Memorial Hospital, has reached an agreement with the Nacogdoches (TX) County Hospital District to transition its operations of the hospital to the district on or around March 15.
- Fulton County Hospital in Salem, AK, has officially agreed to join Mountain Home, AK-based Baxter Health.

#### Enterprise Value / EBITDA<sup>(2)</sup> Enterprise Value / Revenue<sup>(2)</sup>

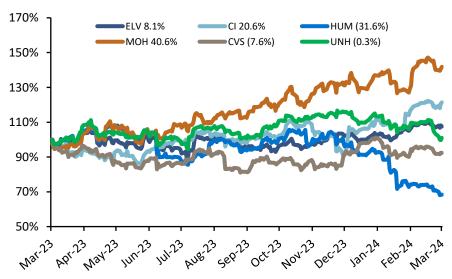




#### Indexed Healthcare Stock Price Performance<sup>(2)</sup>



#### **Indexed Managed Care Stock Price Performance**(2)



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## **Finance Committee Proposed FY2025 Meeting Dates**

RECOMMENDED FC MEETING DATES	CORRESPONDING HOSPITAL BOARD DATES
Monday, August 26, 2024	Wednesday, September 11, 2024
Monday, October 14, 2024	Wednesday, November 13, 2024
Tuesday, December 3, 2024	Wednesday, December 11, 2024
Monday, January 27, 2025	Wednesday, February 12, 2025
Monday, February 24, 2025 (Joint IC and FC Meeting)	Wednesday, March 12, 2025
Monday, March 31, 2025	Wednesday, April 9, 2025
Monday, May 26, 2025	Wednesday, June 11, 2025



#### **FY2025 FINANCE COMMITTEE GOALS**

#### **PURPOSE:**

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

#### **STAFF**: Carlos Bohorquez, Chief Financial Officer (Executive Sponsor)

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

GOALS	TIMELINE	METRICS
1. Summary of Physician Financial Agreements	Q3	March 2025
2. Review Progress on Opportunities / Risks identified by Management for FY2025 and Managed Care Update	Q2, Q3	Progress on Opportunities / Risks (December 2024), Managed Care update (January 2025)
	Q1	Overview & Financial Performance JVs / Business Affiliates (August 2024)
3. Review Strategy, Goals and Performance of ECHMN, Joint Ventures / Business Affiliates, Impact of Strategic Initiatives on	Q2	Progress on 2027 Strategic Plan (December 2024), Foundation – Strategic Update (December 2024)
Market Share and progress on Implementation of 2027 Strategic Plan	Q3	Impact of Strategic Initiatives – Market Share Update (January 2025), ECHMN (January 2025), Hospital Community Benefits Program (March 2025),
	Q4	Progress on 2027 Strategic Plan (May 2025)
4. Fiscal Year End Performance Review	Q1	FYE 2024 Review of Operating, Financial and Balance Sheet Performance and KPIs (August 2024)

SUBMITTED BY: Chair: Don Watters | Executive Sponsor: Carlos Bohorquez, Chief Financial Officer



FY2025 Finance Committee Pacin	ng Pla	n										
AGENDA ITEM		Q1			Q2			Q3			Q4	
AGENDA ITEM	JUL	8/26	SEPT	10/14	NOV	12/3	1/27	2/24	3/31	APR	5/26	JUN
STANDING AGENDA ITEMS												
Standing Consent Agenda Items		<b>✓</b>		✓		<b>✓</b>	✓		<b>✓</b>		<b>✓</b>	
Minutes		✓		✓		✓	✓		✓		<b>✓</b>	
Period Financials Report (Approval)		<b>✓</b>		✓		<b>✓</b>	✓		<b>✓</b>		<b>✓</b>	
<b>Board Actions</b>		<b>✓</b>		✓		✓	✓		✓		✓	
APPROVAL ITEMS												
Candidate Interviews & Recommendation to Appoint (If required to add/replace committee member)												
Financial Report Year-End Results		✓										
Next FY Committee Goals, Dates, Plan									✓		✓	
Next FY Org. Goals											✓	
Next FY Community Benefit Grant Program											<b>✓</b>	
Physician Contracts		✓		✓		✓	✓		✓		✓	
DISCUSSION ITEMS												
Financial Report (Pre-Audit Year-End Results)		<b>→</b>										
Financial Performance JVs/ Business Affiliates		<b>√</b>										
Progress on Opportunities/ Risks						<b>√</b>						
Medical Staff Development Plan (every 2 years)		_							✓			
Impact of Strategic Initiatives/Market Share Update							✓					



FY2025 Finance Committee Pa	acing Pl	an										
AGENDA ITEM		Q1			Q2			Q3			Q4	
AGENDA II EM	JUL	8/26	SEPT	10/14	NOV	12/3	1/27	2/24	3/31	APR	5/26	JUN
Progress Against Committee Goals & Pacing Plan (Quarterly)		✓		✓		✓	✓		✓		✓	
Foundation Strategic Update						✓						
ECHMN Update							✓		✓			
Community Benefit Grant Application Process						✓			✓			
Progress Against 2027 Strategic Plan						✓					✓	
Managed Care Update							✓					
Long-Range Financial Forecast (Joint FC / IC Meeting)								✓				
Next FY Budget and Preliminary Assumptions Review									✓			
Review FY Operational / Capital Budg for Recommendation to Board	et								✓		✓	
Summary Physician Financial Arrangements									✓			
Post Implementation (as needed)												
Other Updates <sup>1</sup> (as needed)												
1. Includes updates on special projects	s/joint ver	tures/rea	al estate, a	d-hoc up	dates							



### **Summary of Financial Operations**

Fiscal Year 2024 – Period 8 7/1/2023 to 02/29/2024

### **Executive Summary - Overall Commentary for Period 8**

#### Results for Period 8:

- For P8, Net Revenue was slightly favorable to budget by \$271K / 12.1%. EBIDA Margin is favorable to budget
- Gross revenue favorable to budget by \$4.5M / 0.9%
  - Driven primarily by Inpatient activity
    - Inpatient Charges \$12.9M / 5.0% unfavorable to budget
    - Outpatient Charges \$23M / 10.2% favorable to budget
    - Professional Charges: \$5.6M / 35.8% unfavorable to budget
- Cost Management
  - When adjusted for volume, overall operating expense is 3.3% unfavorable to budget
  - Labor: Sustained significant improvement in Labor Productivity, Contract Labor, and Overtime usage
- Gross charges were favorable to budget by \$4.5M / 0.9% and \$54.2M / 12.7% higher than the same period last year.
- Net patient revenue was favorable to budget by \$271K / 0.2% and \$10.1M / 9.1% higher than the same period last year.
- Operating margin was unfavorable to budget by \$267K / 2.9% and \$57K / 0.6% higher than the same period last year.
- Operating EBIDA was favorable to budget by \$718K / 4.1% and \$761K / 4.4% higher than the same period last year.
- Net income was favorable to budget by \$18.9M and \$32.1M higher than same period last year.



### Operational / Financial Results: Period 8 – Feb 2024 (as of 02/29/2024)

#### **PERIOD 8 - RESULTS**

				Variance to	Performance	B: Y	Variance to	Variance to	Moody's	S&P	Fitch	Performance to
(\$ thousands)		Current Year	Budget	Budget	to Budget	Prior Year	Prior Year	Prior Year	'Aa3'	'AA'	AA-'	Rating Agency Medians
	ADC	304	315	(10)	(3.3%)	315	(11)	(3.4%)				
	Total Acute Discharges	1,732	1,832	(100)	(5.4%)	1,718	14	0.8%				
Activity / Volume	Adjusted Discharges	3,477	3,422	55	1.6%	3,391	86	2.5%				
Activity / Volume	Emergency Room Visits	6,571	5,582	989	17.7%	5,449	1,122	20.6%				
	OP Visits / OP Procedural Cases	11,316	11,768	(452)	(3.8%)	10,065	1,251	12.4%				
	Gross Charges (\$)	503,356	498,873	4,483	0.9%	449,197	54,158	12.1%				
	Total FTEs	3,422	3,487	(65)	(1.9%)	3,330	92	2.7%				
Operations	Productive Hrs. / APD	28.2	29.5	(1.3)	(4.3%)	27.2	1.0	3.8%				
Operations	Cost Per CMI AD	19,629	19,005	625	3.3%	18,170	1,460	8.0%				
	Net Days in A/R	51.3	54.0	(2.7)	(5.0%)	55.8	(4.5)	(8.0%)	47.9	49.7	45.9	
	Net Patient Revenue (\$)	119,672	119,401	271	0.2%	109,680	9,992	9.1%	329,311	115,267		
	Total Operating Revenue (\$)	126,548	124,478	2,070	1.7%	114,275	12,273	10.7%	373,348	142,369	146,668	
	Operating Margin (\$)	9,110	9,377	(267)	(2.9%)	9,053	57	0.6%	4,066	6,122	1,613	
Financial	Operating EBIDA (\$)	18,058	17,340	718	4.1%	17,297	761	4.4%	24,030	13,952	9,533	
Performance	Net Income (\$)	31,149	12,210	18,940	155.1%	(960)	32,109	3344.5%	16,237	9,681	4,107	
	Operating Margin (%)	7.2%	7.5%	(0.3%)	(4.4%)	7.9%	(0.7%)	(9.1%)	1.1%	4.3%	1.1%	
	Operating EBIDA (%)	14.3%	13.9%	0.3%	2.4%	15.1%	(0.9%)	(5.7%)	6.4%	9.8%	6.5%	
	DCOH (days)	269	325	(56)	(17.1%)	252	18	7.0%	262	336	243	

Moody's Medians: Not-for-profit and public healthcare annual report; September 7, 2023. Dollar amounts have been adjusted to reflect monthly averages. **S&P Medians:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 7, 2023. Dollar amounts have been adjusted to reflect monthly averages. Fitch Ratings: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 25, 2023. Dollar amounts have been adjusted to reflect monthly averages.

