

AGENDA
FINANCE COMMITTEE MEETING
OF THE EL CAMINO HOSPITAL BOARD
Monday, November 21, 2022 – 5:30 pm

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

PURSUANT TO GOVERNMENT CODE SECTION 54953(e)(1), EL CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION TO THE PUBLIC FOR THIS MEETING**. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

Dial-In: 1-669-900-9128. Meeting Code: 988 4906 1262#. 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 | | ESTIMATED TIMES |
|---|---|-----------------------|--|
| 1. CALL TO ORDER / ROLL CALL | Don Watters, Chair | | 5:30 – 5:31 pm |
| 2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Don Watters, Chair | | information 5:31– 5:32 |
| 3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence | Don Watters, Chair | | information 5:32 – 5:35 |
| 4. CONSENT CALENDAR <i>Any Committee Member may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the Finance Committee (09/27/2022) b. FY2023 Period 3 Financial Report Information c. FY2023 Pacing Plan d. Progress Against FY2023 Goals e. Article (s) of Interest | Don Watters, Chair | | motion required 5:35-5:40 |
| 5. REPORT ON BOARD ACTIONS | Don Watters, Chair | | information 5:40 – 5:45 |
| 6. FY2023 PERIOD 4 FINANCIAL REPORT | Carlos Bohorquez, CFO | <i>public comment</i> | motion required 5:45-6:00 |
| 7. FY2024 COMMUNITY BENEFIT GRANT APPLICATION GUIDING PRINCIPLES AND PROCESS | Jon Cowan, Senior Director, Government Relations & Community Partnerships | | discussion 6:00 – 6:20 |
| 8. ADJOURN TO CLOSED SESSION | Don Watters, Chair | <i>public comment</i> | motion required 6:20 – 6:21 |
| 9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Don Watters, Chair | | information 6:21-6:22 |

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.

| AGENDA ITEM | PRESENTED BY | | ESTIMATED TIMES |
|---|--|--|--|
| <p>10. CONSENT CALENDAR <i>Any Committee Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Finance Committee (09/27/2022) Information <i>Health and Safety Code Section 32106(b):</i> Physician Contracts b. Enterprise Orthopedic Co-Management Renewal Agreement</p> | Don Watters, Chair | | motion required 6:22-6:27 |
| <p>11. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: YTD FY2023 FINANCIAL OPERATIONS UPDATE / STRATEGIC & FACILITIES CAPITAL ALLOCATION PROCESS</p> | Carlos Bohorquez, CFO | | information 6:27-6:52 |
| <p>12. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: FOUNDATION STRATEGIC PLAN UPDATE</p> | Andrew T. Cope, President Foundation | | information 6:52-7:12 |
| <p>13. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: PROGRESS AGAINST STRATEGIC PLAN</p> | Dan Woods, CEO Carlos Bohorquez, CFO | | information 7:12-7:32 |
| <p>14. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: SERVICE LINE REPORT: SPINE & ORTHOPEDICS</p> | Omar Chughtai, CGO Nathan Sigler, Senior Director, Orthopedics Service Line | | information 7:32-7:52 |
| <p>15. Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management: - Executive Session</p> | Don Watters, Chair | | discussion 7:52-7:57 |
| <p>16. ADJOURN TO OPEN SESSION</p> | Don Watters, Chair | | motion required 7:57-7:58 |
| <p>17. RECONVENE OPEN SESSION / REPORT OUT</p> | Don Watters, Chair | | information 7:58-7:59 |
| <p>To report any required disclosures regarding permissible actions taken during the Closed Session.</p> | | | |
| <p>18. CONTRACTS & AGREEMENTS Recommended for Board Approval a. Enterprise Orthopedic Co-Management Renewal Agreement</p> | Mark Adams, MD, CMO | | motion required 7:59-8:03 |
| <p>19. CLOSING COMMENTS</p> | Don Watters, Chair | | information 8:03 –8:07 |

| AGENDA ITEM | PRESENTED BY | | ESTIMATED TIMES |
|------------------------|--------------------|-----------------------|------------------------------------|
| 20. ADJOURNMENT | Don Watters, Chair | <i>public comment</i> | motion required 8:08 pm |

Upcoming Meetings:

Regular Meetings: January 30, 2023 (Joint FC-IC), March 27, 2023, May 22, 2023



**Minutes of the Open Session of the
Finance Committee of the
El Camino Hospital Board of Directors
Tuesday, September 27, 2022**

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

Members Present

**Don Watters, Chair
Joseph Chow
Wayne Doiguchi
Peter Fung, MD
Bill Hooper
Cynthia Stewart**

Members Absent

**via teleconference

| 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 5:30 pm by Chair Don Watters. A verbal roll call was taken and all members were present at roll call. 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. 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. | |
| 3. PUBLIC COMMUNICATION | There were no comments from the public. | |
| 4. CONSENT CALENDAR | <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Finance Committee meeting (08/15/2022) (b) Minutes of the Open Session of the Special Education Session of the Finance Committee Meeting (08/10/2022) (c) FY2023 Period 1 Financial Report (d) Article(s) of Interest.</p> <p>Movant: Hooper Second: Doiguchi Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p> | <p><i>Consent Calendar was approved.</i></p> |
| 5. REPORT ON BOARD ACTIONS | Chair Watters asked the Committee for any questions or feedback on the Report on Board Actions, as further detailed in the packet. | |
| 6. COMMITTEE PLANNING (a) FY2023 Pacing Plan (b) FY2023 Committee Goals | <p>Chair Watters presented the FY2023 Pacing Plan and Goals and began the discussion by stating the Governance Committee has asked all Committee Chairs to review the committee pacing plans and goals with the Executive Sponsor of the committee to ensure they both align with the strategic framework and our value proposition. The pacing plans and goals will then be submitted to the Governance Committee for review during their October meeting.</p> <p>Carlos Bohorquez, Chief Financial Officer continued the discussion and shared that progress against the strategic plan has been added to the pacing plan and will be presented to the Finance Committee on a quarterly cadence. This was the only change to the FY2023 pacing plan and goals from last the last time it was presented to the Finance Committee.</p> | |

**7. FY2023 PERIOD 2
FINANCIAL
REPORT**

Mr. Bohorquez presented the FY2023 Period 2 Financial Report through August 31, 2022, and highlighted the following:

- Average Daily Census (ADC) for August was 304 versus a budget of 245. This is attributed to an uptick of additional medical cases in addition to strong procedural volumes. Compared to the same period last fiscal year ADC was 12.2% higher. Gross charges which reflect total patient activity for August were \$57M / 13.1% favorable to budget and 17.1% better than the same period last year.
- Outpatient cases were 6.9% unfavorable to budget and flat versus the same period last year. This is attributed to lower Covid testing and activity, so not an area of concern. Outpatient surgical cases were 39.7% favorable to budget and 9.2% better than the same period last year.

Operational/ Financial Results

- One item to note is, the cost per adjusted discharge CMI adjusted (case mix index) is better than budget, but is 10.8% higher than in the same period last year. This is attributed to higher use of premium pay and contract labor. This is an area of focus for the operations team. The use of contract labor is 3x times higher over the same period 2 years ago.
- Total operating revenue for August was \$121.6M which is favorable to budget by \$7.0M / 6.1% and \$13.3M / 12.3% better than the same period last year. This is attributed to efforts to improve unit-level revenue and strong patient activity as previously described.
- Payor mix showed some deterioration as indicated by the increase in Medicare and decrease in commercial. Medicare budget was 47.2% vs. 49.3% actual and commercial budget was 42.7% vs. 40.7% actual. A continued shift in this mix will have a material impact on revenue and margins.
- Operating EBIDA was favorable to budget by \$3.3M and \$493K lower than the same period last year. Given the strong year-over-year revenue, the expectation would be that operating results would be better, but relatively flat because of the increase in year-over-year cost per unit of service.
- Net income was negative (\$8.5M) and unfavorable to budget by \$22.1M and lower than the same period last fiscal year by \$36.2M. This is attributed to the unrealized losses on our investment portfolio and continued capital market instability.
- Days cash on hand (DCOH) which is a measure of total liquidity, August results was 58 DCOH / 17.8% unfavorable to budgeted and 104 DCOH / 28.0% lower than the same period last year. This is attributed to negative net income and significant capital expenditures.

| | | |
|---|---|--|
| | <p><u>Operational/ Financial Results: YTD FY2023</u></p> <p>Mr. Bohorquez continued the discussion by presenting the YTD FY2023 results as of August 31, 2022, and highlighted the following:</p> <ul style="list-style-type: none"> From a bottom line standpoint, operating EBIDA is better than budget by \$7.2M and lower than last fiscal year by \$2.4M. Despite the challenges the various challenges impacting hospitals across the country / CA, the organization is performing well. That said, we expect these challenges to begin to have a greater impact for the remainder of the fiscal year. From a margin standpoint, operating EBIDA is 18.4%, this is slightly lower compared to the same period last fiscal year as operating EBIDA was at 19.1%. <p>Motion: To approve the FY2023 Period 2 Financial Report.</p> <p>Movant: Fung Second: Doiguchi Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p> | |
| <p>8. ECHMN QUARTERLY FINANCIAL REPORT</p> | <p>Shahab Dadjou, Interim President of El Camino Health Medical Network, and David Neapolitan, Vice President of Finance of El Camino Health Medical Network presented the ECHMN Quarterly Financial report and discussed the financial performance of ECHMN for the twelve months ended June 30, 2022.</p> <p>Mr. Dadjou opened the discussion by highlighting the following:</p> <ul style="list-style-type: none"> Medical network’s priorities: <ul style="list-style-type: none"> Priorities for this fiscal year include both structural and operational augmentations which point to three specific target areas: People, Process and Systems Operating initiatives in progress: <ul style="list-style-type: none"> Completion of the PSA Physician/provider engagement Comprehensive operational improvement supported by an external consulting firm. <p>David Neapolitan, continued the discussion and presented the financial performance as of June 30, 2022:</p> <ul style="list-style-type: none"> Year-over-year improvement in operating EBIDA, finished FY2022 with favorable variance to budget and improvement compared to FY2021. Overall investment in the physician enterprise at \$34M compared to \$40M in FY2020 – representing a nearly \$6M reduction. Total wRVUs were 8.9% favorable to budget. Increased number of active providers above the P50 threshold in FY2022 to 38.8% over FY2021’s 31.1%. | |

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|--|---|--|--------------|--|-----------------------------|--------------|--|------------|-----------|--|------------|-------------|-----|-------------------|-------------|--|---------------------------|---------------------|--|--|----------------|---------------------|-----------------------------|--|-----------------------|--------------------------------|---------------------|--|--|
| | <ul style="list-style-type: none"> Operating expenses are unfavorable to budget by \$69K, and favorable to the prior year by \$7.6M. <p><u>YTD FY2023 Financials Results (as of 8/31/2022):</u></p> <p>Mr. Neapolitan continued the discussion by presenting YTD financial results:</p> <ul style="list-style-type: none"> YTD operating EBIDA and net income are favorable to budget by \$567K and \$514K respectively. Total visits are 6.1% unfavorable to budget. Total wRVUs are 6.3% unfavorable to budget. Active providers above the P50 threshold based on two months of annualized FY2023 activity is 35.2%. Operating expenses were favorable to budget by \$1.5M, including lower-than-expected capitation claims expense, and favorable to the prior year by \$526K. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. WOMEN’S & NEWBORN HOSPITAL PROJECT UPDATE</p> | <p>Ken King, Chief Administrative Services Officer presented an update to the Finance Committee on the progress of Phase I of the Women’s & Newborn Hospital Project and highlighted the following:</p> <ul style="list-style-type: none"> Construction activity for phase I have focused on the parking garage, the ground floor lobby, and the 2nd / 3rd floors, However the construction completion date for Phase I is currently projected to be ten to twelve weeks beyond schedule. The delay is caused by the following factors: <ol style="list-style-type: none"> Delays in equipment manufacturing, receipt of materials, workforce shortages, and unforeseen building conditions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>10. CAPTIAL PROJECT REVIEW/ APPROVAL (a) MV Imaging Equipment Replacement Project</p> | <p>Meenesh Bhimani, Chief Operating Officer, and Ken King, Chief Administrative Services Officer presented the imagining equipment replacement project at the Mountain View campus.</p> <p>The initial request for this project was made on February 19, 2019, for \$16.9M. Due to cost escalation, this request will be for an additional \$18.7M. Total project costs is \$35.6M, which are broken out as follows:</p> <table border="1" data-bbox="451 1335 1026 1577"> <tr> <td>Imaging Equipment</td> <td>\$12,747,715</td> <td></td> </tr> <tr> <td>Construction / Installation</td> <td>\$17,130,000</td> <td></td> </tr> <tr> <td>Other FF&E</td> <td>\$240,000</td> <td></td> </tr> <tr> <td>Soft Costs</td> <td>\$4,478,804</td> <td>15%</td> </tr> <tr> <td>Contingency @ 3 %</td> <td>\$1,037,896</td> <td></td> </tr> <tr> <td>Total Project Cost</td> <td>\$35,634,415</td> <td></td> </tr> <tr> <td></td> <td>Rounded</td> <td>\$35,600,000</td> </tr> <tr> <td>Less Prior Approved Funding</td> <td></td> <td>(\$16,900,000)</td> </tr> <tr> <td>Requested Final Funding</td> <td>\$18,700,000</td> <td></td> </tr> </table> | Imaging Equipment | \$12,747,715 | | Construction / Installation | \$17,130,000 | | Other FF&E | \$240,000 | | Soft Costs | \$4,478,804 | 15% | Contingency @ 3 % | \$1,037,896 | | Total Project Cost | \$35,634,415 | | | Rounded | \$35,600,000 | Less Prior Approved Funding | | (\$16,900,000) | Requested Final Funding | \$18,700,000 | | |
| Imaging Equipment | \$12,747,715 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Construction / Installation | \$17,130,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other FF&E | \$240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Soft Costs | \$4,478,804 | 15% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contingency @ 3 % | \$1,037,896 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Project Cost | \$35,634,415 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rounded | \$35,600,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less Prior Approved Funding | | (\$16,900,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requested Final Funding | \$18,700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. ADJOURN TO CLOSED SESSION</p> | <p>Motion: To adjourn to closed session at 6:49 pm.</p> <p>Movant: Fung Second: Hooper Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p> | <p><i>Adjourned to closed session at 6:49 pm</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12. AGENDA ITEM 18: RECONVENE OPEN</p> | <p>During the Closed Session, the Finance Committee approved the following items: Closed Session Minutes of the August 15th, 2022</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|-------------------------------------|
| SESSION/REPORT OUT | Finance Committee Meeting and the Closed Session Minutes of the August 10 th , 2022 Special Education Session of the Finance Committee by a unanimous vote of all Committee Members present: Mr. Chow, Mr. Doiguchi, Dr. Fung, Mr. Hooper, Ms. Stewart, Mr. Watters. | |
| 13. AGENDA ITEM 16: PHYSICIAN CONTRACTS & AGREEMENTS | <p>Motion: To approve physician contracts and recommend for board approval.</p> <p>Movant: Hooper Second: Fung Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p> | |
| 14. AGENDA ITEM 17: CLOSING COMMENTS | None | |
| 15. AGENDA ITEM 18: ADJOURNMENT | <p>Motion: To adjourn at 8:05 pm.</p> <p>Movant: Fung Second: Doiguchi Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p> | <i>Meeting adjourned at 8:05 pm</i> |