Notes: DCOH total includes cash, short-term and long-term investments. OP Visits / Procedural Cases includes Covid Vaccinations / Testing.



### Operational / Financial Results: YTD FY2024 (as of 02/29/2024)

		Current Year   Budget	Prior Year	Variance to		Moody's	S&P	Fitch	Performance to			
(\$ thousands)		Current Year	Budget	Budget	to Budget	Prior Year	Prior Year	Prior Year	'Aa3'	'AA' AA-' Rating Med	Rating Agency Medians	
	ADC	308	293	15	5.2%	302	6	2.1%				
	Total Acute Discharges	14,885	14,459	426	2.9%	14,509	376	2.6%				
Activity / Volume	Adjusted Discharges	29,060	28,213	847	3.0%	28,106	955	3.4%				
Activity / Volume	Emergency Room Visits	53,489	51,468	2,021	3.9%	50,059	3,430	6.9%				
	OP Visits / OP Procedural Cases	90,265	96,257	(5,992)	(6.2%)	91,569	(1,304)	(1.4%)				
	Gross Charges (\$)	4,166,868	4,024,917	141,951	3.5%	3,758,193	408,675	10.9%				
	Total FTEs	3,366	3,463	(98)	(2.8%)	3,284	82	2.5%				
Onerstiens	Productive Hrs. / APD	28.0	29.7	(1.8)	(5.9%)	28.0	(0.0)	(0.1%)				
Operations	Cost Per CMI AD	18,743	19,005	(262)	(1.4%)	17,742	1,001	5.6%				
	Net Days in A/R	51.3	54.0	(2.7)	(5.0%)	55.8	(4.5)	(8.0%)	47.9	52.6	45.9	
	Net Patient Revenue (\$)	974,413	975,031	(617)	(0.1%)	907,215	67,198	7.4%	2,634,489	922,137		
	Total Operating Revenue (\$)	1,023,122	1,019,340	3,781	0.4%	939,595	83,527	8.9%	2,986,783	1,138,954	1,173,346	
	Operating Margin (\$)	99,544	88,703	10,841	12.2%	88,282	11,262	12.8%	32,524	48,975	12,907	
Financial	Operating EBIDA (\$)	166,377	153,955	12,422	8.1%	151,336	15,041	9.9%	192,237	111,617	76,267	
Performance	Net Income (\$)	186,436	110,461	75,975	68.8%	150,923	35,514	23.5%	129,896	77,449	32,854	
	Operating Margin (%)	9.7%	8.7%	1.0%	11.8%	9.4%	0.3%	3.6%	1.1%	4.3%	1.1%	
	Operating EBIDA (%)	16.3%	15.1%	1.2%	7.7%	16.1%	0.2%	1.0%	6.4%	9.8%	6.5%	
	DCOH (days)	269	325	(56)	(17.1%)	252	18	7.0%	262	336	243	

Moody's Medians: Not-for-profit and public healthcare annual report; September 7, 2023. Dollar amounts have been adjusted to reflect monthly averages. **S&P Medians:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 7, 2023. Dollar amounts have been adjusted to reflect monthly averages. Fitch Ratings: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 25, 2023. Dollar amounts have been adjusted to reflect monthly averages.

Notes: DCOH total includes cash, short-term and long-term investments. OP Visits / Procedural Cases includes Covid Vaccinations / Testing.



Unfavorable Variance < 0.99% Unfavorable Variance 1.00% - 4.99%

### Consolidated Balance Sheet (as of 02/29/2024)

(\$000s)

#### ASSETS

		Unaudited
CURRENT ASSETS	February 29, 2024	June 30, 2023
Cash	206,910	230,765
Short Term Investments	94,609	129,245
Patient Accounts Receivable, net	213,487	218,528
Other Accounts and Notes Receivable	16,198	20,413
Intercompany Receivables	16,026	15,186
Inventories and Prepaids	46,532	45,037
Total Current Assets	593,762	659,174
BOARD DESIGNATED ASSETS		
Foundation Board Designated	22,803	20,731
Plant & Equipment Fund	473,133	407,526
Women's Hospital Expansion	31,379	30,735
Operational Reserve Fund	210,693	207,898
Community Benefit Fund	17,472	17,743
Workers Compensation Reserve Fund	13,498	13,498
Postretirement Health/Life Reserve Fund	22,966	24,242
PTO Liability Fund	36,633	35,252
Malpractice Reserve Fund	1,713	1,885
Catastrophic Reserves Fund	31,858	28,042
<b>Total Board Designated Assets</b>	862,149	787,551
FUNDS HELD BY TRUSTEE	18	-
LONG TERM INVESTMENTS	627,994	474,670
CHARITABLE GIFT ANNUITY INVESTMENTS	977	948
INVESTMENTS IN AFFILIATES	35,137	33,262
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,961,813	1,862,363
Less: Accumulated Depreciation	(846,543)	(791,528)
Construction in Progress	142,922	168,956
Property, Plant & Equipment - Net	1,258,191	1,239,791
DEFERRED OUTFLOWS	56,449	57,204
RESTRICTED ASSETS	36,101	36,339
OTHER ASSETS	167,908	166,528
TOTAL ASSETS	3,638,687	3,455,466

#### LIABILITIES AND FUND BALANCE

Olladdited		
February 29, 2024	June 30, 2023	
46,607	50,862	
31,936	24,408	
37,523	36,104	
2,300	2,300	
12,585	11,295	
12,582	12,362	
1,863	1,863	
10,820	10,400	
1,535	7,890	
11,737	11,968	
169,487	169,450	
22,966	24,242	
13,498	13,498	
27,811	29,543	
441,234	454,806	
505,509	522,088	
1,294	1,103	
91,334	91,871	
2,606,699	2,417,300	
216,458	209,043	
47,905	44,611	
2,871,062	2,670,954	
3,638,687	3,455,466	
	46,607 31,936 37,523 2,300 12,585 12,582 1,863 10,820 1,535 11,737 169,487  22,966 13,498 27,811 441,234 505,509 1,294 91,334  2,606,699 216,458 47,905 2,871,062	

Unaudited





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

**To:** Finance Committee

**From:** Jon Cowan, Executive Director of Government Relations & Community Partnerships

**Date:** March 25, 2024

**Subject:** FY2024 El Camino Health Community Benefit Midyear Grant Performance and Update

#### **Purpose:**

To provide information regarding midyear grant performance and Community Benefit updates.

#### **Summary:**

- 1. <u>Situation</u>: To inform the Finance Committee about the Midyear FY2024 grant performance and other updates. At the midpoint of each fiscal year, Community Partnerships staff review midyear grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges, and trends. This analysis is important as it provides data to inform the grant recommendations within the FY2025 Community Benefit Plan and Implementation Strategy which comes to the Finance Committee for approval in May 2024. The staff prepares a summary (below), midyear dashboard, and grant performance appendix (Attachments 1 and 2).
- 2. <u>Authority</u>: The report is prepared by the Community Partnerships staff and approved by the Executive Director of Government Relations and Community Partnerships prior to presentation to the Finance Committee.

#### 3. <u>Background</u>:

In FY2024, El Camino Health invested \$3,310,000 in Community Benefit grants to address unmet local health needs. The framework for the grant funding priorities is the most recent El Camino Health Community Health Needs Assessment (CHNA), which is conducted every three years, as required by state and federal regulations.

- **A. Grants Overview**: \$3,310,000 for 44 grants:
  - 9 Healthcare Access & Delivery grants at \$991,000
  - 15 Behavioral Health grants at \$985,000
  - 11 Diabetes & Obesity grants at \$1,000,000
  - 4 Chronic Conditions treatment and prevention (other than diabetes and obesity) grants at \$165,000
  - 5 Economic Stability grants at \$169,000
- **B.** Acknowledgement of Funds: FY2024 grant agreements include guidelines for acknowledging El Camino Health funds through a variety of channels, including building signage for grants ≥ \$200K and mobile van signage for grants ≥ \$50K.
  - Grant partners were required to report on their acknowledgments in midyear reports and will do so again in their yearend reports.
  - The majority of eligible agencies have implemented email and building sign acknowledgments at midyear.
  - A greater number of agencies reported acknowledging ECH as a funder on their websites than on social media.

#### **C.** Staff Innovation Grants (SIGs):

- Food Pharmacy Program- Participants receive farmer's market vouchers for themselves and their household, along with nutrition education sessions. The SVMD McKee Clinic has continued doing food insecurity screening and referrals to our partner, Fresh Approach.
- Diversity, Equity, and Inclusion Internship Program- Community Partnerships has implemented the DEI Economic Opportunity Internship program in partnership with Human Resources. It aims to support inclusive, local hiring and improve Diversity, Equity and Inclusion (DEI) across ECH as well as address the need for better economic opportunities among underserved community members. This program provides career development opportunities to diverse, local high school, community college, college, and graduate students by placing them in internships at one of the El Camino Health campuses.

#### **4.** <u>Assessment:</u>

- **A. Grants Performance:** Reflected in the yearend dashboard (Attachment 1)
  - Community Health Themes
    - Youth mental health continues to be an increasingly concerning issue.
    - Partners have noted that the school-provided counseling sessions, dedicated on-site nurse resources, and specialized mental health resources funded by the grants have helped to address the increased use of substances and higher levels of anxiety and depression seen in students.
    - The issue of lack of transportation was mentioned across agencies serving multiple demographics, creating a barrier to accessing services such as mental health, medical, and dental services.
    - Partners noted the high cost of living in the Bay Area which increases financial strain and stress, rate of homelessness, and food insecurity for those they serve.
  - All Programs:
    - 73% of grants met or exceeded 90% across all of their metrics (FY2023 = 53%)
    - Over 16,800 community members served (FY2023: over 54,900 served)
  - Largest grant programs (\$100k+):
    - 11 grants = \$1,851,000 (56% of total grants approved)
    - 82% of grants met or exceeded 90% across all of their metrics (FY2023=58%)
    - Over 9,500 community members served (FY2023: over 8,100 served)
- **B. Acknowledgement of Funds**: Staff has worked with grant partners to implement greater acknowledgment of ECH funds, with the following results to date:
  - 100% of eligible agencies have implemented building signs acknowledging ECH (5 of 5 agencies with grants >\$200,000).
  - 78% of eligible agencies have implemented email signatures for positions funded at 0.75 FTE or more (7 of 9 agencies).
  - 67% of agencies have listed ECH as a funder on their website (28 of 42 agencies)
  - 38% of agencies have acknowledged ECH on social media (16 of 42 agencies)

#### **C. SIG Performance**:

- Food Pharmacy- To date in FY2024, 33 households have received food vouchers and we anticipate serving about 100 patients (and their households) by yearend. This program is in its second year, and it has been challenging to find the right clinical partner within ECH. Referrals and enrollments are increasing in FY2024 overall, but we continue to see inconsistency in referral volumes from the clinic despite multiple attempts to educate the staff and spread awareness about the program. The stakeholders in this program decided not to re-apply in FY2025. The Community Partnerships team will shift the focus to enhancing our network of food resource providers in the community.
- Diversity, Equity, and Inclusion Internship Program- To date in year two, this program has had five summer interns (one more than prior year) and anticipates serving 14 interns by yearend. The program added elements to enhance the intern experience including an Executive Speaker Series, Intern Luncheon, and Final Presentation event. The program continues to partner with MVLA's AVID (Advancement Via Individual Determination) Program, which is a nationally recognized in-school academic support program that focuses on developing the intellectual and leadership skills high school students need for four-year colleges. AVID primarily welcomes historically restricted, low-income, and other first generation college going students.
- **5.** Outcomes: See attachments

#### **List of Attachments:**

- 1. FY2024 El Camino Health Midyear Dashboard
- **2.** Appendix A: FY2024 Midyear Grant Performance Summary

#### **Suggested Committee Discussion Questions:**

- 1. What additional background information do committee members need to satisfy their fiduciary duty related to approval of the FY2025 Community Benefit Plan & Implementation Strategy in May?
- 2. Are there any other critical items the committee members would like us to consider as management and staff develop the recommended FY2025 Community Benefit Plan & Implementation Strategy?

#### Appendix A: ECH FY2024 Midyear Grant Performance Summary

#### **Performance of the Five Largest Grants:**

Agency	Awarded Amount	Metric Performance	Performance Narrative
Gardner Family Health Network, Inc.	\$320,000	100%	<ul> <li>Down with Diabetes</li> <li>Gardner exceeded all of its midyear metrics for the Down with Diabetes program.</li> <li>Serving more than 2,000 individuals, this program is helping at-risk patients improve biometrics, reduce body weight and reduce HbA1c.</li> <li>The program exceeded the number of patients they expected to serve as a result of the health coaches' proactive case management utilizing multiple means of communication.</li> <li>Patients were more engaged, and reported feeling supported by RDNs and Health Coaches. They understood that weight loss helps lower risk of diabetes, and other chronic diseases.</li> </ul>
Campbell Union School District	\$235,000	100%	<ul> <li>School Nurse Program</li> <li>Campbell Union School District (CUSD)'s school nurse program met all its midyear metrics, serving 1,557 students in the first half of the year.</li> <li>They had multiple visits by the same students in the health office along with also needing various assessments for IEPs.</li> <li>They conducted their mandated vision screenings early in the year and that contributed a large portion of the services provided.</li> <li>This school health services program continues to provide essential services successfully, such as achieving 75% for 'Students out of compliance with required immunizations who become compliant'.</li> </ul>
Pacific Clinics	\$220,000	94%	<ul> <li>School-based Mental Health Counseling</li> <li>Pacific Clinics' mental health counseling program for schools was close to meeting its midyear metrics.</li> <li>Addiction prevention counselors provided mental health and substance abuse prevention services for students in Campbell Union High School District.</li> <li>By midyear, the program served 564 students and provided 615 mental health services, including 245 hours of counseling sessions.</li> </ul>

Agency	Awarded	Metric	Performance Narrative	
	Amount	Performance		
West Valley Community Services	\$185,000	82%	<ul> <li>Social Work Case Management</li> <li>West Valley's social work program met its metrics for individual served (216) and services provided (382) at midyear.</li> <li>The program provided food and basic needs assistance as well as multilingual consultation and service navigation addressing financial, physical, and emotional health for low-income families located at agency site, mobile food pantry sites and virtually.</li> <li>Due to the weather, they had to cancel some nutrition workshops, and that led to lower participation and measurement of the impact metric 'number of participants who reported consuming at least 3 servings of fruits and vegetables per day'. They hope to meet the annual goal.</li> </ul>	
El Camino Health - Food Pharmacy	\$150,000	64%	<ul> <li>Food Pharmacy</li> <li>To date in FY2024, 33 households have received food vouchers and we anticipate serving about 100 patients (and their households) by yearend.</li> <li>This program is in its second year, and it has been challenging to find the right clinical partner within ECH.</li> <li>Referrals and enrollments are increasing in FY2024 overall, but we continue to see inconsistency in referral volumes from the clinic despite multiple attempts to educate the staff and spread awareness about the program.</li> <li>The stakeholders in this program decided not to reapply in FY2025. The Community Partnerships team will shift the focus to enhancing our network of food resource providers in the community.</li> </ul>	



# **FY2024 Community Benefit Midyear Grant Performance and Update**

Finance Committee

Jon Cowan, Executive Director, Government Relations and Community Partnerships

March 25, 2024

### **FY2024 Community Benefit Grant Overview**

CHNA Identified Health Need	Funding Amount	
Healthcare Access & Delivery	\$991,000 (30%)	
Behavioral Health	\$985,000 (30%)	
Diabetes & Obesity	\$1,000,000 (30%)	
Chronic Conditions (other than diabetes & obesity)	\$165,000 (5%)	
Economic Stability	\$169,000 (5%)	
Total:	\$3,310,000 (100%) – 44 grants	



### **FY2024 Midyear Grant Performance Metrics**

Year-over-year performance comparison	FY2024 Midyear	FY2023 Midyear
Grants that met 90%+ of their metrics (all programs)	73%	53%
Large grants that met 90%+ of their metrics	82%	58%
Grants that met less than 75% of their metrics (all programs)	5	14
Number of individuals served (all programs)	16,800	54,900
Number of new grant partners	4	5



### **FY2024 School Grants**



# In FY24, Community Partnerships invested \$1,076,000 across 7 school grants

### As of midyear:

- 6,397 students were provided services and 10,468 services were rendered
- An average of 76% of students at schools with grant funded school nurses who reported at midyear were vaccinated
- 100% of ECH school grants met their midyear metrics at 90% or above



### **FY2024 Staff Innovation Grants**

### **Food Pharmacy**:

- To date in FY2024, 33 households have received food vouchers and we anticipate serving about 100 patients (and their households) by yearend.
- This program is in its second year, and it has been challenging to find the right clinical partner within ECH. Referrals and enrollments are increasing in FY2024 overall, but we continue to see inconsistency in referral volumes from the clinic despite multiple attempts to educate the staff and spread awareness about the program.
- The stakeholders in this program decided not to re-apply in FY2025. The Community Partnerships team will shift the focus to enhancing our network of food resource providers in the community.



## FY2024 Staff Innovation Grants (cont'd)

## Diversity, Equity, and Inclusion Internship Program:

- To date in year two, this program has had five summer interns (one more than prior year) and anticipates serving 14 interns by yearend.
- The program added elements to enhance the intern experience including an Executive Speaker Series, Intern Luncheon and Final Presentation event.
- The program continues to partner with MVLA's AVID (Advancement Via Individual Determination) Program, which is a nationally-recognized in-school academic support program that focuses on developing the intellectual and leadership skills high school students need for four-year colleges.
  - AVID primarily welcomes historically restricted, low-income, and other first generation college going students.



# FY2024 Acknowledgement of Funds



Grant agreements include guidelines for acknowledging El Camino Health funds through a variety of channels, including building signage for grants ≥ \$200K and mobile van signage for grants ≥ \$50K.



Grant partners were required to report on their acknowledgements in midyear reports.



Grant managers are reinforcing the guidelines and ensuring that grant partners follow through in FY2024.



## FY2024 Acknowledgement of Funds (cont'd)

Agency	Building Signage	Mobile Van Signage	Email Signatures
Asian Americans for Community Involvement (AACI)			In progress
Cambrian School District			In progress
Campbell Union School District	X		X
Chinese Health Initiative*			Χ
Cupertino Union School District	X		X
Gardner Family Health Network	X		Х
Latinas Contra Cancer*	X		
Momentum for Health*			Χ
Mt. Pleasant Elementary School District			X
Pacific Clinics	X		Χ
Playworks*	X		X
South Asian Heart Center*			Х
West Valley Community Services	X		X



<sup>\*</sup>Voluntarily created building signage or email signature recognition

Note: grant partners not depicted in the table above are asked to acknowledge ECH in annual reports, website-pages, social media, printed collateral, and/or media coverage.