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



El Camino Health

Summary of Financial Operations

*Fiscal Year 2023 – Period 3
7/1/2022 to 09/30/2022*

Executive Summary - Overall Commentary for Period 3

- Operating margin for period 3 was unfavorable to budget by \$1.5M and \$4.8M lower than the same period last year. Operating performance was impacted negatively by the following:
 - Inpatient charges \$39.2M / 19.7% favorable to budget, but there was significant shift in payor mix from Commercial to Medicare.
 - Average daily census 24.9% above than budget, but mostly driven by medical vs. surgical cases.
 - Acute average length of stay 13.1% above than budget, which drove higher variable expenses with minimal additional revenue.
 - Cost per CMI adjusted discharge was 3.8% unfavorable to budget.
- Gross charges were favorable to budget by \$44.4M / 10.6% and \$44.2M / 10.5% higher than the same period last year.
- Net patient revenue was favorable to budget by \$4.1M / 3.8% and \$8.2M / 7.8% higher than the same period last year.
- Operating margin was unfavorable to budget by \$1.5M / 14.4% and \$4.8M / 34.3% lower than the same period last year.
- Operating EBIDA was unfavorable to budget by \$1.2M / 6.7% and \$4.2M / 19.7% lower than the same period last year.
- Net income was unfavorable to budget by \$63.5M and \$45.3M lower than the same period last year. This is attributed the continued unfavorable capital market's impact on investment income.

Operational / Financial Results: Period 3 – September 2022 (as of 09/30/2022)

| (\$ thousands) | | Current Year | Budget | Variance to Budget | Performance to Budget | Prior Year | Variance to Prior Year | Variance to Prior Year | Moody's | S&P | Performance to Rating Agency Medians |
|-----------------------|------------------------------|---------------|---------------|--------------------|-----------------------|---------------|------------------------|------------------------|---------------|---------------|--------------------------------------|
| | | | | | | | | | 'A1' | 'AA' | |
| Activity / Volume | ADC | 302 | 242 | 60 | 24.9% | 268 | 34 | 12.8% | --- | --- | --- |
| | Total Acute Discharges | 1,794 | 1,625 | 169 | 10.4% | 1,771 | 23 | 1.3% | --- | --- | --- |
| | Adjusted Discharges | 3,437 | 3,347 | 91 | 2.7% | 3,441 | (4) | (0.1%) | --- | --- | --- |
| | Emergency Room Visits | 6,238 | 5,098 | 1,140 | 22.4% | 5,777 | 461 | 8.0% | --- | --- | --- |
| | OP Procedural Cases | 12,172 | 12,845 | (673) | (5.2%) | 12,722 | (550) | (4.3%) | --- | --- | --- |
| | Gross Charges (\$) | 464,347 | 419,942 | 44,404 | 10.6% | 420,182 | 44,165 | 10.5% | --- | --- | --- |
| Operations | Total FTEs | 3,263 | 3,292 | (29) | (0.9%) | 3,007 | 257 | 8.5% | --- | --- | --- |
| | Productive Hrs. / APD | 28.2 | 31.4 | (3.2) | (10.2%) | 28.7 | (0.5) | (1.9%) | --- | --- | --- |
| | Cost Per CMI AD | 18,724 | 18,036 | 688 | 3.8% | 16,765 | 1,958 | 11.7% | --- | --- | --- |
| | Net Days in A/R | 57.9 | 54.0 | 3.9 | 7.3% | 52.6 | 5.3 | 10.1% | 47.7 | 49.7 | --- |
| Financial Performance | Net Patient Revenue (\$) | 112,931 | 108,785 | 4,145 | 3.8% | 104,776 | 8,154 | 7.8% | 138,547 | 82,105 | --- |
| | Total Operating Revenue (\$) | 116,468 | 112,646 | 3,822 | 3.4% | 108,256 | 8,213 | 7.6% | 152,743 | 109,602 | --- |
| | Operating Margin (\$) | 9,175 | 10,721 | (1,546) | (14.4%) | 13,970 | (4,795) | (34.3%) | 1,915 | 3,836 | --- |
| | Operating EBIDA (\$) | 17,086 | 18,308 | (1,222) | (6.7%) | 21,289 | (4,203) | (19.7%) | 11,188 | 10,741 | --- |
| | Net Income (\$) | (49,719) | 13,735 | (63,454) | (462.0%) | (4,408) | (45,311) | 1028.0% | 8,124 | 7,343 | --- |
| | Operating Margin (%) | 7.9% | 9.5% | (1.6%) | (17.2%) | 12.9% | (5.0%) | (39.0%) | 1.9% | 3.5% | --- |
| | Operating EBIDA (%) | 14.7% | 16.3% | (1.6%) | (9.7%) | 19.7% | (5.0%) | (25.4%) | 8.3% | 9.8% | --- |
| | DCOH (days) | 245 | 325 | (80) | (24.7%) | 344 | (99) | (28.8%) | 306 | 355 | --- |

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021. 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 30, 2021. Dollar amounts have been adjusted to reflect monthly averages.

DCOH total includes cash, short-term and long-term investments.

Unfavorable Variance < 0.99%

Unfavorable Variance 1.00% - 4.99%

Unfavorable Variance > 5.00%

Operational / Financial Results: YTD FY2023 (as of 09/30/2022)

| (\$ thousands) | | Current Year | Budget | Variance to Budget | Performance to Budget | Prior Year | Variance to Prior Year | Variance to Prior Year | Moody's | S&P | Performance to Rating Agency Medians |
|-----------------------|------------------------------|---------------|---------------|--------------------|-----------------------|---------------|------------------------|------------------------|---------------|---------------|--------------------------------------|
| | | | | | | | | | 'A1' | 'AA' | |
| Activity / Volume | ADC | 296 | 245 | 51 | 21.0% | 265 | 31 | 11.8% | --- | --- | --- |
| | Total Acute Discharges | 5,407 | 4,981 | 426 | 8.6% | 5,257 | 150 | 2.9% | --- | --- | --- |
| | Adjusted Discharges | 10,383 | 10,132 | 251 | 2.5% | 10,325 | 59 | 0.6% | --- | --- | --- |
| | Emergency Room Visits | 17,644 | 15,750 | 1,894 | 12.0% | 16,386 | 1,258 | 7.7% | --- | --- | --- |
| | OP Procedural Cases | 36,727 | 39,672 | (2,945) | (7.4%) | 37,639 | (912) | (2.4%) | --- | --- | --- |
| | Gross Charges (\$) | 1,398,754 | 1,269,945 | 128,810 | 10.1% | 1,245,092 | 153,662 | 12.3% | --- | --- | --- |
| Operations | Total FTEs | 3,242 | 3,251 | (9) | (0.3%) | 2,980 | 262 | 8.8% | --- | --- | --- |
| | Productive Hrs. / APD | 28.2 | 31.3 | (3.1) | (9.9%) | 28.5 | (0.2) | (0.7%) | --- | --- | --- |
| | Cost Per CMI AD | 17,942 | 18,036 | (95) | (0.5%) | 16,146 | 1,796 | 11.1% | --- | --- | --- |
| | Net Days in A/R | 57.9 | 54.0 | 3.9 | 7.3% | 52.6 | 5.3 | 10.1% | 47.7 | 49.7 | |
| Financial Performance | Net Patient Revenue (\$) | 339,781 | 327,707 | 12,074 | 3.7% | 311,032 | 28,748 | 9.2% | 415,642 | 246,314 | |
| | Total Operating Revenue (\$) | 350,590 | 339,418 | 11,172 | 3.3% | 321,373 | 29,217 | 9.1% | 455,728 | 328,806 | |
| | Operating Margin (\$) | 36,843 | 31,427 | 5,417 | 17.2% | 40,002 | (3,158) | (7.9%) | 5,745 | 11,508 | |
| | Operating EBIDA (\$) | 60,278 | 54,309 | 5,969 | 11.0% | 62,041 | (1,763) | (2.8%) | 33,565 | 32,223 | |
| | Net Income (\$) | (8,807) | 40,168 | (48,975) | (121.9%) | 31,844 | (40,651) | (127.7%) | 24,373 | 22,030 | |
| | Operating Margin (%) | 10.5% | 9.3% | 1.2% | 13.5% | 12.4% | (1.9%) | (15.6%) | 1.9% | 3.5% | |
| | Operating EBIDA (%) | 17.2% | 16.0% | 1.2% | 7.5% | 19.3% | (2.1%) | (10.9%) | 8.3% | 9.8% | |
| | DCOH (days) | 245 | 325 | (80) | (24.7%) | 344 | (99) | (28.8%) | 306 | 355 | |

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021.

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021

DCOH total includes cash, short-term and long-term investments.

Key Statistics: Period 3 and YTD (as of 09/30/2022)

| Key Metrics | Month to Date | | | Variance (%) | | Year to Date | | | Variance (%) | |
|---------------------------------|---------------|--------|--------|--------------|--------------|--------------|--------|--------|--------------|--------------|
| | PY | CY | Budget | CY vs PY | CY vs Budget | PY | CY | Budget | CY vs PY | CY vs Budget |
| ADC | 268 | 302 | 242 | 12.8% | 24.9% | 265 | 296 | 245 | 11.8% | 21.0% |
| Utilization MV | 71% | 80% | 63% | 12.3% | 26.9% | 70% | 78% | 64% | 12.0% | 22.1% |
| Utilization LG | 32% | 37% | 32% | 15.1% | 16.2% | 33% | 37% | 32% | 10.9% | 16.2% |
| Utilization Combined | 59% | 67% | 53% | 12.8% | 24.9% | 58% | 65% | 54% | 11.8% | 21.1% |
| Adjusted Discharges | 3,441 | 3,437 | 3,347 | (0.1%) | 2.7% | 10,325 | 10,383 | 10,132 | 0.6% | 2.5% |
| Total Discharges (Exc NB) | 1,771 | 1,794 | 1,625 | 1.3% | 10.4% | 5,257 | 5,407 | 4,981 | 2.9% | 8.6% |
| Total Discharges | 2,214 | 2,175 | 2,017 | (1.8%) | 7.8% | 6,484 | 6,594 | 6,151 | 1.7% | 7.2% |
| Inpatient Case Activity | | | | | | | | | | |
| MS Discharges | 1,160 | 1,228 | 1,066 | 5.9% | 15.2% | 3,481 | 3,693 | 3,293 | 6.1% | 12.1% |
| Deliveries | 464 | 406 | 420 | (12.5%) | (3.2%) | 1,322 | 1,275 | 1,255 | (3.6%) | 1.6% |
| BHS | 119 | 123 | 109 | 3.4% | 13.1% | 330 | 325 | 332 | (1.5%) | (2.0%) |
| Rehab | 32 | 37 | 30 | 15.6% | 21.8% | 115 | 111 | 101 | (3.5%) | 9.8% |
| Outpatient Case Activity | | | | | | | | | | |
| Total Outpatient Cases | 17,060 | 16,831 | 16,778 | -1.3% | 0.3% | 50,516 | 51,109 | 51,833 | 1.2% | (1.4%) |
| ED | 4,338 | 4,659 | 3,932 | 7.4% | 18.5% | 12,877 | 14,382 | 12,161 | 11.7% | 18.3% |
| OP Surg | 562 | 631 | 404 | 12.3% | 56.1% | 1,753 | 1,802 | 1,231 | 2.8% | 46.4% |
| Endo | 220 | 327 | 195 | 48.6% | 67.5% | 730 | 803 | 639 | 10.0% | 25.6% |
| Interventional | 180 | 202 | 188 | 12.2% | 7.3% | 578 | 578 | 578 | 0.0% | 0.0% |
| All Other | 11,760 | 11,012 | 12,058 | (6.4%) | (8.7%) | 34,578 | 33,544 | 37,224 | (3.0%) | (9.9%) |
| Hospital Payor Mix | | | | | | | | | | |
| Medicare | 45.6% | 49.9% | 47.2% | 9.3% | 5.4% | 47.2% | 49.4% | 47.3% | 4.6% | 4.3% |
| Medi-Cal | 8.7% | 9.2% | 8.3% | 5.5% | 10.0% | 8.3% | 8.8% | 8.3% | 5.0% | 5.0% |
| Commercial | 43.9% | 38.7% | 42.5% | (11.9%) | (9.9%) | 42.3% | 39.8% | 42.4% | (6.0%) | (6.7%) |
| Other | 1.8% | 2.3% | 2.1% | 25.1% | 9.4% | 2.1% | 2.1% | 2.0% | (1.3%) | 4.1% |

Enterprise Income Statement: Rolling 16 Monthly Trend (\$000s)

| | FY2021 | FY2022 | | | | | | | | | | | | FY2023 | | | YTD FY2023 | Rolling 16 Monthly Average |
|---------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|----------------|-----------------|----------------|----------------------------|
| | Period 12 | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | Period 9 | Period 10 | Period 11 | Period 12 | Period 1 | Period 2 | Period 3 | | |
| | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | | |
| Operating Revenues: | | | | | | | | | | | | | | | | | | |
| Gross Revenue | 408,078 | 406,295 | 418,615 | 420,182 | 414,012 | 419,177 | 433,046 | 417,996 | 402,507 | 478,275 | 421,254 | 445,891 | 445,643 | 441,741 | 492,667 | 464,347 | 1,398,754 | 433,108 |
| Deductions from Revenue | (295,840) | (304,521) | (314,132) | (315,406) | (307,380) | (311,920) | (320,014) | (308,618) | (296,548) | (355,111) | (316,480) | (335,881) | (327,733) | (333,232) | (374,326) | (351,416) | (1,058,974) | (323,035) |
| Net Patient Revenue | 112,238 | 101,774 | 104,482 | 104,776 | 106,632 | 107,257 | 113,033 | 109,378 | 105,960 | 123,165 | 104,774 | 110,010 | 117,911 | 108,509 | 118,341 | 112,931 | 339,781 | 110,073 |
| Other Operating Revenue | 4,706 | 3,116 | 3,746 | 3,479 | 4,506 | 3,600 | 3,648 | 3,362 | 3,313 | 3,577 | 4,293 | 3,297 | 4,430 | 4,057 | 3,215 | 3,537 | 10,809 | 3,743 |
| Total Operating Revenue | 116,945 | 104,889 | 108,228 | 108,256 | 111,138 | 110,857 | 116,681 | 112,741 | 109,273 | 126,741 | 109,067 | 113,307 | 122,341 | 112,566 | 121,556 | 116,468 | 350,590 | 113,816 |
| Operating Expenses: | | | | | | | | | | | | | | | | | | |
| Salaries, Wages and Benefits | 48,101 | 53,000 | 53,940 | 53,629 | 56,001 | 53,709 | 55,947 | 59,347 | 55,256 | 60,098 | 57,347 | 53,852 | 43,799 | 59,111 | 64,371 | 61,295 | 184,778 | 55,550 |
| Supplies | 15,156 | 15,109 | 14,569 | 14,862 | 14,502 | 14,941 | 16,060 | 16,051 | 15,296 | 17,661 | 15,225 | 16,471 | 12,943 | 14,550 | 17,113 | 17,604 | 49,266 | 15,507 |
| Fees & Purchased Services | 19,915 | 14,390 | 14,182 | 14,800 | 14,760 | 15,210 | 14,955 | 14,291 | 16,550 | 17,352 | 15,127 | 13,626 | 16,397 | 13,091 | 14,722 | 16,493 | 44,306 | 15,366 |
| Other Operating Expenses | 6,002 | 3,598 | 3,577 | 3,676 | 3,586 | 3,842 | 4,112 | 3,829 | 4,290 | 3,821 | 3,517 | 3,726 | 4,649 | 4,089 | 3,883 | 3,990 | 11,963 | 4,012 |
| Interest | 1,367 | 1,419 | 1,418 | 1,418 | 1,418 | 1,420 | 1,419 | 1,421 | 1,380 | 1,384 | 1,394 | 1,393 | 1,404 | 1,440 | 1,434 | 1,479 | 4,353 | 1,413 |
| Depreciation | 5,740 | 4,727 | 7,157 | 5,902 | 5,798 | 6,440 | 6,173 | 6,046 | 6,311 | 6,246 | 6,438 | 6,101 | 6,733 | 6,394 | 6,256 | 6,432 | 19,081 | 6,181 |
| Total Operating Expenses | 96,281 | 92,242 | 94,844 | 94,286 | 96,065 | 95,561 | 98,665 | 100,984 | 99,084 | 106,561 | 99,048 | 95,169 | 85,924 | 98,675 | 107,778 | 107,293 | 313,746 | 98,029 |
| Operating Margin | 20,664 | 12,648 | 13,384 | 13,970 | 15,073 | 15,297 | 18,016 | 11,756 | 10,189 | 20,180 | 10,020 | 18,138 | 36,416 | 13,891 | 13,777 | 9,175 | 36,843 | 15,787 |
| Non-Operating Income | 20,041 | (4,099) | 14,319 | (18,378) | 24,361 | (21,232) | 17,581 | (31,539) | (32,720) | 3,935 | (56,388) | 1,696 | (48,858) | 35,529 | (22,285) | (58,894) | (45,650) | (11,058) |
| Net Margin | 40,705 | 8,549 | 27,703 | (4,408) | 39,435 | (5,935) | 35,596 | (19,783) | (22,531) | 24,115 | (46,369) | 19,834 | (12,442) | 49,420 | (8,508) | (49,719) | (8,807) | 4,729 |
| Operating EBIDA | 27,771 | 18,793 | 21,959 | 21,289 | 22,290 | 23,156 | 25,608 | 19,223 | 17,881 | 27,810 | 17,851 | 25,632 | 44,553 | 21,725 | 21,467 | 17,086 | 60,278 | 23,381 |
| Operating Margin (%) | 17.7% | 12.1% | 12.4% | 12.9% | 13.6% | 13.8% | 15.4% | 10.4% | 9.3% | 15.9% | 9.2% | 16.0% | 29.8% | 12.3% | 11.3% | 7.9% | 10.5% | 13.9% |
| Operating EBIDA Margin (%) | 23.7% | 17.9% | 20.3% | 19.7% | 20.1% | 20.9% | 21.9% | 17.1% | 16.4% | 21.9% | 16.4% | 22.6% | 36.4% | 19.3% | 17.7% | 14.7% | 17.2% | 20.5% |

Financial Overview: Period 3 – September 2022

Period ending 9/30/2022

Monthly Financial/Operational Performance

- Operating margin was unfavorable to budget by \$1.5M / 14.4% and unfavorable to prior year by \$4.8M / 34.3%
- Revenue was favorable to budgeted levels:
 - Favorable variance of gross charges of \$44.4M was driven by primarily Inpatient activity:
 - Inpatient gross charges: Favorable to budget by \$39.2M / 19.7% variance primarily driven by activity in the lab, emergency services, critical care, telemetry, medical/surgical nursing units and neonatal intensive care
 - Outpatient gross charges: Favorable to budget by \$7.4M / 3.5% variance primarily driven by emergency, surgical services, and corresponding ancillary services
 - Professional gross charges: Unfavorable to budget by \$2.2M / 20.2%
 - Operating Expenses were unfavorable to budget by \$5.4M / 5.3%
 - SWB were unfavorable by \$4.6M / 8.2%; \$2.5M of the unfavorable variance from outside labor
 - Supplies were unfavorable by \$1.3M / 8.0%
 - Supply expenses attributed to Covid-19 were \$690K and \$1.1M YTD
 - All other discretionary non-volume driven expenses were favorable to budget by \$500K
- Unfavorable market performance continues to drive unrealized losses for the investment portfolio
- Adjusted Discharges (AD)
 - Mountain View: Unfavorable to budget by 26 ADs / 1.0% and below prior year by 74 ADs / 3.2%%
 - Los Gatos: Favorable to budget by 89 ADs / 11.1% and above prior year by 99 ADs / 12.4%
- Operating expense per CMI adjusted discharge: \$18,724 which is 3.8% unfavorable to budget

Note: Excludes depreciation and interest

Financial Overview: Period 3 – September 2022 (cont.)

Period ending 9/30/2022

Monthly Financial Performance

El Camino Health Medical Network (ECHMN) Operations:

- September's total visits of 18,548 reflect a decrease of 3.0% over the prior month's 19,115. While August had two additional business days, September's visits per day of 858 reflect an increase of 5.8% over the prior month's 811 visits per day.
- September's total visits were unfavorable to budget by 8.0%. For the three months of FY2023 total visits are unfavorable to budget, excluding the Cardiology integration, by 4.2%.
- Net Income for the month of September, excluding the budgeted Cardiology program that was delayed, was unfavorable to budget by \$152K or 4.9%. Compared to last year, September's net income was unfavorable by \$584K or 21.8%. For the three months ended September 2022 the organization is unfavorable to the prior year by \$1.1M or 13.6%.