## FY2024 Acknowledgement of Funds (cont'd)



**78%** of eligible agencies have implemented **email signatures** for positions funded at 0.75 FTE or more (7 of 9 agencies)



100% of eligible agencies have implemented building signs acknowledging ECH (5 of 5 agencies with grants >\$200,000)



67% of agencies have acknowledged ECH as a funder on their website (28 of 42 agencies)



38% of agencies have acknowledged ECH on social media (16 of 42 agencies)



## Acknowledgement of Funds Update: Building Signage









## Acknowledgement of Funds Update: Email Signatures

#### Sofia Ramirez Gutierrez, MS, RD

Master in Science, Registered Dietitian

For the Down with Diabetes Program

Gardner Health Services | Gardner Health Center

Nutrition Services

195 East Virginia Street

San Jose, CA 95112

Mobile: 669.304.6980

Email: <u>SRamirezGutierrez@gfhn.org</u> www.gardnerhealthservices.org













The Down with Diabetes Program is



Funded by El Camino Health

Mental Health Counseling Associate Cupertino Union School District Pronouns (She/Her/Hers)

Dilworth Elementary, (Monday & Wednesdays)
West Valley Elementary, (Tuesdays & Thursdays)

The CUSD Mental Health Counseling Program made possible by funding from





#### Coryne Wong Hausner, RN

District Nurse

Mt. Pleasant Elementary School District (808) 221-7077 (408) 223-3742 (Fax)



Made possible by funding from El Camino Health



# FY2024 Progress Update: El Camino Health External Communications Plan

- Community Partnerships e-Newsletter
- Social media posts
- Grant partner acknowledgement of funds management
- Press releases about grants awarded
- Annual Report Microsite





# FY2024 Progress Update: El Camino Health External Communications Plan (cont'd)

### Community Connections Newsletter:

- o 8 issues published to date
- December had highest open rate at 52% with 691 unique opens
- 39% average open rate (above industry standard of good: >20%)
- 24% average click-through rate (above industry standard of good: >3%)

## Social Media Activity:

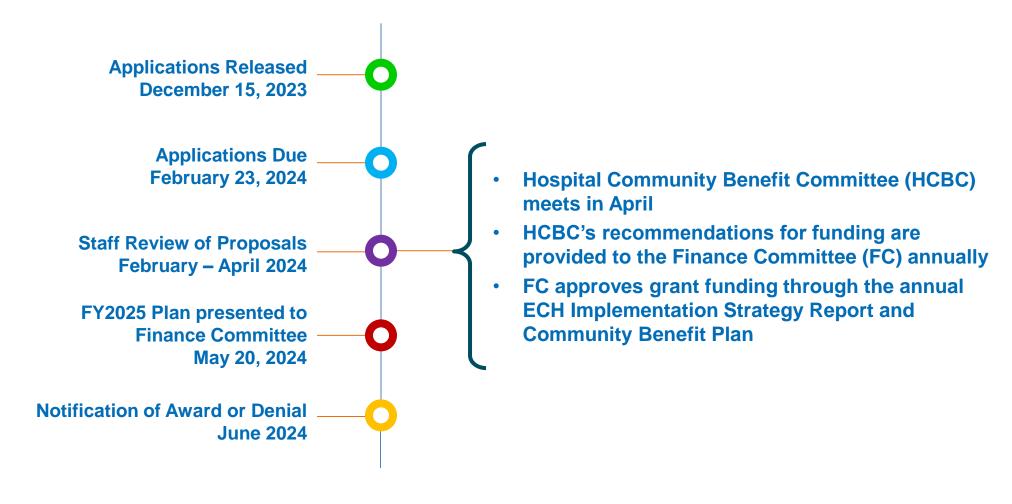
- 24 Community Partnerships posts through January 2024
- 72,331 impressions across platforms 8.89% average engagement rate

### Annual Report:

- Audience increased from 885 to 924
- Open rate was down slightly (39% in 2022 vs. 36% in 2023)
- Clicks were significantly higher (9% in 2022 vs. 12% in 2023)
- National benchmarks show that any open rate above 25% and click rate about 5% is a good result.

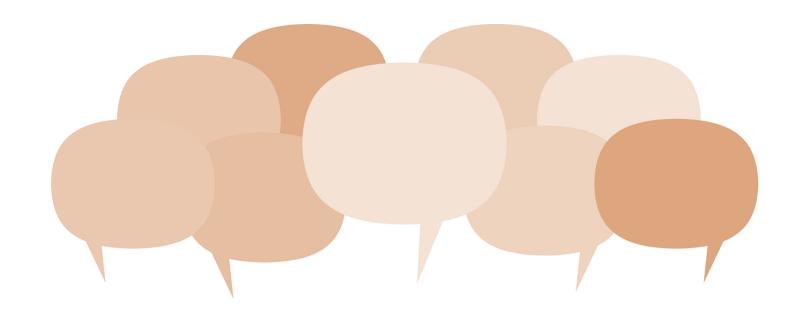


## **FY2025 Grant Review Timeline & Process**





## **Discussion**







### **Community Benefit FY2024 Midyear Grant Metrics Dashboard**

- This dashboard reflects FY2024 midyear and prior year grant performance
- Grants are organized by five priority areas: Healthcare Access & Delivery, Behavioral Health, Diabetes & Obesity, Chronic Conditions, and Economic Stability; Support Grants (≤\$30k) are in the second section)
- FY2024 Metric Data: Columns X AA
- Historical performance: Columns D W



											F	Perform	mance agains	t target:   = 9	0%+ =	= 75% - 89% <mark> </mark> =	= 0% -	74%								
Health Priority Area Column A	Agency/Program  Column B	FY2024 Metrics  Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 % 6-month Metrics Met Column G	•	FY2022 Yearend Target Column I	FY2022 Yearend Actual Column J	Ye Met	2022 % earend trics Met	•	FY2023 6-month Target Column N	FY2023 6-month Actual Column O	•	FY2023 % 6-month Metrics Met Column Q	•	FY2023 Yearend Target Column S	FY2023 Yearend Actual Column T		FY2023 % Yearend Metrics Met		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y	6-n Metr	2024 % month trics Met
	Asian Americans for Community	Individuals served	210	185	•			420	533	•			210	424	•			420	600	•			400	407	•	
	Asian Americans for Community Involvement (AACI)	Services provided	800	592	•			1600	1,251	•			800	1,222	•			1,600	1,533	•			900	1,334	•	
	FY2024 Approved: \$120,000	Number of patients receiving follow-up care after a patient is screened	-	-		87%	•	-	-		84%	•	210	411	•	100%	•	420	417	•	99%	•	250	345	• 1	100%
	FY2023 Approved: \$100,000 FY2023 Spent: \$100,000 FY2022 Approved: \$100,000 FY2022 Spent: \$97,637	Patients aged 12 years and older are screened for depression on date of visit or up to 14 days prior to date of visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented	-	-				-	-				-	-				-	-				85%	93%	•	
	Cambrian School District	Individuals served	1,200	1,000	•			3,000	2,995	•			800	400	•			1,500	1,488	•			300	630	•	
	Cambrian School District School Nurse Program	Services provided	1,000	466	•			1,500	1,447	•			1,400	400	•			2,800	2,765	•			300	643	•	
	FY2024 Approved: \$135,000 FY2023 Approved: \$125,000	Hours of training sessions	-	-		42%	•	-	-		88%	•	-	-		52%	•	-	-		99%	•	96	96	• 1	100%
	FY2023 Approved: \$125,000 FY2023 Spent: \$125,000 FY2022 Approved: \$125,000	Students with a failed health screening who saw a healthcare provider	-	-	•			-	-	•			-	-	•			-	-	•			N/A	N/A		
	FY2022 Spent: \$120,219	Students out of compliance with required immunizations who become compliant	50%	0%	•			90%	95%	•			50%	96%	•			90%	87%	•			N/A	N/A		
		Individuals served	2,000	2,248	•			3,850	4,092	•			1,500	2,095	•			3,000	3,128	•		+	1,530	1,557	•	
	Campbell Union School District School Nurse Program	Services provided	-	-				-	-				2,000	2,552	•			4,000	4,673	•			1,912	2,948	•	
	FY2024 Approved: \$235,000 FY2023 Approved: \$215,000	Number of patients establishing care with a PCP or specialist as a result of agency services	-	-		100%	•	-	-	:	100%	•	-	-		100%	•	-	-		93%	•	N/A	N/A	1	100%
	FY2023 Spent: \$215,000 FY2022 Approved: \$215,000	Students out of compliance with required immunizations who become compliant	68%	100%	•			88%	86%	•			70%	72%	•			70%	76%	•			73%	75%	•	
()	FY2022 Spent: \$215,000	Students with a failed health screening who saw a healthcare provider	-	-				-	-				N/A	N/A				40%	61%	•			N/A	N/A		
		Individuals served	2,025	1,879	•			4,050	3,964	•			385	441	•			765	878	•			603	616	•	
((2, + 1)	Cupertino Union School District School Nurse Program	Services provided	-	-				-	-				720	441	•			1,440	1,429	•			1286	1,199	•	
Healthcare Access and Delivery (Including Oral Health)	FY2024 Approved: \$110,000	Number of individuals completing one or more health screenings	-	-		99%		-	-		97%	•	385	0	•	60%	•	765	767	•	81%		306	318	• .	99%
	FY2023 Approved: \$100,000 FY2023 Spen: \$100,000 FY2022 Approved: \$100,000	Students out of compliance with required immunizations who become compliant	35%	70%	•			50%	73%	•			50%	40%	•			80%	95%	•	•		80%	82%	•	
	FY2022 Spent: \$100,000	Students with a failed health screening who saw a healthcare provider	25%	30%	•			35%	32%	•			50%	30%	•			80%	5%	•			10%	24%	•	
		Individuals served	350	552	•			700	1221	•			410	608	•			820	1,314	•			500	694	•	
	Healthier Kids Foundation  Dental & Hearing Screening/Referrals	Services provided	-	-				-	-				410	250	•			820	1,314	•	1		500	694	•	
	FY2024 Approved: \$70,000	Number of patients receiving follow-up care after a patient is screened	-	-		91%		-	-		98%	•	-	-		92%	•	-	-		95%		180	270	• 1	100%
	FY2023 Approved: \$60,000 FY2023 Spent: \$60,000 FY2022 Approved: \$30,000	The percentage of students referred for follow-up support after their dental screening	65%	40%	•			65%	60%	•			65%	88%	•			65%	65%	•			32%	35%	•	
	FY2022 Spent: \$30,000	The percentage of students referred for follow-up support after their hearing screening	30%	76%	•			30%	58%	•			30%	67%	•			30%	66%	•			4%	4%	•	
	Jewish Family Services of Silicon	Individuals served	90	91	•			120	103	•			56	48	•			79	83	•			45	43	•	
	Valley Senior Case Management	Services Provided	800	824	•			2,050	1,758	•			632	870	•			1,580	1,760	•			120	168	•	
	FY2024 Approved: \$75,000	Hours of adult counseling/care management sessions	-	-		86%		-	-		88%	•	111	450	•	77%	•	158	197	•	99%	•	120	560	• 9	99%
	FY2023 Approved: \$75,000 FY2023 Spent: \$75,000	Clients that demonstrate a 3-point score reduction on the PHQ-9	20%	13%	•			20%	27%	•			20%	0%	•			40%	38%	•			25%	25%	•	
	FY2022 Approved: \$82,000 FY2022 Spent: \$82,000	Friendly Visitors will be connected with older adults scoring above 10 on the PHQ9	-	-				-	-				-	-				-	-		•		20%	100%	•	
		Individuals served	600	1,677	•			2,100	1,925	•			600	820	•			2,100	1,714	•			600	1,532	•	
	Mt. Pleasant School District School Nurse Program	Services provided	-	-				-	-				800	820	•			3,200	2,970	•			820	3,471	•	
	FY2024 Approved: \$126,000	Number of patients establishing care with a PCP or specialist as a result of agency services	-	-		86%		-	-		95%	•	450	731	•	87%		780	731	•	92%	•	25	25	• 9	99%
	FY2023 Approved: \$122,000 FY2023 Spent: \$85,091 FY2022 Approved: \$122,000	Students out of compliance with required immunizations who become compliant	-	-	+			-	-				50%	18%	•			80%	72%	•			50%	72%	•	
	FY2022 Spent: \$98,851	Students with a failed health screening who saw a healthcare provider	30%	28%	-			40%	37%	•			50%	64%				80%	92%	-	1		50%	48%	•	