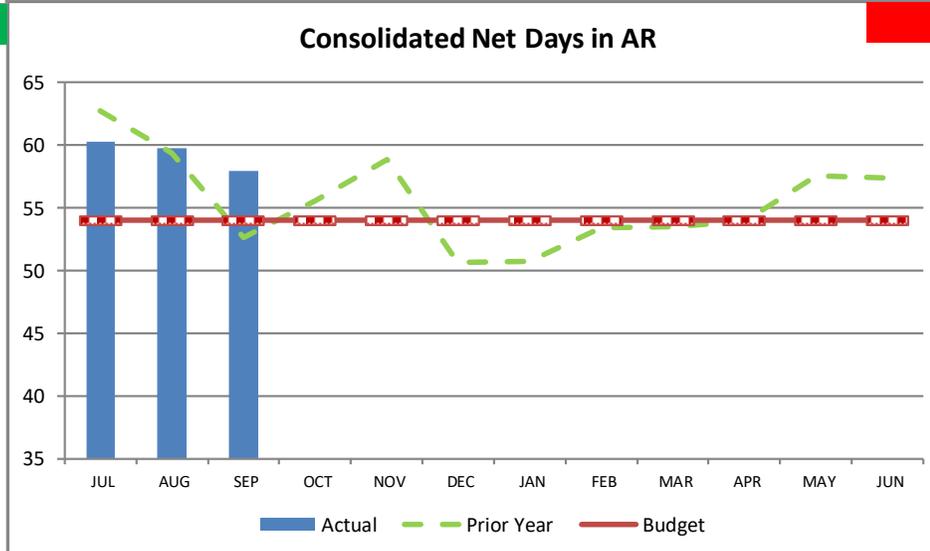
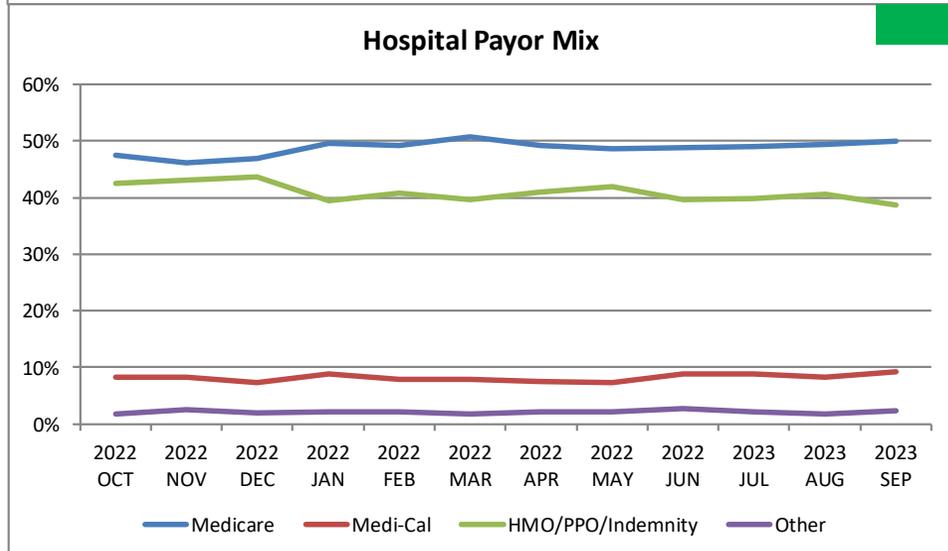
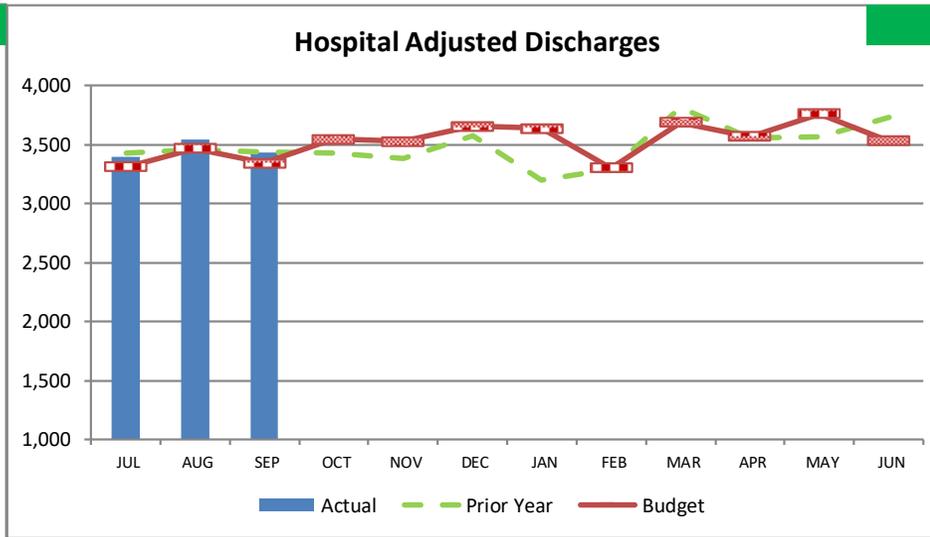
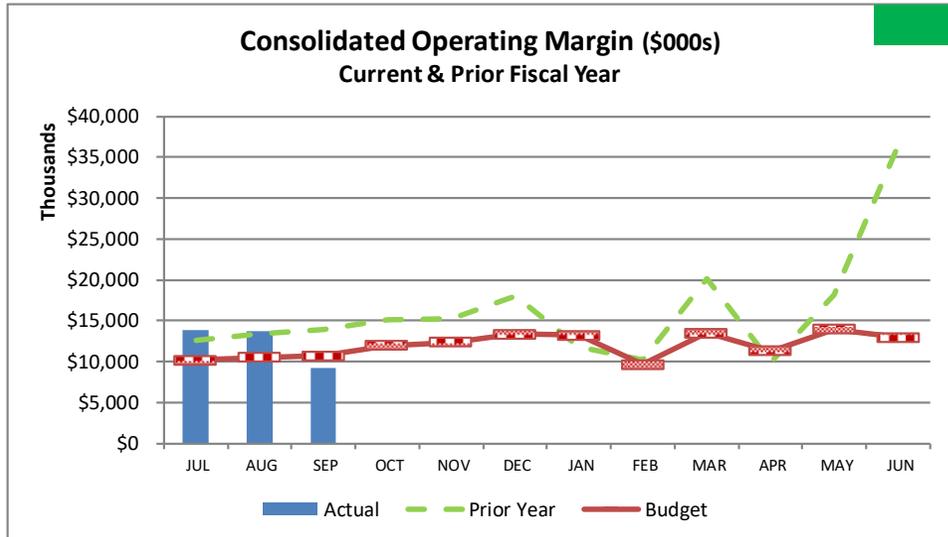
Financial Overview: YTD FY2023 (as of 9/30/2022)

Consolidated Financial Performance

- YTD FY2023 operating margin is \$36.8M compared to the budget of \$31.4M and \$3.1M / 7.9% below prior year
- Operating expense is \$5.8M / 1.9% unfavorable to budget
 - When adjusted for volume levels, operating expense per CMI adjusted discharge is \$17,942 which is 0.5% favorable to budget.
 - **Note: Excludes depreciation and interest expense**
- Year-over-year operating margin is \$3.1M below the same period last year:
 - Favorable: Continued strength in emergency services, outpatient surgery, and maternal child services
 - Unfavorable: Increased activity in Inpatient general medicine (non-procedural) services
- Year-over-year net margin is \$40.7M below the same period last year, which is attributed to unfavorable investment income.

APPENDIX

YTD FY2023 Financial KPIs – Monthly Trends



Investment Scorecard (as of 09/30/2022)

| Key Performance Indicator | Status | El Camino | Benchmark | El Camino | Benchmark | El Camino | Benchmark | FY22 Budget | Expectation Per Asset Allocation |
|---|--------|-------------------------------|-----------------------------|---------------------------------|---------------------------------------|---------------------------------------|-----------|----------------|----------------------------------|
| Investment Performance | | CY 3Q 2022/ FY 1Q 2023 | | Fiscal Year-to-Date 2023 | | Since NEPC Inception (3/31/22) | | FY 2022 | 2019 |
| Surplus cash balance* (millions) | | \$1,240.2 | -- | -- | -- | -- | -- | -- | -- |
| Surplus Cash Return | Yellow | -4.0% | -4.1% | -4.0% | -4.1% | -12.3% | -11.8% | 4.0% | 5.6% |
| Cash balance plan balance (millions) | | \$285.6 | -- | -- | -- | -- | -- | -- | -- |
| Cash balance plan return | Yellow | -4.6% | -4.4% | -4.6% | -4.4% | -14.8% | -12.8% | 6.0% | 6.0% |
| 403(b) plan balance (millions) | | n/a | -- | -- | -- | -- | -- | -- | -- |
| Risk vs. Return | | 3-year | | | Since NEPC Inception (3/31/22) | | | 2019 | |
| Surplus cash Sharpe ratio | Yellow | 0.13 | 0.19 | -- | -- | n/a | n/a | -- | 0.34 |
| Net of fee return | Yellow | 1.5% | 2.0% | -- | -- | -12.3% | -11.8% | -- | 5.6% |
| Standard deviation | Yellow | 9.4% | 9.7% | -- | -- | n/a | n/a | -- | 8.7% |
| Cash balance Sharpe ratio | Yellow | 0.18 | 0.25 | -- | -- | n/a | n/a | -- | 0.32 |
| Net of fee return | Yellow | 2.1% | 2.8% | -- | -- | -14.8% | -12.8% | -- | 6.0% |
| Standard deviation | Yellow | 12.4% | 11.3% | -- | -- | n/a | n/a | -- | 10.3% |
| Asset Allocation | | CY 3Q 2022/ FY 1Q 2023 | | | | | | | |
| Surplus cash absolute variances to target | Green | 7.2% | < 10% Green < 20% Yellow | -- | -- | -- | -- | -- | -- |
| Cash balance absolute variances to target | Green | 8.6% | < 10% Green < 20% Yellow | -- | -- | -- | -- | -- | -- |
| Manager Compliance | | CY 3Q 2022/ FY 1Q 2023 | | | | | | | |
| Surplus cash manager flags | | n/a | < 24% Green < 30% Yellow | -- | -- | -- | -- | -- | -- |
| Cash balance manager flags | | n/a | < 27% Green < 34% Yellow | -- | -- | -- | -- | -- | -- |

* Excludes debt reserves and District assets (\$40.2 mm)



Notes on Key Performance Indicator Status:

- Investment Performance: Status based on Since NEPC Inception return vs. Benchmark
- Risk vs. Return: Status based on 3-year metrics vs. Expectations Per Asset Allocation

Period 3 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 09/30/2022)

(\$000s)

| | Period 3- Month | | | Period 3- FYTD | | |
|--|-----------------|----------------|-----------------|-----------------|----------------|-----------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| El Camino Hospital Operating Margin | | | | | | |
| Mountain View | 7,905 | 10,417 | (2,511) | 32,826 | 30,388 | 2,438 |
| Los Gatos | 4,752 | 3,828 | 925 | 13,377 | 11,233 | 2,145 |
| Sub Total - El Camino Hospital, excl. Affilates | 12,658 | 14,244 | (1,586) | 46,203 | 41,621 | 4,582 |
| Operating Margin % | 11.3% | 13.3% | | 13.7% | 12.9% | |
| El Camino Hospital Non Operating Income | | | | | | |
| Sub Total - Non Operating Income | (57,364) | 2,702 | (60,066) | (44,125) | 7,807 | (51,932) |
| El Camino Hospital Net Margin | (44,706) | 16,946 | (61,653) | 2,078 | 49,427 | (47,349) |
| ECH Net Margin % | (39.7%) | 15.8% | | 0.6% | 15.3% | |
| Concern | (598) | 91 | (689) | (493) | 259 | (753) |
| Foundation | (1,089) | (32) | (1,057) | (1,375) | (43) | (1,332) |
| El Camino Health Medical Network | (3,327) | (3,272) | (55) | (9,017) | (9,475) | 458 |
| Net Margin Hospital Affiliates | (5,013) | (3,212) | (1,801) | (10,885) | (9,259) | (1,626) |
| Total Net Margin Hospital & Affiliates | (49,719) | 13,735 | (63,454) | (8,807) | 40,168 | (48,975) |

Consolidated Statement of Operations (\$000s)

Period 3 ending 09/30/2022

| Period 3 FY 2022 | Period 3 FY 2023 | Period 3 Budget 2023 | Variance Fav (Unfav) | Var% | \$000s | YTD FY 2022 | YTD FY 2023 | YTD Budget 2023 | Variance Fav (Unfav) | Var% |
|---------------------|---------------------|-------------------------|-------------------------|-----------------|--------------------------------------|----------------|----------------|--------------------|-------------------------|-----------------|
| | | | | | OPERATING REVENUE | | | | | |
| 420,182 | 464,347 | 419,942 | 44,404 | 10.6% | Gross Revenue | 1,245,092 | 1,398,754 | 1,269,945 | 128,810 | 10.1% |
| (315,406) | (351,416) | (311,157) | (40,259) | (12.9%) | Deductions | (934,059) | (1,058,974) | (942,238) | (116,736) | (12.4%) |
| 104,776 | 112,931 | 108,785 | 4,145 | 3.8% | Net Patient Revenue | 311,032 | 339,781 | 327,707 | 12,074 | 3.7% |
| 3,479 | 3,537 | 3,861 | (323) | (8.4%) | Other Operating Revenue | 10,340 | 10,809 | 11,712 | (903) | (7.7%) |
| 108,256 | 116,468 | 112,646 | 3,822 | 3.4% | Total Operating Revenues | 321,373 | 350,590 | 339,418 | 11,172 | 3.3% |
| | | | | | OPERATING EXPENSE | | | | | |
| 53,629 | 61,295 | 56,655 | (4,639) | (8.2%) | Salaries & Wages | 160,569 | 184,778 | 172,765 | (12,013) | (7.0%) |
| 14,862 | 17,604 | 16,305 | (1,299) | (8.0%) | Supplies | 44,540 | 49,266 | 48,659 | (607) | (1.2%) |
| 14,800 | 16,493 | 16,524 | 31 | 0.2% | Fees & Purchased Services | 43,372 | 44,306 | 49,110 | 4,804 | 9.8% |
| 3,676 | 3,990 | 4,854 | 863 | 17.8% | Other Operating Expense | 10,851 | 11,963 | 14,576 | 2,613 | 17.9% |
| 1,418 | 1,479 | 1,397 | (82) | (5.9%) | Interest | 4,254 | 4,353 | 4,191 | (162) | (3.9%) |
| 5,902 | 6,432 | 6,190 | (242) | (3.9%) | Depreciation | 17,785 | 19,081 | 18,691 | (391) | (2.1%) |
| 94,286 | 107,293 | 101,926 | (5,368) | (5.3%) | Total Operating Expenses | 281,371 | 313,746 | 307,992 | (5,755) | (1.9%) |
| 13,970 | 9,175 | 10,721 | (1,546) | (14.4%) | Net Operating Margin | 40,002 | 36,843 | 31,427 | 5,417 | 17.2% |
| (18,378) | (58,894) | 3,014 | (61,908) | (2054.1%) | Non Operating Income | (8,158) | (45,650) | 8,741 | (54,392) | (622.2%) |
| (4,408) | (49,719) | 13,735 | (63,454) | (462.0%) | Net Margin | 31,844 | (8,807) | 40,168 | (48,975) | (121.9%) |
| 21,289 | 17,086 | 18,308 | (1,222) | (6.7%) | Operating EBIDA | 62,041 | 60,278 | 54,309 | 5,969 | 11.0% |
| 19.7% | 14.7% | 16.3% | (1.6%) | | Operating EBIDA Margin | 19.3% | 17.2% | 16.0% | 1.2% | |
| 12.9% | 7.9% | 9.5% | (1.6%) | | Operating Margin | 12.4% | 10.5% | 9.3% | 1.2% | |
| (4.1%) | (42.7%) | 12.2% | (54.9%) | | Net Margin | 9.9% | (2.5%) | 11.8% | (14.3%) | |

El Camino Hospital – Mountain View

Statement of Operations (\$000s)

Period 3 ending 09/30/2022

| Period 3 FY 2022 | Period 3 FY 2023 | Period 3 Budget 2023 | Variance Fav (Unfav) | Var% | \$000s | YTD FY 2022 | YTD FY 2023 | YTD Budget 2023 | Variance Fav (Unfav) | Var% |
|---------------------------|---------------------|-------------------------|-------------------------|-----------------|--------------------------------------|----------------|-----------------|--------------------|-------------------------|-----------------|
| OPERATING REVENUES | | | | | | | | | | |
| 319,630 | 349,785 | 312,780 | 37,005 | 11.8% | Gross Revenue | 939,066 | 1,058,641 | 950,705 | 107,936 | 11.4% |
| (239,019) | (264,588) | (230,885) | (33,702) | (14.6%) | Deductions | (700,528) | (800,974) | (702,671) | (98,303) | (14.0%) |
| 80,611 | 85,197 | 81,895 | 3,303 | 4.0% | Net Patient Revenue | 238,537 | 257,667 | 248,034 | 9,633 | 3.9% |
| 1,437 | 1,936 | 1,572 | 364 | 23.1% | Other Operating Revenue | 3,988 | 5,347 | 4,864 | 483 | 9.9% |
| 82,048 | 87,133 | 83,467 | 3,666 | 4.4% | Total Operating Revenues | 242,525 | 263,014 | 252,898 | 10,116 | 4.0% |
| OPERATING EXPENSES | | | | | | | | | | |
| 42,643 | 48,342 | 44,001 | (4,341) | (9.9%) | Salaries & Wages | 127,191 | 145,577 | 134,762 | (10,815) | (8.0%) |
| 11,017 | 12,910 | 11,728 | (1,182) | (10.1%) | Supplies | 33,220 | 35,638 | 35,077 | (561) | (1.6%) |
| 6,732 | 8,460 | 7,764 | (696) | (9.0%) | Fees & Purchased Services | 20,124 | 20,832 | 23,601 | 2,769 | 11.7% |
| 2,448 | 3,088 | 3,356 | 268 | 8.0% | Other Operating Expense | 7,076 | 8,998 | 10,370 | 1,372 | 13.2% |
| 1,418 | 1,479 | 1,397 | (82) | (5.9%) | Interest | 4,254 | 4,353 | 4,191 | (162) | (3.9%) |
| 4,547 | 4,948 | 4,803 | (145) | (3.0%) | Depreciation | 13,733 | 14,791 | 14,508 | (283) | (1.9%) |
| 68,805 | 79,228 | 73,050 | (6,177) | (8.5%) | Total Operating Expenses | 205,599 | 230,188 | 222,510 | (7,679) | (3.5%) |
| 13,243 | 7,905 | 10,417 | (2,511) | (24.1%) | Net Operating Margin | 36,926 | 32,826 | 30,388 | 2,438 | 8.0% |
| (17,842) | (57,364) | 2,702 | (60,066) | (2222.9%) | Non Operating Income | (7,823) | (44,125) | 7,807 | (51,932) | (665.2%) |
| (4,599) | (49,459) | 13,119 | (62,578) | (477.0%) | Net Margin | 29,104 | (11,299) | 38,195 | (49,494) | (129.6%) |
| 19,208 | 14,333 | 16,617 | (2,284) | (13.7%) | Operating EBIDA | 54,913 | 51,970 | 49,087 | 2,882 | 5.9% |
| 23.4% | 16.4% | 19.9% | (3.5%) | | Operating EBIDA Margin | 22.6% | 19.8% | 19.4% | 0.3% | |
| 16.1% | 9.1% | 12.5% | (3.4%) | | Operating Margin | 15.2% | 12.5% | 12.0% | 0.5% | |
| (5.6%) | (56.8%) | 15.7% | (72.5%) | | Net Margin | 12.0% | (4.3%) | 15.1% | (19.4%) | |

El Camino Hospital – Los Gatos

Statement of Operations (\$000s)

Period 3 ending 09/30/2022

| Period 3 FY 2022 | Period 3 FY 2023 | Period 3 Budget 2023 | Variance Fav (Unfav) | Var% | \$000s | YTD FY 2022 | YTD FY 2023 | YTD Budget 2023 | Variance Fav (Unfav) | Var% |
|--------------------------|---------------------|-------------------------|-------------------------|---------------|--------------------------------------|----------------|----------------|--------------------|-------------------------|---------------|
| OPERATING REVENUE | | | | | | | | | | |
| 90,575 | 106,256 | 96,658 | 9,597 | 9.9% | Gross Revenue | 276,517 | 314,905 | 291,227 | 23,678 | 8.1% |
| (69,755) | (81,221) | (73,330) | (7,891) | (10.8%) | Deductions | (214,109) | (241,087) | (221,052) | (20,034) | (9.1%) |
| 20,820 | 25,035 | 23,329 | 1,707 | 7.3% | Net Patient Revenue | 62,408 | 73,819 | 70,174 | 3,644 | 5.2% |
| 274 | 301 | 262 | 39 | 14.9% | Other Operating Revenue | 837 | 864 | 788 | 77 | 9.7% |
| 21,094 | 25,336 | 23,590 | 1,746 | 7.4% | Total Operating Revenue | 63,245 | 74,683 | 70,962 | 3,721 | 5.2% |
| OPERATING EXPENSE | | | | | | | | | | |
| 8,843 | 10,544 | 9,882 | (662) | (6.7%) | Salaries & Wages | 27,498 | 32,415 | 30,064 | (2,351) | (7.8%) |
| 3,576 | 4,454 | 4,245 | (208) | (4.9%) | Supplies | 10,504 | 12,686 | 12,575 | (111) | (0.9%) |
| 3,582 | 4,165 | 3,993 | (172) | (4.3%) | Fees & Purchased Services | 10,246 | 11,886 | 12,095 | 209 | 1.7% |
| 347 | 258 | 556 | 298 | 53.6% | Other Operating Expense | 910 | 992 | 1,718 | 726 | 42.3% |
| 0 | 0 | 0 | 0 | 0.0% | Interest | 0 | 0 | 0 | 0 | 0.0% |
| 1,059 | 1,163 | 1,086 | (77) | (7.1%) | Depreciation | 3,176 | 3,326 | 3,277 | (49) | (1.5%) |
| 17,406 | 20,584 | 19,763 | (821) | (4.2%) | Total Operating Expense | 52,334 | 61,306 | 59,730 | (1,576) | (2.6%) |
| 3,688 | 4,752 | 3,828 | 925 | 24.2% | Net Operating Margin | 10,911 | 13,377 | 11,233 | 2,145 | 19.1% |
| 0 | 0 | 0 | 0 | 0.0% | Non Operating Income | 23 | 0 | 0 | 0 | 0.0% |
| 3,688 | 4,752 | 3,828 | 925 | 24.2% | Net Margin | 10,934 | 13,377 | 11,233 | 2,145 | 19.1% |
| 4,747 | 5,915 | 4,913 | 1,002 | 20.4% | Operating EBIDA | 14,088 | 16,704 | 14,510 | 2,194 | 15.1% |
| 22.5% | 23.3% | 20.8% | 2.5% | | Operating EBIDA Margin | 22.3% | 22.4% | 20.4% | 1.9% | |
| 17.5% | 18.8% | 16.2% | 2.5% | | Operating Margin | 17.3% | 17.9% | 15.8% | 2.1% | |
| 17.5% | 18.8% | 16.2% | 2.5% | | Net Margin | 17.3% | 17.9% | 15.8% | 2.1% | |

El Camino Health Medical Network

Statement of Operations (\$000s)

Period 3 ending 09/30/2022

| Period 3 FY 2022 | Period 3 FY 2023 | Period 3 Budget 2023 | Variance Fav (Unfav) | Var% | \$000s | YTD FY 2022 | YTD FY 2023 | YTD Budget 2023 | Variance Fav (Unfav) | Var% |
|---------------------------|---------------------|-------------------------|-------------------------|----------------|--------------------------------------|----------------|----------------|--------------------|-------------------------|----------------|
| OPERATING REVENUES | | | | | | | | | | |
| 9,977 | 8,306 | 10,504 | (2,197) | (20.9%) | Gross Revenue | 29,510 | 25,208 | 28,013 | (2,805) | (10.0%) |
| (6,632) | (5,608) | (6,942) | 1,334 | 19.2% | Deductions | (19,422) | (16,913) | (18,515) | 1,601 | 8.6% |
| 3,346 | 2,699 | 3,562 | (864) | (24.2%) | Net Patient Revenue | 10,087 | 8,295 | 9,499 | (1,203) | (12.7%) |
| 912 | 617 | 1,288 | (671) | (52.1%) | Other Operating Revenue | 2,685 | 2,548 | 3,844 | (1,295) | (33.7%) |
| 4,258 | 3,316 | 4,850 | (1,534) | (31.6%) | Total Operating Revenues | 12,772 | 10,843 | 13,342 | (2,499) | (18.7%) |
| OPERATING EXPENSES | | | | | | | | | | |
| 1,696 | 1,951 | 2,267 | 316 | 13.9% | Salaries & Wages | 4,607 | 5,450 | 6,401 | 951 | 14.9% |
| 263 | 237 | 325 | 88 | 27.1% | Supplies | 790 | 921 | 989 | 67 | 6.8% |
| 3,847 | 3,544 | 4,355 | 811 | 18.6% | Fees & Purchased Services | 11,668 | 10,715 | 12,235 | 1,520 | 12.4% |
| 846 | 602 | 893 | 291 | 32.6% | Other Operating Expense | 2,710 | 1,845 | 2,344 | 499 | 21.3% |
| 0 | 0 | 0 | 0 | 0.0% | Interest | 0 | 0 | 0 | 0 | 0.0% |
| 284 | 309 | 283 | (27) | (9.4%) | Depreciation | 839 | 929 | 849 | (80) | (9.4%) |
| 6,936 | 6,643 | 8,122 | 1,479 | 18.2% | Total Operating Expenses | 20,615 | 19,860 | 22,817 | 2,957 | 13.0% |
| (2,677) | (3,327) | (3,272) | (55) | (1.7%) | Net Operating Margin | (7,842) | (9,017) | (9,475) | 458 | 4.8% |
| 0 | 0 | 0 | 0 | 0.0% | Non Operating Income | 0 | 0 | 0 | 0 | 0.0% |
| (2,677) | (3,327) | (3,272) | (55) | (1.7%) | Net Margin | (7,842) | (9,017) | (9,475) | 458 | 4.8% |
| (2,393) | (3,018) | (2,989) | (29) | (1.0%) | Operating EBIDA | (7,003) | (8,088) | (8,626) | 538 | 6.2% |
| (56.2%) | (91.0%) | (61.6%) | (29.4%) | | Operating EBIDA Margin | (54.8%) | (74.6%) | (64.7%) | (9.9%) | |
| (62.9%) | (100.3%) | (67.5%) | (32.9%) | | Operating Margin | (61.4%) | (83.2%) | (71.0%) | (12.1%) | |
| (62.9%) | (100.3%) | (67.5%) | (32.9%) | | Net Margin | (61.4%) | (83.2%) | (71.0%) | (12.1%) | |

Consolidated Balance Sheet (as of 09/30/2022)