Community Benefit Dashboard Notes

A metric receives a "green" indicator if
performance against target is 90% - 100+%

N/A There are some 6-month metric targets with "N/A" because the dient/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



											Perfo	rmance agains	t target:   = 90	%+ <mark> </mark> :	= 75% - 89%   =	0% - 74%							
Health Priority Area  Column A	Agency/Program  Column B	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 % 6-month Metrics Met Column G	FY2022 Yearend Target Column I	FY2022 Yearend Actual Column J	•	FY2022 % Yearend Metrics Met Column L	•	FY2023 6-month Target Column N	FY2023 6-month Actual Column O	•	FY2023 % 6-month Metrics Met Column Q	FY2023 Yearend Target Column S	FY2023 Yearend Actual Column T	FY2023 % Yearend Metrics Met Column V		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y	•	FY2024 % 6-month Metrics Met Column AA
		Individuals served	2,100	1,813	•		3,200	2,843	•			2,100	2,270	•		3,200	3,662	•		2,380	2,685	•	
	Santa Clara County Public Health	Services provided	16,000	16,895	•		30,000	34,628	•			17,000	19,751	•		31,000	40,140	•		21,000	21,083	•	
	Better Health Pharmacy	Patients who report that they are very satisfied with the quality of service	97%	92%	•		97%	100%	•			97%	100%	•		97%	100%	•		97%	100%	•	
Healthcare Access and Delivery	FY2024 Approved: \$80,000 FY2023 Approved: \$75,000 FY2023 Spent: \$75,000 FY2022 Approved: \$75,000 FY2022 Spent: \$75,000	Health Impact: -Patients who answered Agree/Strongly Agree that I am able to take my medications as prescribed after using Better Health Pharmacy servicesPatients who answered Agree/Strongly Agree that there has been an improvement to my health condition after receiving assistance from Better health pharmacy services	-	-		94%	-	-		98%	•	-	-		100%	-	-	100%	•	75%	100%	•	100%
(Including Oral Health)	Vista Center for the Blind and	Individuals served	32	35	•		62	64	•			30	62	•		65	72	•		40	45	•	
	Visually Impaired	Services provided	255	268	•	-	475	486	•			255	349	•		475	547	•		250	262	•	
	<b>FY2024 Approved: \$40,000</b> FY2023 Approved: \$40,000 FY2023 Spent: \$40,000	Number of patients enrolled in a clinical and/or community service based on needs identified by their navigator	-	-		100%	-	-		100%		-	-		100%	-	-	100%	•	40	45	•	100%
	FY2022 Approved: \$40,000 FY2022 Spent: \$40,000	Clients are able to prepare simple meal and move within their home	85%	100%	•	-	85%	96%	•			85%	93%	•		85%	90%	•		85%	86%	•	
		Individuals served	131	115	•		312	541	•			60	66	•		160	51	•		20	37	•	
	Almaden Valley Counseling Services School-based Mental Health Counseling	Services provided	-	-		-	-	-				900	259	•		1,800	340	•		125	154	•	
	FY2024 Approved: \$40,000	Number of youth demonstrating improvement on treatment plan goals	700	560	•	940/	2,003	4,090	•	0.49/		450	183	•	F.69/	900	325	400/		N/A	N/A		100%
	FY2023 Approved: \$36,000 FY2023 Spent: \$36,000 FY2022 Approved: \$70,000	Students who improve 1 or more points improve from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire	-	-		84%	-	-		94%		N/A	N/A		56%	50%	100%	48%		N/A	N/A		100%
	FY2022 Spent: \$70,000	Crisis Intervention: Students requiring one-time Crisis Intervention are placed properly in follow-up services	-	-		-	-	-				N/A	N/A			50%	100%	•		N/A	N/A		
		Individuals served	50	53	•		80	80	•			40	50	•		80	81	•		40	49	•	
	Child Advocates of Silicon Valley	Services provided	-	-			-	-				160	500	•		320	1,296	•		480	588	•	
	FY2024 Approved: \$40,000 FY2023 Approved: \$40,000	Hours of training sessions	-	-		100%	-	-		99%	•	2,000	2,220	•	100%	• 4,500	3,000	91%	•	930	600	•	88%
@@	FY2023 Spent: \$40,000 FY2022 Approved: \$40,000 FY2022 Spent: \$40,000	CASA youth receiving Positive Childhood Experiences (PACEs) to combat the negative impacts of Adverse Childhood Experiences (ACEs)	N/A	N/A			85%	80%	•			N/A	N/A			85%	87%	•		N/A	N/A		
		CASAs who will report providing educational support to their child	-	-			-	-				N/A	N/A			70%	62%	•		N/A	N/A		
((@))	Cupertino Union School District	Individuals served	68	75	•		160	175	•			80	573	•		160	630	•		125	98	•	
404	Mental Health Counseling	Services provided	-	-			-	-				1200	1,221	•		2200	2,658	•		360	372	•	
Behavioral Health (Including Domestic Violence & Trauma)	FY2024 Approved: \$130,000 FY2023 Approved: \$120,000 FY2023 Spent: \$120,000	Number of youth demonstrating improvement on treatment plan goals	-	-		100%	-	-		99%		-	-		100%	-	-	100%		18	17	•	91%
violence & Haumay	FY2022 Approved: \$120,000 FY2022 Spent: \$120,000	Improved on SDQ Report by at least 3 points from pre-test to post-test on the Strengths and Difficulties Questionnaire and Impact Assessment	60%	64%	•		80%	77%	•			60%	66%	•		80%	85%	•		N/A	N/A		
	LifeMoves	Individuals served	75	78	•		160	190	•			75	148	•		165	290	•		150	151	•	
	Mental Health Counseling at Homeless Shelters	Services provided	100	105	•		350	420	•			100	180	•		360	390	•		180	404	•	
	FY2024 Approved: \$50,000	Hours of adult counseling / care management sessions	-	-		100%	-	-		98%	•	-	-		100%	•	-	98%	•	100	96	•	99%
	FY2023 Approved: \$50,000 FY2023 Spent: \$50,000	Clients reporting improved mood & function	N/A	N/A			85%	79%	•			N/A	N/A			85%	79%	•		N/A	N/A		
	FY2022 Approved: \$60,000 FY2022 Spent: \$60,000	Interns report understanding of behavioral health issues	N/A	N/A			75%	71%	•			N/A	N/A			75%	76%	•		N/A	N/A		,
		Individuals served	380	462	•		775	806	•			400	350	•		800	1,400	•		600	1,400	•	
	Los Gatos Union School District  Mental Health Counseling	Services provided	-	-			-	-				500	566	•		1,000	2,500	•		600	4,220	•	
	FY2024 Approved: \$120,000	Hours of youth counseling/care management sessions	425	530	•	99%	850	980	•	94%	$ \bullet $	125	180	•	93%	350	420	100%		125	180	•	100%
	FY2023 Approved: \$110,000 FY2023 Spent: \$110,000 FY2022 Approved: \$110,000	Students who improved by at least 3 points from pre-test to post test on the Strengths and Difficulties Questionnaire and Impact Assessment	N/A	N/A			80%	50%	•			N/A	N/A			60%	71%	•		N/A	N/A		
	FY2022 Spent: \$110,000	Students who improve by at least 3 points from pre-test to post-test on the Children's Coping Strategies Checklist-Revised (CCSC-RI)	80%	75%	•		80%	80%	•			N/A	N/A			80%	95%	•		N/A	N/A		

Community Benefit Dashboard Notes

A metric receives a "green" indicator if
performance against target is 90% - 100+%