(\$000s)

| ASSETS | Unaudited | | LIABILITIES AND FUND BALANCE | Unaudited | |
|--|--------------------|------------------|---|--------------------|------------------|
| | September 30, 2022 | June 30, 2022 | | September 30, 2022 | June 30, 2022 |
| CURRENT ASSETS | | | CURRENT LIABILITIES | | |
| Cash | 189,126 | 196,067 | Accounts Payable | 52,073 | 51,286 |
| Short Term Investments | 101,772 | 138,654 | Salaries and Related Liabilities | 44,408 | 46,502 |
| Patient Accounts Receivable, net | 213,989 | 209,668 | Accrued PTO | 35,581 | 34,449 |
| Other Accounts and Notes Receivable | 16,134 | 9,927 | Worker's Comp Reserve | 2,300 | 2,300 |
| Intercompany Receivables | 12,027 | 13,998 | Third Party Settlements | 12,845 | 14,942 |
| Inventories and Prepaids | 39,980 | 36,476 | Intercompany Payables | 9,285 | 13,489 |
| Total Current Assets | 573,028 | 604,789 | Malpractice Reserves | 2,096 | 2,096 |
| | | | Bonds Payable - Current | 9,905 | 9,905 |
| BOARD DESIGNATED ASSETS | | | Bond Interest Payable | 3,238 | 8,096 |
| Foundation Board Designated | 20,650 | 18,721 | Other Liabilities | 11,615 | 15,739 |
| Plant & Equipment Fund | 322,737 | 310,367 | Total Current Liabilities | 183,346 | 198,804 |
| Women's Hospital Expansion | 30,369 | 30,261 | | | |
| Operational Reserve Fund | 182,907 | 182,907 | LONG TERM LIABILITIES | | |
| Community Benefit Fund | 16,713 | 18,299 | Post Retirement Benefits | 30,054 | 29,783 |
| Workers Compensation Reserve Fund | 14,029 | 14,029 | Worker's Comp Reserve | 14,029 | 14,029 |
| Postretirement Health/Life Reserve Fund | 30,054 | 29,783 | Other L/T Obligation (Asbestos) | 26,350 | 5,073 |
| PTO Liability Fund | 34,808 | 33,709 | Bond Payable | 465,414 | 466,838 |
| Malpractice Reserve Fund | 1,903 | 1,906 | Total Long Term Liabilities | 535,848 | 515,723 |
| Catastrophic Reserves Fund | 23,538 | 24,668 | | | |
| Total Board Designated Assets | 677,707 | 664,651 | DEFERRED REVENUE-UNRESTRICTED | 12,198 | 12,864 |
| | | | | | |
| FUNDS HELD BY TRUSTEE | 2 | 0 | DEFERRED INFLOW OF RESOURCES | 104,367 | 51,133 |
| | | | | | |
| LONG TERM INVESTMENTS | 461,229 | 499,483 | FUND BALANCE/CAPITAL ACCOUNTS | | |
| | | | Unrestricted | 2,134,197 | 2,154,900 |
| CHARITABLE GIFT ANNUITY INVESTMENTS | 890 | 940 | Board Designated | 208,648 | 210,197 |
| | | | Restricted | 40,052 | 36,601 |
| INVESTMENTS IN AFFILIATES | 29,329 | 30,376 | Total Fund Bal & Capital Accts | 2,382,897 | 2,401,698 |
| | | | | | |
| PROPERTY AND EQUIPMENT | | | TOTAL LIABILITIES AND FUND BALANCE | 3,218,656 | 3,180,222 |
| Fixed Assets at Cost | 1,898,179 | 1,872,501 | | | |
| Less: Accumulated Depreciation | (797,508) | (778,427) | | | |
| Construction in Progress | 114,357 | 96,603 | | | |
| Property, Plant & Equipment - Net | 1,215,027 | 1,190,676 | | | |
| | | | | | |
| DEFERRED OUTFLOWS | 19,324 | 19,474 | | | |
| RESTRICTED ASSETS | 34,603 | 31,200 | | | |
| OTHER ASSETS | 207,515 | 138,632 | | | |
| TOTAL ASSETS | 3,218,656 | 3,180,222 | | | |

| Finance Committee | | | | | | | | | | | | |
|--|-----|------|------|-----|-------|-----|------|-----|------|-----|------|-----|
| AGENDA ITEM | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
| | JUL | 8/15 | 9/27 | OCT | 11/21 | DEC | 1/31 | FEB | 3/27 | APR | 5/22 | JUN |
| STANDING AGENDA ITEMS | | | | | | | | | | | | |
| Standing Consent Agenda Items | | ✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | |
| Minutes | | ✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | |
| Period Financials Report (Approval) | | ✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | |
| Board Actions | | ✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | |
| Executive Session | | ✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | |
| 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) | | ✓ | | | | | | | | | | |
| Service Line Review | | | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | |
| Progress on Opportunities/ Risks | | | | | ✓ | | | | | | | |
| Medical Staff Development Plan (every 2 years) | | ✓ | | | | | | | | | | |
| Progress Against Committee Goals & Pacing Plan (Quarterly) | | | | | ✓ | | | | ✓ | | | |

| Finance Committee | | | | | | | | | | | | |
|--|-----|------|------|-----|-------|-----|------|-----|------|-----|------|-----|
| AGENDA ITEM | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
| | JUL | 8/15 | 9/27 | OCT | 11/21 | DEC | 1/31 | FEB | 3/27 | APR | 5/22 | JUN |
| Foundation Update | | | | | ✓ | | | | | | | |
| ECHMN Update | | | ✓ | | | | ✓ | | | | ✓ | |
| Community Benefit Grant Application Process | | | | | ✓ | | | | ✓ | | | |
| Progress Against Strategic Plan | | | | | ✓ | | | | ✓ | | ✓ | |
| Managed Care Update | | | | | | | ✓ | | | | | |
| Long Range Financial Forecast | | | | | | | ✓ | | | | | |
| Revenue Cycle Update | | | | | | | | | ✓ | | | |
| Next FY Budget process and Preliminary Assumptions Review | | | | | | | | | ✓ | | | |
| Review FY Operational / Capital Budget for Recommendation to Board | | | | | | | | | | | ✓ | |
| Community Benefit Grant Program Update | | | | | | | | | ✓ | | | |
| Summary Physician Financial Arrangements | | | | | | | | | ✓ | | | |
| Committee Planning (goals, dates, plan) | | | | | | | | | ✓ | | | |
| Post Implementation Review (as needed) | | | | | | | | | | | | |
| Other Updates ¹ (as needed) | | | | | | | | | | | | |

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

FY2023 COMMITTEE GOALS

Finance Committee

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. Review Progress Against Strategic Plan | Q2, Q3 and Q4 | November 2022 In Progress , March 2023, May 2023 |
| 2. Summary of Physician Financial Agreements | Q3 | March 2023 |
| 3. Review Progress on Opportunities / Risks identified by Management for FY2023 and Managed Care Update | Q2, Q3 | Progress on Opportunities / Risks (November 2022), Managed Care update (January 2023) |
| 4. Review strategy, goals, and performance of business affiliates and service lines: 1) Joint Venture – Satellite Healthcare, 2) Orthopedics, 3) Cardiology, 4) ECHMN, 5) CONCERN, 6) Hospital Community Benefits Program, 7) Foundation Performance to Target and 3-5 year strategic plan 8) Urology 9) Oncology | Q1 | Service Line Overview: CONCERN (2022), In Progress Urology (September 2022), ECHMN (September 2022) |
| | Q2 | Service Line Overview: Orthopedics (November 2022) In Progress , Hospital Community Benefits Program In Progress (November 2022), Philanthropy Foundation (November 2022) In Progress |
| | Q3 | Service Line Overview: ECHMN (January 2023), Cardiology (January 2023), Hospital Community Benefits Program (March 2023), Oncology (March 2023) |
| | Q4 | ECHMN (May 2023) |
| 5. Review and evaluate ongoing customer service/patient experience tactics / metrics and use of AI to improve the process and customer experience for the Revenue Cycle | Q3 | Monitor customer service and patient satisfaction metrics (March 2023) |

M&A Quarterly Activity Report: Q3 2022

Transactions Between Hospitals and Health Systems

M&A activity between hospitals and health systems in Q3 2022 remained low, with 10 announced transactions, but comparable to slower activity in Q3 2021, which had seven announced transactions.

This quarter saw two transactions that met our definition of “mega” transaction (with smaller party annual revenues in excess of \$1 billion). Mega transactions typically are strategic in nature, but financial/capital structure interests drove the two Q3 mega transactions.

The two transactions were:

- Pure Health’s [\\$500 million minority equity investment](#) in Ardent Health Services¹
- A transaction involving [the sale by Medical Properties Trust, Inc.](#), of nine hospitals and two related medical office buildings in California, Indiana, Nevada, and Pennsylvania to Prime Healthcare pursuant to a tenant purchase option

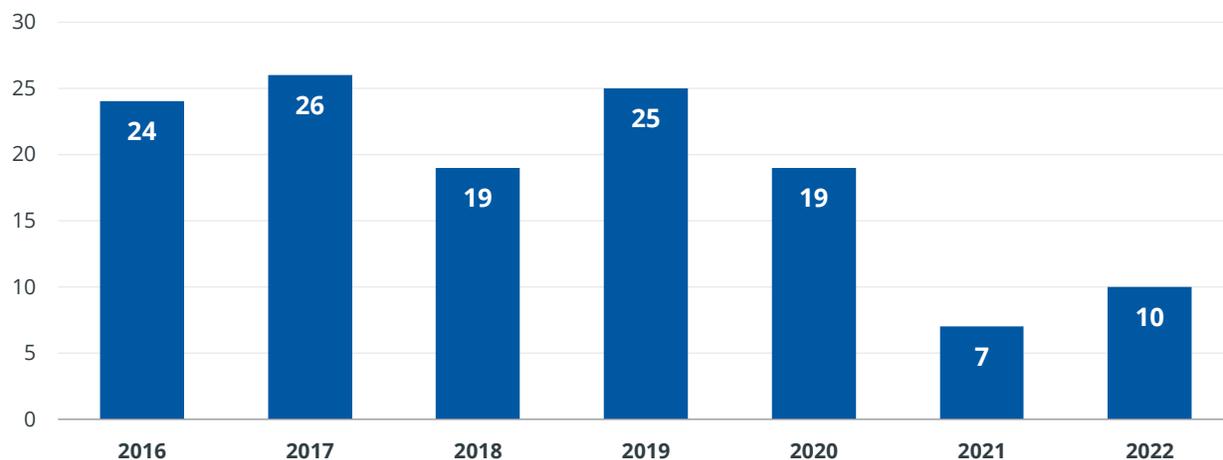
The largest strategic transaction in Q3 was UChicago Medicine’s [acquisition of a controlling interest](#) in AdventHealth’s Great Lakes Region.

¹ Consistent with prior reports, our methodology includes minority control/equity investments in our reported announced transactions. In this case, Ardent Health Services’ annual revenue of \$4.9 billion was included in our Q3 2022 metrics, including average seller size by revenue and total transacted revenue for the quarter.

Overview of Q3 Activity

The 10 announced transactions in Q3 2022 were slightly below the numbers we saw in Q1 and Q2. They were consistent, however, with the recent trend of activity running below historical, pre-pandemic levels and above the seven announced transactions in Q3 2021 (Figure 1).

Figure 1: Number of Q3 Announced Transactions by Year, 2016 – 2022



Source: Kaufman, Hall & Associates, LLC

The size of the Q3 announced transactions generated an average smaller party size of \$834 million, above the 2021 year-end average of \$619 million (Figure 2).

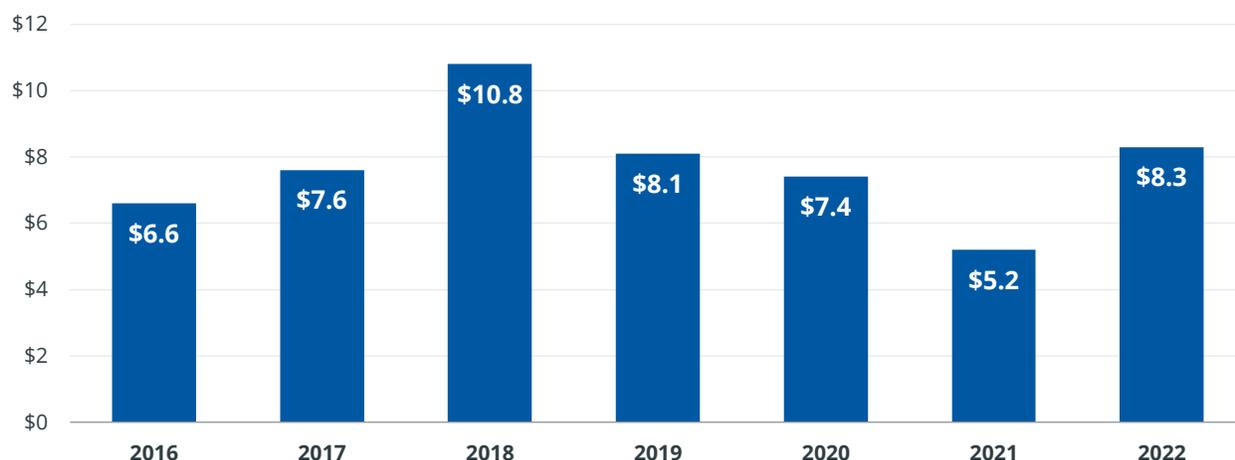
Figure 2: Average Smaller Party Size (\$s in Millions), Q3 2022 Compared with Year-End Averages, 2016 – 2021



Source: Kaufman, Hall & Associates, LLC

Total transacted revenue was \$8.3 billion, above the \$5.2 billion recorded in Q3 2021 (Figure 3).

Figure 3: Total Q3 Transacted Revenue (\$s in Billions) by Year



Source: Kaufman, Hall & Associates, LLC

In two of the 10 announced Q3 transactions, the acquirer was a for-profit health system. In four transactions, there was an academic/university-affiliated acquirer and there was a religiously affiliated acquirer in one transaction. Other not-for-profit health systems were the acquirer in the remaining three transactions.