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



											Perfo	rmance agains	t target:   = 90	)% <b>+</b>  :	= 75% - 89% <b>I</b> :	= 0% - 7	4%						
alth Priority Area Column A	Agency/Program Column B	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E	•	FY2022 % 6-month Metrics Met Column G	FY2022 Yearend Target Column I	FY2022 Yearend Actual Column J	•	FY2022 % Yearend Metrics Met Column L	•	FY2023 6-month Target Column N	FY2023 6-month Actual Column O	•	FY2023 % 6-month Metrics Met		FY2023 Yearend Target Column S	FY2023 Yearend Actual Column T	FY2023 % Yearend Metrics Met Column V	FY2024 6-month Target Column X	FY2024 6-month Actual Column Y	•	FY2024 % 6-month Metrics Me
		Individuals served	17	25	•		24	25	•			15	19	•			20	20	•	15	15	•	
	Momentum for Mental Health	Services provided	220	209	•		334	370	•			200	187	ullet			300	367	•	200	213	•	1
	FY2024 Approved: \$40,000 FY2023 Approved: \$40,000	Hours of adult counseling/care management sessions	-	-		98%	-	-		100%	•	100	102	•	97%	•	150	135	98%	60	95	•	100%
	FY2023 Spent: \$40,000 FY2022 Approved: \$46,000 FY2022 Spent: \$46,000	Patients who report a reduction of 2 points or more in PHQ-9 measure severity of depression	-	-			-	-				75%	100%	•			85%	100%	•	75%	83%	•	
		Patients who report a reduction of 2 points or more in GAD-7 measure severity of anxiety	-	-			-	-				75%	67%	•			85%	83%	•	75%	83%	•	1
		Individuals served	69	91	•		137	164	•			70	67	•			140	113	•	55	51	•	
	Next Door Solutions  Domestic Violence Services	Services provided	267	323	•		594	694	•			300	277	•			600	698	•	300	273	•	1
	FY2024 Approved: \$90,000	Hours of adult counseling/care management sessions	-	-		100%	-	-		100%	•	350	59	•	80%	•	700	140	• 83%	85	87	•	97%
	FY2023 Approved: \$90,000 FY2023 Spent: \$90,000 FY2022 Approved: \$90,000	Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety	90%	96%	•		90%	97%	•			90%	90%	•			90%	91%	•	90%	96%	•	1
	FY2022 Spent: \$90,000	Support Groups clients completing the Support Group Evaluation Survey will respond that	-	_			_	_				80%	90%	•			80%	88%	•	85%	91%	•	1
·		they can better manage stress when it occurs Individuals served	500	818	-		1,250	1,250				625	650				1,250	1,178		600	564	-	
	Pacific Clinics	Services provided	-	-	+		-	-			-	625	677	•		-	1,250	1,476		675	615	•	1
	(Formerly Uplift Family Services) School-based Mental Health Counseling		570	605	-		1,190	1,190			-	250	245				625	608		250	245		1
9 <b>9</b> \$2	FY2024 Approved: \$220,000 FY2023 Approved: \$210,000 FY2023 Spent: \$210,000 FY2022 Approved: \$210,000 FY2022 Spent: \$210,000	Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher, parent/guardian, self and/or other report (for students ages 11-17)  Students who decrease high risk behaviors among students served who have high risk	- N/A	- N/A		100%	- 60%	87%	•	100%	•	- N/A	- N/A		100%	•	- 60%	91%	99%	N/A	N/A N/A		94%
vioral Health		behaviors Individuals served	-	_	+		_	_				-	<u> </u>					-		52	69	-	
ding Domestic	Parents Helping Parents	Services provided	-	-			-	-				-	-				-	-		112	133	•	1
	FY2024 Approved: \$35,000	Hours of adult counseling/care management sessions	-	-		New Program	-	-		New Program		-	-		New Program		-	-	New Program	195	233	•	100%
	(previously funded by ECHD)	Participants who learn 1 new useful tip or trick that help them as a parent of a child with special needs	-	-		in FY2024	-	-		in FY2024		-	-		in FY2024		-	-	in FY2024	85%	94%	•	
		Participants who would recommend the workshop to a friend	-	-			-	-				-	-				-	-		85%	97%	•	1
		Individuals served	100	372	•		200	414	•			200	228	•			400	387	•	62	51	•	
	Peninsula HealthCare Connection	Services provided	380	290	•		660	555	•			300	255	•			550	510	•	250	157	•	1
	FY2024 Approved: \$90,000 FY2023 Approved: \$90,000 FY2023 Spent: \$90,000	Number of patients enrolled in a clinical and/or community service based on needs identified by their navigator	-	-		96%	-	-		97%	•	-	-		90%	•	-	-	98%	50	51	•	89%
	FY2022 Approved: \$90,000 FY2022 Spent: \$90,000	Patients not hospitalized in a 12 month program	85%	95%	•		90%	98%	•			85%	85%	•			90%	90%	•	75%	90%	•	
		Patients screened for depression using the PHQ-9	-	-			-	-				-	-				-	-		75%	75%	•	
		Individuals served	-	-			-	-				-	-				-	-		28	46	•	
	To Do Ess	Services provided	-	-			-	-				-	-				_	-		3,500	3,500	•	
	To Be Empowered	Hours of youth counseling/care management sessions	-	-		New Program in FY2024	-	-		New Program in FY2024		-	-		New Program in FY2024		-	-	New Program in FY2024	1,400	1,400	•	95%
	FY2024 Approved: \$35,000	Clients completing the program will report that they have learned one new healthy coping mechanism as measured by outpatient post survey	-	-		11112024	-	-		111112024		-	-		111112024		-	-	11112024	60%	60%	•	
		Clients who made progress on at least one of their treatment goals	-	-			-	-				-	-				-	-		60%	45%	•	1

Community Benefit Dashboard Notes

A metric receives a "green" indicator if
performance against target is 90% - 100+%

A metric receives a "yellow" indicator if
performance against target is 75% - 89%

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

 A metric receives a "red" indicator if performance against target is 0% - 74%



											Perfo	rmance again:	st target:   = 9	0%+ :	= <b>7</b> 5% - 89%   =	- 0%	74%								
Health Priority Area  Column A	Agency/Program  Column B	FY2024 Metrics  Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E	6 Me	Y2022 % 6-month etrics Met column G	Yea Ta	Y2022 earend arget	FY2022 Yearend Actual Column J	FY2022 % Yearend Metrics Met		FY2023 6-month Target Column N	FY2023 6-month Actual Column O	•	FY2023 % 6-month Metrics Met Column Q	•	FY2023 Yearend Target Column S	FY2023 Yearend Actual Column T		FY2023 % Yearend Metrics Me		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y	•	FY2024 % 6-month Metrics Met Column AA
	African American Community	Individuals served	300	434	•		-	787	1,537	•		350	358	•			1,060	3,619	•			350	141	•	
	Services Agency (AACSA) Screening/Referrals and Nutrition	Services provided	400	550	•		8	856	3,897	•		700	528	•			2,205	7,013	•			500	167	•	
	Education for Families	Number of Participants who report 150 minutes or more of physical activity per week	-	-		100%		-	-	100%		80	22	•	68%		185	110	•	92%		25	0	•	25%
	FY2024 Approved: \$35,000 FY2023 Approved: \$43,000	Participants in exercise classes who discovered a fitness modality that would support a		_		10070		_		100%		N/A	N/A	+	00/0	-	65%	65%	١.	- 52,0		N/A	N/A		25%
	FY2023 Spent: \$43,000 FY2022 Approved: \$28,000	healthy lifestyle Healthy cooking class attendees will report that they learned how to cook in a healthier		_				_			-		-	+		-				-		N/A	N/A	+	
·	FY2022 Spent: \$28,000	way						_				-	45				- 110		+		+			+-+	
	El Camino Health: Food Pharmacy	Individuals served	-	-				-	-		-	55	15			-	110	57	-	-		35	33		
	FY2024 Approved: \$150,000	Services provided	-	-		w Program		-	-	New Program	n	25	5	-	12%	•	50	17	-	25%	•	210	207	•	64%
	FY2023 Approved: \$148,500 FY2023 Spent: \$73,074	Number of participants with one or more improved biometrics	-	-	in in	n FY2023		-	-	in FY2023		-	-	$\vdash$		-	-	-		_		15	0	-	
		Individuals who report their access to healthy food improved as a result of the program	-	-				-	-			-	-				-	-			!	N/A	N/A		
	Gardner Family Health Network	Individuals served	700	1,052	•		1	1,320	1,407	•		800	2,013	•			1,450	3,213	•			1,580	2,502	•	
	Prediabetes and Diabetes	Services provided	1,690	2,486	•		3,	3,385	4,541	•		1,900	3,399	•			3,800	8,738	•			2,686	5,302	•	
	FY2024 Approved: \$320,000 FY2023 Approved: \$254,500	Number of individuals with one or more improved biometrics	-	-		100%	•	-	-	100%	•	320	877	•	100%	$  \bullet  $	580	1,602	•	100%	•	711	1,300	•	100%
	FY2023 Spent: \$254,500 FY2022 Approved: \$230,000	Patients demonstrating a reduction in body weight	40%	51%	•		4	40%	48%	•		40%	51%	•			40%	48%	•			40%	51%	•	
( a \ \ \ )	FY2022 Spent: \$230,000	Enrolled patients demonstrating a reduction of at least 0.1%HbA1c	40%	40%	•		3	30%	45%	•		40%	44%	•			40%	43%	•			40%	44%	•	
(M):0:	Indian Haalth Cantau	Individuals served	150	126	•		2	210	193	•		150	143	•			275	210	•			175	143	•	
61	Indian Health Center  Youth Diabetes & Obesity	Services provided	500	295	•		8	835	639	•		500	384	•			840	828	•			350	180	•	
(A) 41	FY2024 Approved: \$90,000	Number of individuals with one or more improved biometrics	-	-		86%	•	-	-	94%	•	45	39	•	70%	•	135	82	•	79%	-	40	25	•	74%
Diabetes & Obesity	FY2023 Approved: \$111,500 FY2023 Spent: \$111,500 FY2022 Approved: \$87,000	Healthy Futures Program Participant that decrease BMI Percentile	25%	38%	•		3	35%	55%	•		30%	27%	•			50%	48%	•			25%	38%	•	
	FY2022 Spent: \$87,000	Healthy Adventures participants that show an increase in knowledge about topics discussed in the Healthy Adventures puriously	-	-				-	-			-	-				-	-				N/A	N/A		
		in the Healthy Adventures curriculum Individuals served	1,500	445	•		1	1,500	1,940	•		950	950	•			950	950	-		+-	1,040	1,030	•	
	Playworks	Services Provided		_				-			-	1,900	1,900	•		-	1,900	1,900	-	-		2,080	2,060		
	Physical Activity & Anti-bullying	Number of participants who report 150 minutes or more of physical activity per week	_	_				_			-	-		+		-	-			-		N/A	N/A		
	FY2024 Approved: \$40,000 FY2023 Approved: \$40,000	Educators reporting that Playworks increases the number of students that are physically				30%	•	_		20%	•		_	+	100%	•				98%	•	IN/A	IN/A	+	99%
	FY2023 Spent: \$40,000 FY2022 Approved: \$86,000 FY2022 Spent: \$40,710	active during recess	N/A	N/A			9	92%	0%	•		N/A	N/A	Ш			96%	97%	•	_		N/A	N/A	$\perp$	
		Educators reporting that Playworks helps the school create supportive learning environments							-			-					-					N/A	N/A		
		Individuals served	-	-				-	-			-	-				-	-				15	17	•	
	Roots Community Health Center	Services provided	-	-	Nev	w Program		-	-	New Program	1	-	-		New Program		-	-		New Program	m	30	54	•	
	FY2024 Approved: \$35,000	Number of participants who report consuming at least 3 servings of fruits and vegetables per day	-	-		n FY2024		-	-	in FY2024		-	-		in FY2024		-	-		in FY2024	1 1	15	0	•	55%
		Clients who report learning a new skill/healthy recipe/exercise, etc.	-	-				-	-			-	-				-	-		1		60%	12%	•	
		Individuals served	70	81	•		:	150	152	•		35	38	•			75	79	•			37	39	•	
	South Asian Heart Center	Services provided	330	362	•			700	700	•		175	189	•			350	361	•	1		171	181	•	
	FY2024 Approved: \$50,000 FY2023 Approved: \$50,000	Number of participants who report 150 minutes or more of physical activity per week	-	-		98%		-	-	98%	•	-	-		83%	•	40	45	•	100%		15	17	•	89%
	FY2023 Spent: \$50,000 FY2022 Approved: \$100,000	Change in levels of physical activity	21%	20%	•			21%	20%	•	-	21%	21%			-	21%	23%	-	-		21%	9%		
	FY2022 Spent: \$100,000	Change in average levels of vegetable consumption	20%	18%				20%	18%	•	-	20%	19%			-	20%	21%	-	+		20%	23%		