Spotlight on the For-Profit Sector

The for-profit sector has been the source of one of the most significant trends we have observed over the past year: portfolio realignment. In [our 2021 year-end report](#), for example, we commented on several transactions involving for-profit sellers that signaled a trend toward rebalancing portfolio holdings to concentrate on core assets and markets. That trend toward portfolio realignment [continued into Q1 of this year](#), when the percentage of transactions involving a for-profit seller reached an all-time high of 58%.

This quarter again saw interesting movement in the for-profit sector. In West Virginia, Community Health Systems (CHS) continued the trend of for-profit systems selling specific, stand-alone assets with its announced intention to sell Greenbrier Valley Medical Center to Vandalia Health.² Vandalia Health is itself a new entity formed in September 2022 by the merger of Charleston Area Medical Center Health System and Mon Health; the acquisition of Greenbrier Valley will extend the new system’s geography into eastern West Virginia as it pursues a regional growth strategy.

2 Kaufman Hall served as exclusive transaction advisor to Vandalia Health.

In September, Pure Health—based in the United Arab Emirates (UAE)—announced its intention to acquire a \$500 million minority equity investment in Ardent Health Services, a 30-hospital, for-profit health system with locations in six states. This investment represents a new type of capital provider in the U.S. market, where private equity firms have typically invested in specialty service providers or hospital management companies. Pure Health, a subsidiary of Alpha Dhabi Holding—is the largest healthcare platform in the UAE. The focus of the investment includes the opportunity to exchange healthcare knowledge across significantly different geographies. Pure Health’s CEO, Farhan Malik, [said the deal represents](#) an effort “to build relationships with leading U.S. healthcare providers to leverage the highest standards and best clinical practices to provide an unrivalled healthcare experience for patients in the UAE.”

Given the current volatile interest rate environment, we anticipate that systems (both for-profit and not-for-profit) will be focusing heavily on their capital structures, which may spur more financially driven transactions.

Looking Forward

Portfolio realignment and focused regional growth are among the trends we expect to continue, as hospitals and health systems focus on building depth and breadth of services within core markets. We also anticipate continued growth in partnership models that can offer new sources of capital and new capabilities as organizations [emerge from an extremely challenging financial year](#) and refocus on strategic growth opportunities.

Co-contributors

Anu Singh, Managing Director and Leader of the Partnerships,
Mergers & Acquisitions Practice, asingh@kaufmanhall.com

Kris Blohm, Managing Director, kblohm@kaufmanhall.com

Nora Kelly, Managing Director, nkelly@kaufmanhall.com

Courtney Midanek, Managing Director, cmidanek@kaufmanhall.com

Chris Peltola, Assistant Vice President, cpeltola@kaufmanhall.com

Blake Dorris, Assistant Vice President, bdorris@kaufmanhall.com

Matthew Santulli, Senior Associate, msantulli@kaufmanhall.com

For media inquiries, please contact Haydn Bush at hbush@kaufmanhall.com.

Providence responds to New York Times billing practice report

Andrew Cass – September 26, 2022

Providence has [shared](#) the internal message it sent following the [New York Times'](#) Sept. 24 report regarding the Renton, Wash.-based health system's alleged billing practices.

In the Sept. 29 letter — which was posted online Oct. 3 — chief financial officer Greg Hoffman called the allegations "shocking and upsetting."

"As I read the story, I did not recognize the organization that was being described because it is not the organization we serve, I am sorry you had to read it, and I want to assure you that what was shared in the paper is not an accurate reflection of who we are," Mr. Hoffman said.

Mr. Hoffman called the crux of the *Times'* allegations — that Providence intentionally changed its policy to send those who were eligible for charity care to debt collections — "categorically untrue." Instead, Mr. Hoffman placed the blame on an unintended error that occurred when the system switched from a manual process to an automated one, causing some Medicaid patients to receive collection notices. He said the error was brought to Providence's attention in December and was fixed.

Providence will [reimburse](#) about 760 Medicaid patients whose accounts were sent to debt collectors, including interest accrued. Mr. Hoffman said they are also reaching out to the patients featured in the *Times* report to "talk with them about their experience and ensure they have the financial assistance they need." He also said Providence provided charity care to more 266,000 people in 2021 and absorbed \$1.2 billion in uncompensated care costs.

"Again, I recognize how painful it has been to read and process the recent news coverage," Mr. Hoffman said. "It has been hard for us all, especially our financial counselors and revenue cycle caregivers, who serve those in need with respect and compassion every day."

Best hospitals for billing ethics, per Money and Leapfrog

Noah Schwartz - Friday, November 11th, 2022

How ethically a hospital treats its patients' wallets is a major factor in determining if that hospital can bring in patients. [Money magazine and the Leapfrog Group](#) named the best hospitals for patients looking for a fair bill.

The ranking used billing ethics data from Leapfrog's 2022 hospital survey, and hospitals had to have an "A" or "B" Leapfrog safety grade to qualify for the list. To learn more about Money and Leapfrog's methodology, click [here](#).

The best hospitals for billing ethics: *(All 50 states included hospitals, but California is only listed below)*

California

Alhambra Hospital Medical Center

Arroyo Grande Community Hospital

Bakersfield Memorial Hospital

Centinela Hospital Medical Center (Inglewood)

UCSF Benioff Children's Hospital Oakland

Chino Valley Medical Center

Corona Regional Medical Center

Desert Valley Hospital (Victorville)

El Camino Hospital (Mountain View)

El Camino Hospital Los Gatos

Encino Hospital Medical Center

French Hospital Medical Center (San Luis Obispo)

Garden Grove Hospital and Medical Center

Goleta Valley Cottage Hospital

Kaweah Health (Visalia)

La Palma Intercommunity Hospital
Mercy General Hospital (Sacramento)
Mercy San Juan Medical Center (Carmichael)
Methodist Hospital of Sacramento
Methodist Hospital of Southern California (Arcadia)
Montclair Hospital Medical Center
Natividad Medical Center (Salinas)
Paradise Valley Hospital (National City)
Parkview Community Hospital Medical Center (Riverside)
San Antonio Regional Hospital (Upland)
San Dimas Community Hospital
Santa Barbara Cottage Hospital
Sequoia Hospital (Redwood City)
Sharp Chula Vista Medical Center
Sharp Coronado Hospital and Healthcare Center
Sharp Grossmont Hospital (La Mesa)
Sharp Mary Birch Hospital for Women and Newborns (San Diego)
Sharp Memorial Hospital (San Diego)
Sherman Oaks Hospital
St. Elizabeth Community Hospital (Red Bluff)
Stanford Health Care
Stanford Health Care-ValleyCare (Pleasanton)
UC San Diego Health Hillcrest-Hillcrest Medical Center
UC San Diego Health La Jolla-Jacobs Medical Center and Sulpizio
Cardiovascular Center
UCSF Health-Mission Bay (San Francisco)
UCSF Medical Center Moffitt-Long Hospitals (San Francisco)
University of California Davis Medical Center (Sacramento)
Valley Children's Hospital (Madera)
Woodland Memorial Hospital

Health system cash reserves plummet

Laura Dyrda ([Twitter](#)) – November 14, 2022

Cash reserves, an important indicator of financial stability, are dropping for hospitals and health systems across the U.S.

Both large and small health systems are affected by rising labor and supply costs while reimbursement remains low. St. Louis-based Ascension [reported](#) days cash on hand dropped from 336 at the end of the 2021 fiscal year to 259 as of June 30, 2022, the end of the fiscal year. The system also reported accounts receivable increased three days from 47.3 in 2021 to 50.3 in 2022 because commercial payers were slow, especially in large dollar claims.

Trinity Health, based in Livonia, Mich., also [reported](#) days cash on hand dropped to 211 in fiscal year 2022, ending June 30, compared to 254 days at the end of 2021. Trinity attributed the 43-day decrease in cash on hand to "investment losses and the recoupment of the majority of the Medicare cash advances."

Chicago-based CommonSpirit Health [reported](#) days cash on hand decreased by 69 days in the last year. The 140-hospital health system reported 245 days cash on hand at the 2021 fiscal year's end June 30, and 176 days for 2022.

Lehigh Valley Health Network in Allentown, Pa., [said](#) unfavorable trends in the capital market led to investment losses and a drop in days cash on hand from 216 to 150 days in the 2022 fiscal year ending June 30. The health system also had a scheduled repayment of \$191.1 million in advance Medicare dollars as well as \$25 million in deferred payroll tax payments.

Philadelphia-based Thomas Jefferson University [reported](#) cash on hand for clinical operations dropped by 10.9 days in just the last quarter due to nonoperating investment losses and repaying government advances, which equaled about five days cash on hand. The health system reported 158.5 days cash on hand as of Sept. 30.

While the large health systems' days cash on hand are dropping, they still have deep reserves. Smaller hospitals and health systems are in a more dire situation. Doylestown (Pa.) Hospital [reported](#) as of Sept. 30 the system had 81 days cash

on hand, and Moody's downgraded the hospital in June after the days cash on hand dropped below 100.

Kaweah Health in Visalia, Calif., [saw](#) reserves plummet since the pandemic began from 130 to 84 days cash on hand. Gary Herbst, CEO of Kaweah Health, blamed lost elective procedures, high labor costs, inflation and more for the system's financial issues.

"The COVID-19 pandemic, and its aftermath, have brought District hospitals to the brink of financial collapse," Mr. Herbst wrote in an open letter to Gov. Gavin Newsom published in the *Visalia Times Delta*. He asked Mr. Newsom to provide additional funding for public district hospitals. "Without your help, it will soon be virtually impossible for Medi-Cal patients to receive anything but emergency medical care in the State of California."

https://www.beckershospitalreview.com/finance/health-system-cash-reserves-plummet.html?origin=CFOE&utm_source=CFOE&utm_medium=email&utm_content=newsletter&oly_enc_id=032818610890190

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

To: Finance Committee
From: Stephanie Iljin, Manager of Administration
Date: November 21, 2022
Subject: Report on Board Actions

Purpose: To keep the Committee informed regarding actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

Summary:

1. **Situation:** It is essential to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive; still, it includes agenda items the Board voted on that are most likely to be of interest to or pertinent to El Camino Hospital's Board Advisory Committees.
2. **Authority:** This is being brought to the Committees at the request of the Board and the Committees.
3. **Background:** Since the last time we provided this report to the Finance Committee, the Hospital Board has met twice and the District Board has met. In addition, since the Board has delegated specific authority to the Executive Compensation Committee, the Compliance and Audit Committee, and the Finance Committee, those approvals are also noted in this report.

| Board/Committee | Meeting Date | Actions (Approvals unless otherwise noted) |
|------------------|------------------|---|
| ECH Board | October 12, 2022 | <ul style="list-style-type: none"> - Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings - Credentialing and Privileges Report - Exception to Physician Financial Arrangements Policy - MV Otolaryngology ED and Inpatient Panel Review - Enterprise Neurology, Neurodiagnostic, and Neurohospitalist Coverage - Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings - FY2023 Period 2 Financial Report - FY2022 Audited Financial Report - FY2022 CEO Performance Incentive Plan Payout - FY2023 CEO Base Salary - FY2022 Organization Performance Incentive Plan Score |

Report on Board Actions
November 21, 2022

| Board/Committee | Meeting Date | Actions (Approvals unless otherwise noted) |
|---|--------------------|--|
| | November 9, 2022 | <ul style="list-style-type: none"> - Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings - Credentialing and Privileges Report - Physician Services Agreement - Capital Project Request – MV Imaging Equipment Replacement and Expansion |
| ECHD Board | October 18, 2022 | <ul style="list-style-type: none"> - Community Benefits Spotlight Resolution 2022-11: Day worker center of mountain view - Continuation of Resolution 2021-10; AB361 - Resolution 2022-08: Appointment of FY23 El Camino Hospital Board Member Ad Hoc Committee Advisory Members - FY22 Year-End Community Benefit Report - Community Benefit Sponsorship Report - Report on Covid-19 Community Program - FY23 Pacing Plan - Board Educational Activity Report – Director Zoglin - Board Educational Activity Report – Director Somersille - ECHD FY2022 Financials - Annual Adoption of Community Benefit Grants Policy - FY24 Community Benefit Board Policy Guidance and FY23 Update - FY2022 Audited Financial Report |
| Executive Compensation Committee | November 3, 2022 | <ul style="list-style-type: none"> - FY2022 CEO Performance Review Process and FY2023 Recommendations - Proposed FY23 Individual Executive Strategic Pick Goals (CHRO) |
| Compliance and Audit Committee | September 28, 2022 | <ul style="list-style-type: none"> - KPI Scorecard and Trends - Activity Log May – August 2022 - Internal Audit Work Plan - Internal Audit Follow-Up Table - Committee Pacing Plan - Review FY 2022 Consolidated Financial Statements, 403 (b) and Cash Balance Audit Results |
| Finance Committee | - N/A | |

List of Attachments: None.