Community Benefit Dashboard Notes

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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



						1	1				Perfor	mance agains	t target:   = 90	)%+   =	: 75% - 89% l = 0	% - 74%							
Health Priority Area Column A	Agency/Program Column B	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E	•	FY2022 % 6-month Metrics Met Column G	FY2022 Yearend Target Column I	FY2022 Yearend Actual Column J	•	FY2022 % Yearend Metrics Met Column L	•	FY2023 6-month Target Column N	FY2023 6-month Actual Column O	•	FY2023 % 6-month Metrics Met Column Q	FY2023 Yearend Target Column	Yearend Actual	•	FY2023 % Yearend Metrics Met	FY2024 6-month Target	FY2024 6-month Actual Column Y	N	FY2024 % 6-month Metrics Met
		Individuals served	136	113	•		252	196	•			140	127	•		280	265	•		80	103	•	
	Valley Verde	Services provided	198	644	•		446	506	•			250	419	•		600	640	•		97	118	•	
	income nousenous	Number of participants who report consuming at least 3 servings of fruits and vegetables per day	-	-			-	-				120	44	•		230	44	•		25	22	•	
<b>(3)</b>	FY2U23 ADDroved: S6U.UUU	Participants report increased food security for themselves and their families by at least one unit of measurement, as measured by pre- and post-program surveys	80%	69%	•	85%	80%	68%	•	88%	•	80%	75%	•	84%	80%	82%	•	83%	70%	75%	•	96%
Diabetes & Obesity	FY2022 Approved: \$45,000 FY2022 Spent: \$45,000	Participants report increased consumption of vegetables by at least one unit of measurement for themselves and their families since they became involved in the program, as measured by pre- and post-program surveys	80%	56%	•		80%	71%	•	-		80%	93%			80%	92%	•	-	70%	64%	•	
Diabetes & Obesit,		Individuals served	163	184	•		326	377	•			180	183	•		360	363	•		180	216	•	
	West Valley Community Services Social Work Case Management	Services provided	-	-			-	-				180	183	•		360	363	•		360	382	•	
	FV3034 A	Number of participants who reported consuming at least 3 servings of fruits and vegetables	-	-		1000/	-	-		0.40/		-	-		1000/	_	-		95%	35	16	•	020/
	FY2023 Approved: \$184,500 FY2023 Spent: \$184,500	per day  Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A		100%	90%	84%	•	94%		N/A	N/A		100%	90%	90%	•	95%	N/A	N/A		82%
	FY2022 Spent: \$160,000	Clients will remain stably housed after 3 months of receiving emergency financial assistance	N/A	N/A			95%	90%	•			N/A	N/A	П		95%	90%	•	1	N/A	N/A		
		Individuals served	60	74	•		130	139	•			95	60	•		190	150	•		60	89	•	
	American Heart Association  Hypertension Management	Services provided	-	_			_	-		-		360	240	•		730	600	-	-	240	356		
		Number of individuals who repot improved self-management	_	_		93%	_	-		100%		55	50		85%	110	59	•	86%	190	206		80%
	FY2023 Approved: \$60,000	CCC Participants will improve BP by 7mm	35%	32%	-	95%	35%	36%	-	100%		35%	45%		65%	35%	53%		80%	35%	57%		80%
	FY2022 Approved: \$50,000	Prediabetes participants (A1 C above 5.7) of the CCC program will improve A1C by 0.5%	3370	3270	+		3370	30%	+		-		4370			3370	3370	+	-				
		over 4 months	-	-			-	-				-	-			-	-			30%	0%	-	
		Individuals served	100	890	•		330	2,310	•	-		130	173	•		400	370	•	-	75	374		
4	Breathe California	Services Provided	-	-			-	-				130	173	•		400	370	•		90	374	•	
	Children's Asthma Program	Number of individuals who demonstrate improved self-management through self-report or biometric indicators	-	-			-	-				20	25	$  \bullet  $		80	99	•		50	113	•	
Chronic Conditions (Other than Diabetes &	FY2024 Approved: \$40,000	Parents, teachers, and childcare providers trained who have an increase knowledge/skills/confidence in managing all aspects of asthma	50%	83%	•	100%	50%	63%	•	100%		60%	68%	•	100%	60%	100%	•	97%	60%	105%	•	100%
Obesity)		Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by comparison of assessments and re-assessments of respiratory hazards using the EPA's best-practice environmental checklist	50%	100%	•		50%	75%	•			50%	100%	•		50%	100%	•		50%	100%	•	
		Individuals served	120	123	•		300	300	•			175	209	•		350	350	•		175	175	•	
	Latinas Contra Cancer	Services provided	332	303	•		745	812	•			750	849	•		1,500	1,500	•	-	750	750	•	
	FY2024 Approved: \$40,000	Number of Individuals completing one or more health screenings	-	-		98%	-	-		100%		130	104	•	97%	260	260	•	100%	23	23	•	100%
	FY2023 Approved: \$40,000 FY2023 Spent: \$40,000 FY2022 Approved: \$35,000 FY2022 Spent: \$35,000	Clients showing an increased understanding of key cancer prevention and health messages	70%	95%	•	. 30%	70%	98%	•	. 100%		70%	90%	•	3770	70%	90%	•	100%	85%	85%	•	100%
		Navigation clients showing a better understanding of their health status, options, and care plan	90%	98%	•		90%	91%	•			90%	100%	•		90%	95%	•		90%	90%	•	
		Individuals served	-	-			-	-				2	1	•		5	12	•		4	5	•	
		Services provided	-	-			-	-				400	400	•		1,000	694	•	-	900	1,365	•	
	El Camino Health: DEI	Hours of training sessions	-	-		New Program	-	-		New Program		-	-			-	-		-	900	1,365	•	
	FY2024 Approved: \$44,000 FY2023 Approved: \$35,000 FY2023 Spent: \$35,000	Interns reporting they have at least two new healthcare professions contacts they feel comfortable remaining in touch with to help advance their desired career path	-	-		in FY2023	-	-		in FY2023		80%	100%	•	88%	80%	100%	•	92%	80%	100%	•	100%
		Interns reporting they gained insight to their career path	_	_	+		_	_		-	-	80%	100%			80%	100%		-	80%	80%		
		Individuals served	30	32	١.		60	69			$\vdash$	30				60	64			31	31		
Economic Stability	West Valley Community Services Social Work Case Management for Older		160	199			320	367	•	-	-	30	33			60	64		-	155	170		
(Including Food Insecurity, Housing &	Adults	Number of individuals connected to a sustainable source of healthy food (CalFresh/SNAP,	100		┿		320	307	+	-	-		_					-	-				
Homelessness)	FY2024 Approved: \$45,000	food bank, etc.)	-	-		100%	-	-		99%	ullet	25	0		67%	55	31	•	86%	31	31		100%
	FY2023 Spent: \$45,000 FY2022 Approved: \$45,000	Case managed clients who increased in three of the 18 domains measured by the Self- Sufficiency Index	N/A	N/A	_		92%	90%	•			N/A	N/A			92%	68%	•	_	N/A	N/A		
	FY2022 Spent: \$45,000	Clients showing a 1-point increase in the food domain of SSM after accessing the food market	-	-			-	_				N/A	N/A			91%	90%	•		N/A	N/A		

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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



										Perf	ormance again	st target:   = 9	0%+ =	= <b>75%</b> - 89%   =	0% - 74%	i							
Health Priority Area  Column A	Agency/Program  Column B	FY2024 Metrics  Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E	•	FY2022 % 6-month Metrics Met Column G	FY2022 Yearend Target Column I	FY2022 Yearend Actual Column J	Yearence Metrics N Column	l let	FY2023 6-month Target Column N	FY2023 6-month Actual Column O	•	FY2023 % 6-month Metrics Met Column Q	Y.	Y2023 earend Target Jumn S	FY2023 Yearend Actual Column T		FY2023 % Yearend Metrics Met Column V	FY2024 6-month Target Column X	FY2024 6-month Actual Column Y	•	FY2024 % 6-month Metrics Met Column AA
ıpport Grants (≤\$30k	<b>(</b> )								<u> </u>	·		·		·	·								
		Individuals served	-	-			-	-			125	429	•			250	539	•		270	412	•	
	Adolescent Counseling Services	Services provided	-	-			-	-			175	127	•			350	539	•		270	451	•	
	FY2024 Approved: \$25,000	Hours of youth counseling/care management sessions	-	-		New Program in FY2023	-	-	New Progr in FY202		175	429	•	93%	•	350	539	•	100%	270	451	•	75%
	FY2023 Approved: \$25,000 FY2023 Spent: \$25,000	Clients seen 5 or more times that improve their level of functioning	-	-			-	-			N/A	N/A				70%	81%	•		N/A	N/A		
		Participants report an increased understanding of the issues LGBTQIA+ youth face	-	-			-	-			75%	100%	•			75%	100%	•		90%	0%	•	
	Bill Wilson Center	Individuals served	6	6	•		12	12	•		6	6	•			12	12	•		6	6	•	
	Psychotherapy for Child Abuse Victims	Services provided	60	48	•	-	120	129	•		60	59	•			120	139	•	-	60	60	•	
<b>20</b>	<b>FY2024 Approved: \$25,000</b> FY2023 Approved: \$25,000	Hours of youth counseling/care management sessions	-	-		93%	-	-	100%	•	-	-		99%	•	-	-		100%	60	60	•	100%
(62)	FY2023 Spent: \$25,000 FY2022 Approved: \$25,000 FY2022 Spent: \$25,000	Clients completing the program who report that they have learned one new healthy coping mechanism by outpatient post survey	80%	100%	•		90%	100%	•		80%	83%	•			90%	92%	•		80%	100%	•	
Behavioral Health	Cancer CAREpoint	Individuals served	100	98	•		210	193	•		100	91	•			210	207	•		73	73	•	
(Including Domestic Violence & Trauma)	Counseling for Cancer Patients, Survivors,	Services provided	300	411	•	-	625	953	•		315	299	•			625	630	•		272	471	•	
	Family & Caregivers  FY2024 Approved: \$30,000	Hours of adult counseling / care sessions	-	-		99%	-	-	98%		-	-		96%	•	-	-		99%	272	471	•	100%
	FY2023 Approved: \$30,000 FY2023 Spent: \$30,000	Clients who agree or strongly agree they experienced reduced levels of anxiety about issues	80%	81%	•	-	80%	83%	•		80%	82%	•			80%	80%	•	-	80%	88%	•	
	FY2022 Approved: \$30,000 FY2022 Spent: \$30,000	related to a cancer diagnosis  As a result of the counseling session, clients will agree or strongly agree that they received helpful tools or resources	90%	89%	•		90%	95%	•		90%	88%	•			90%	95%	•	-	90%	88%	•	ا
	Los Gatos Saratoga Recreation	Individuals served	125	281	•		200	530	•		200	0	•			300	300	•		300	511	•	
	Senior Isolation Program	Services Provided	2,004	1,042	•		3,340	2,553	•		1,750	0	•			3,000	2,831	•		1,400	1,839	•	
	FY2024 Approved: \$15,000 FY2023 Approved: \$15,000 FY2023 Spent: \$15,000 FY2022 Approved: \$20,000 FY2022 Spent: \$20,000	Participants who answer 3 or higher: I feel more connected to people and services as a result of the 55 Plus Programs (Likert scale with 1 being strongly disagree and 5 being strongly agree)	65%	65%	•	84%	65%	74%	92%	•	65%	0%	•	0%		65%	89%	•	98%	65%	91%	•	100%
	BAWSI Girls Program	Individuals served	45	63	•		90	126	•		60	60	•			120	121	•		60	71	•	
		Services provided	-	-		•	-	-			1,020	628	•			2,100	1,278	•		620	759	•	
	<b>FY2024 Approved: \$15,000</b> FY2023 Approved: \$15,000	Number of participants who report 150 minutes or more of physical activity per week	-	-		92%	-	-	96%	•	42	22	•	86%	•	84	46	•	86%	60	71	•	100%
0. 11	FY2023 Spent: \$15,000 FY2022 Approved: \$15,000	Average weekly attendance	80%	79%	•	-	80%	83%	•		80%	81%	•			80%	80%	•		80%	89%	•	
<b>圆</b> ; 5:	FY2022 Spent: \$15,000	Percentage of participants who respond positively (4's and 5's) to the statement, "I like to exercise"	-	-		-	-	-			60%	75%	•			60%	63%	•	-	60%	73%	•	
(F)		Individuals served	98	142	•		210	238	•		60	119	•			120	120	•		64	82	•	
	Chinese Health Initiative	Services provided	225	343	•		450	654	•		125	270	•			250	270	•		140	136	•	
Diabetes & Obesity	FY2024 Approved: \$20,000	Number of individuals with one or more improved biometrics (BMI, weight, and/or A1c)	-	-			-	-			10	10	•			20	20	•		5	5	•	
	FY2023 Approved: \$20,000 FY2023 Spent: \$20,000 FY2022 Approved: \$42,000	Diabetes Prevention Series participants who report meeting at least two of the lifestyle recommendations upon program completion (exercise, healthy eating, sleep and stress	80%	95%	•	100%	80%	93%	100%	•	75%	78%	•	100%	•	75%	81%	•	99%	78%	79%	•	99%
	FY2022 Spent: \$42,000	reduction)  Participants who are very likely (9-10 rating) to recommend CHI to a friend or colleague	-	-		-	-	-			80%	85%	•			80%	85%	•		80%	90%	•	
	Diale Dible Cood	Individuals served	24	42	•		60	42	•		21	21	•			42	42	•		21	21	•	
(7.7)	Pink Ribbon Good Cancer Support Program	Services provided	490	1,472	•	-	1,275	1,472	•		760	760	•			1520	1,520	•		760	760	•	
道区へ	FY2024 Approved: \$25,000 FY2023 Approved: \$25,000 FY2023 Spent: \$25,000	Number of individuals who demonstrate improved self-management through self-report or biometric indicators	50%	75%	•	100%	50%		94%	•	15	15	•	100%	•	30	30	•	100%	16	16	•	100%
Chronic Conditions (Other than Diabetes &	FY2022 Approved: \$25,000 FY2022 Spent: \$25,000	Patients who feel more food secure as a result of PRG services	_			1	_	_			_	_				_	_			50%	50%		

Community Benefit Dashboard Notes

A metric receives a "green" indicator if
performance against target is 90% - 100+%

A metric receives a "yellow" indicator if
performance against target is 75% - 89%

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



										P	Perfor	rmance agains	t target:   = 90	)%+	= 75% - 89% <b> </b> =	- 0% - 74%	6							
Health Priority Area  Column A	Agency/Program  Column B	FY2024 Metrics  Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E	•	FY2022 % 6-month Metrics Met Column G	FY2022 Yearend Target Column I	FY2022 Yearend Actual Column J	M	FY2022 % Yearend letrics Met Column L	•	FY2023 6-month Target Column N	FY2023 6-month Actual Column O	•	FY2023 % 6-month Metrics Met	Y.	Y2023 earend Farget olumn S	FY2023 Yearend Actual Column T	FY2023 % Yearend Metrics Met Column V	FY2024 6-month Target Column X	FY2024 6-montl Actual	۱	FY2024 % 6-month Metrics Me	et .
		Individuals served	-	-			-	-				130	324	•			260	358	•	75	51	•		
	Catholic Charities of Santa Clara	Services provided	-	-			-	-				778	7,350	•			1,556	690	•	155	87	•		
	County  FY2024 Approved: \$30,000	Number of individuals with improved living conditions as a result of services provided	-	-		New Program in FY2023	-	-		ew Program		-	-		74%	•	-	-	56%	8	3	•	32%	•
	EV2022 4	Families have followed up on at least one referral made to them by PEP team	-	-			-	-				-	-				-	-		40%	0%	•		
		Participants increase Self-Sufficiency Matrix Score in at least one domain	-	-		-	-	-				70%	11%	•			70%	15%	•	20%	0%	•		
(C)	Rebuilding Together Silicon Valley	Individuals served	5	6	•		24	15	•			5	8	•			24	15	•	5	10	•		
	Falls Prevention Services for at-risk Older Adults	Services provided	-	-			-	-				20	98	•			70	133	•	30	60	•		
Chronic Conditions		Number of individuals with improved living conditions as a result of services provided	-	-		100%	-	-		91%	•	-	-		100%	•	-	-	93%	5	10	•	100%	•
(Other than Diabetes & Obesity)	EV2022 Cpont: \$20 000	Older adults who report their overall health has improved somewhat or a lot since completed repairs/modifications	75%	100%	•		75%	100%	•			75%	100%	•			75%	100%	•	75%	100%	•		
	FY2022 Spent: \$30,000	Older adults who report a low or no chance of falling due to completed repairs/modifications	65%	100%	•		65%	100%	•			65%	100%	•			65%	100%	•	65%	100%	•		
		Individuals served (unduplicated)	-	-			-	-				-	-				-	-		20	22	•		
		Services provided	-	-			-	-				-	-				-	-		360	307	•		
	Shine Together  FY2024 Approved: \$20,000	Hours of training sessions	-	-		New Program in FY2024	-	-		ew Program		-	-		New Program in FY2024		-	-	New Program in FY2024	540	405	•	87%	•
		Participants who will report feeling stable or thriving in their health & wellness after 12 months of program participation. This measurement includes the categories of healthcare coverage, family/social relations, substance abuse, and mental health.	-	-		11112024	-	-		12024		-	-		11112024		-	-	111112024	N/A	N/A			