Suggested Committee Discussion Questions: None.



El Camino Health

Summary of Financial Operations

*Fiscal Year 2023 – Period 4
7/1/2022 to 10/31/2022*

Executive Summary - Overall Commentary for Period 4

- Operating margin for period 4 was unfavorable to budget by \$880K / 7.3% and \$3.9M / 26.2% lower than the same period last year. Operating performance was impacted by the following:
 - Total operating revenue was favorable to budget by \$31.2M / 6.9%
 - Driven primarily by inpatient activity
 - Inpatient charges \$22.4M / 10.4% favorable to budget
 - Inpatient general medicine activity 23% over budget, driving unfavorable payor mix
 - Outpatient activity in the emergency room and surgery remain strong
 - Cost Management
 - When adjusted for volume, overall operating expense is favorable to budget
 - Labor: Contract Labor and Overtime remain at high levels
- Gross charges were favorable to budget by \$31.2M / 6.9% and \$67.4M / 16.3% higher than the same period last year.
- Net patient revenue was favorable to budget by \$1.3M / 1.1% and \$8.5M / 7.9% higher than the same period last year.
- Operating EBIDA was unfavorable to budget by \$629K / 3.2% and \$3.4M / 15.1% lower than the same period last year.
- Net income was favorable to budget by \$16.8M and \$7.9M lower than the same period last year.

Operational / Financial Results: Period 4 – October 2022 (as of 10/31/2022)

| (\$ thousands) | | Current Year | Budget | Variance to Budget | Performance to Budget | Prior Year | Variance to Prior Year | Variance to Prior Year | Moody's | S&P | Performance to Rating Agency Medians |
|-----------------------|------------------------------|---------------|---------------|--------------------|-----------------------|---------------|------------------------|------------------------|---------------|---------------|--------------------------------------|
| | | | | | | | | | 'A1' | 'AA' | |
| Activity / Volume | ADC | 301 | 257 | 44 | 17.2% | 283 | 19 | 6.6% | --- | --- | --- |
| | Total Acute Discharges | 1,890 | 1,764 | 126 | 7.2% | 1,826 | 64 | 3.5% | --- | --- | --- |
| | Adjusted Discharges | 3,706 | 3,549 | 157 | 4.4% | 3,429 | 277 | 8.1% | --- | --- | --- |
| | Emergency Room Visits | 5,697 | 5,376 | 321 | 6.0% | 5,175 | 522 | 10.1% | --- | --- | --- |
| | OP Procedural Cases | 12,190 | 14,244 | (2,054) | (14.4%) | 12,995 | (805) | (6.2%) | --- | --- | --- |
| | Gross Charges (\$) | 481,442 | 450,226 | 31,217 | 6.9% | 414,012 | 67,430 | 16.3% | --- | --- | --- |
| Operations | Total FTEs | 3,315 | 3,290 | 25 | 0.8% | 3,060 | 255 | 8.3% | --- | --- | --- |
| | Productive Hrs. / APD | 28.5 | 30.8 | (2.3) | (7.5%) | 29.3 | (0.8) | (2.7%) | --- | --- | --- |
| | Cost Per CMI AD | 16,934 | 18,036 | (1,102) | (6.1%) | 16,449 | 485 | 2.9% | --- | --- | --- |
| | Net Days in A/R | 60.8 | 54.0 | 6.8 | 12.6% | 55.6 | 5.2 | 9.3% | 47.7 | 49.7 | --- |
| Financial Performance | Net Patient Revenue (\$) | 115,090 | 113,829 | 1,261 | 1.1% | 106,632 | 8,458 | 7.9% | 138,547 | 82,105 | --- |
| | Total Operating Revenue (\$) | 118,906 | 117,823 | 1,083 | 0.9% | 111,138 | 7,768 | 7.0% | 152,743 | 109,602 | --- |
| | Operating Margin (\$) | 11,124 | 12,004 | (880) | (7.3%) | 15,073 | (3,949) | (26.2%) | 1,915 | 3,836 | --- |
| | Operating EBIDA (\$) | 18,914 | 19,543 | (629) | (3.2%) | 22,290 | (3,376) | (15.1%) | 11,188 | 10,741 | --- |
| | Net Income (\$) | 31,482 | 14,718 | 16,765 | 113.9% | 39,435 | (7,953) | (20.2%) | 8,124 | 7,343 | --- |
| | Operating Margin (%) | 9.4% | 10.2% | (0.8%) | (8.2%) | 13.6% | (4.2%) | (31.0%) | 1.9% | 3.5% | --- |
| | Operating EBIDA (%) | 15.9% | 16.6% | (0.7%) | (4.1%) | 20.1% | (4.1%) | (20.7%) | 8.3% | 9.8% | --- |
| | DCOH (days) | 243 | 325 | (82) | (25.2%) | 346 | (103) | (29.7%) | 306 | 355 | --- |

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021. 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 30, 2021. Dollar amounts have been adjusted to reflect monthly averages.

DCOH total includes cash, short-term and long-term investments.

Unfavorable Variance < 0.99%

Unfavorable Variance 1.00% - 4.99%

Unfavorable Variance > 5.00%

Operational / Financial Results: YTD FY2023 (as of 10/31/2022)

| (\$ thousands) | | Current Year | Budget | Variance to Budget | Performance to Budget | Prior Year | Variance to Prior Year | Variance to Prior Year | Moody's | S&P | Performance to Rating Agency Medians |
|-----------------------|------------------------------|--------------|-----------|--------------------|-----------------------|------------|------------------------|------------------------|---------|---------|--------------------------------------|
| | | | | | | | | | 'A1' | 'AA' | |
| Activity / Volume | ADC | 298 | 248 | 50 | 20.0% | 269 | 28 | 10.5% | --- | --- | --- |
| | Total Acute Discharges | 7,297 | 6,744 | 553 | 8.2% | 7,083 | 214 | 3.0% | --- | --- | --- |
| | Adjusted Discharges | 14,090 | 13,681 | 408 | 3.0% | 13,754 | 336 | 2.4% | --- | --- | --- |
| | Emergency Room Visits | 23,341 | 21,126 | 2,215 | 10.5% | 21,561 | 1,780 | 8.3% | --- | --- | --- |
| | OP Procedural Cases | 48,963 | 53,916 | (4,953) | (9.2%) | 50,634 | (1,671) | (3.3%) | --- | --- | --- |
| | Gross Charges (\$) | 1,880,196 | 1,720,170 | 160,026 | 9.3% | 1,659,104 | 221,092 | 13.3% | --- | --- | --- |
| Operations | Total FTEs | 3,261 | 3,261 | (0) | (0.0%) | 3,000 | 260 | 8.7% | --- | --- | --- |
| | Productive Hrs. / APD | 28.3 | 31.2 | (2.9) | (9.3%) | 28.7 | (0.4) | (1.2%) | --- | --- | --- |
| | Cost Per CMI AD | 17,680 | 18,036 | (356) | (2.0%) | 16,221 | 1,458 | 9.0% | --- | --- | --- |
| | Net Days in A/R | 60.8 | 54.0 | 6.8 | 12.6% | 55.6 | 5.2 | 9.3% | 47.7 | 49.7 | --- |
| Financial Performance | Net Patient Revenue (\$) | 454,871 | 441,536 | 13,335 | 3.0% | 417,665 | 37,206 | 8.9% | 554,189 | 328,418 | --- |
| | Total Operating Revenue (\$) | 469,496 | 457,241 | 12,255 | 2.7% | 432,511 | 36,985 | 8.6% | 607,637 | 438,408 | --- |
| | Operating Margin (\$) | 47,967 | 43,431 | 4,537 | 10.4% | 55,075 | (7,108) | (12.9%) | 7,659 | 15,344 | --- |
| | Operating EBIDA (\$) | 79,192 | 73,852 | 5,340 | 7.2% | 84,331 | (5,139) | (6.1%) | 44,753 | 42,964 | --- |
| | Net Income (\$) | 22,676 | 54,886 | (32,210) | (58.7%) | 71,279 | (48,603) | (68.2%) | 32,498 | 29,373 | --- |
| | Operating Margin (%) | 10.2% | 9.5% | 0.7% | 7.6% | 12.7% | (2.5%) | (19.8%) | 1.9% | 3.5% | --- |
| | Operating EBIDA (%) | 16.9% | 16.2% | 0.7% | 4.4% | 19.5% | (2.6%) | (13.5%) | 8.3% | 9.8% | --- |
| | DCOH (days) | 243 | 325 | (82) | (25.2%) | 346 | (103) | (29.7%) | 306 | 355 | --- |

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021.

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021

DCOH total includes cash, short-term and long-term investments.

Unfavorable Variance < 0.99%

Unfavorable Variance 1.00% - 4.99%

Unfavorable Variance > 5.00%

Consolidated Balance Sheet (as of 10/31/2022)

(\$000s)

| ASSETS | Unaudited | | LIABILITIES AND FUND BALANCE | Unaudited | |
|--|------------------|------------------|---|------------------|------------------|
| | October 31, 2022 | June 30, 2022 | | October 31, 2022 | June 30, 2022 |
| CURRENT ASSETS | | | CURRENT LIABILITIES | | |
| Cash | 176,997 | 196,067 | Accounts Payable | 43,843 | 51,286 |
| Short Term Investments | 110,694 | 138,654 | Salaries and Related Liabilities | 49,974 | 46,502 |
| Patient Accounts Receivable, net | 228,817 | 209,668 | Accrued PTO | 36,418 | 34,449 |
| Other Accounts and Notes Receivable | 15,118 | 9,927 | Worker's Comp Reserve | 2,300 | 2,300 |
| Intercompany Receivables | 11,564 | 13,998 | Third Party Settlements | 13,010 | 14,942 |
| Inventories and Prepaids | 40,366 | 36,476 | Intercompany Payables | 8,913 | 13,489 |
| Total Current Assets | 583,556 | 604,789 | Malpractice Reserves | 2,096 | 2,096 |
| | | | Bonds Payable - Current | 9,905 | 9,905 |
| BOARD DESIGNATED ASSETS | | | Bond Interest Payable | 4,858 | 8,096 |
| Foundation Board Designated | 22,629 | 18,721 | Other Liabilities | 11,345 | 15,739 |
| Plant & Equipment Fund | 324,945 | 310,367 | Total Current Liabilities | 182,662 | 198,804 |
| Women's Hospital Expansion | 30,376 | 30,261 | | | |
| Operational Reserve Fund | 182,907 | 182,907 | LONG TERM LIABILITIES | | |
| Community Benefit Fund | 18,338 | 18,299 | Post Retirement Benefits | 30,145 | 29,783 |
| Workers Compensation Reserve Fund | 14,029 | 14,029 | Worker's Comp Reserve | 14,029 | 14,029 |
| Postretirement Health/Life Reserve Fund | 30,145 | 29,783 | Other L/T Obligation (Asbestos) | 26,648 | 5,073 |
| PTO Liability Fund | 35,598 | 33,709 | Bond Payable | 464,906 | 466,838 |
| Malpractice Reserve Fund | 1,879 | 1,906 | Total Long Term Liabilities | 535,728 | 515,723 |
| Catastrophic Reserves Fund | 26,476 | 24,668 | | | |
| Total Board Designated Assets | 687,322 | 664,651 | DEFERRED REVENUE-UNRESTRICTED | 12,405 | 12,864 |
| | | | DEFERRED INFLOW OF RESOURCES | 104,214 | 51,133 |
| FUNDS HELD BY TRUSTEE | - | 0 | FUND BALANCE/CAPITAL ACCOUNTS | | |
| | | | Unrestricted | 2,161,236 | 2,154,900 |
| LONG TERM INVESTMENTS | 463,250 | 499,483 | Board Designated | 208,707 | 210,197 |
| | | | Restricted | 40,111 | 36,601 |
| CHARITABLE GIFT ANNUITY INVESTMENTS | 932 | 940 | Total Fund Bal & Capital Accts | 2,410,054 | 2,401,698 |
| | | | TOTAL LIABILITIES AND FUND BALANCE | 3,245,063 | 3,180,222 |
| INVESTMENTS IN AFFILIATES | 28,350 | 30,376 | | | |
| | | | | | |
| PROPERTY AND EQUIPMENT | | | | | |
| Fixed Assets at Cost | 1,899,562 | 1,872,501 | | | |
| Less: Accumulated Depreciation | (803,833) | (778,427) | | | |
| Construction in Progress | 122,350 | 96,603 | | | |
| Property, Plant & Equipment - Net | 1,218,079 | 1,190,676 | | | |
| | | | | | |
| DEFERRED OUTFLOWS | 19,121 | 19,474 | | | |
| RESTRICTED ASSETS | 34,681 | 31,200 | | | |
| OTHER ASSETS | 209,770 | 138,632 | | | |
| TOTAL ASSETS | 3,245,063 | 3,180,222 | | | |

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

To: Finance Committee
From: Jon Cowan, Senior Director, Government Relations & Community Partnerships
Date: November 21, 2022
Subject: FY2024 Community Benefit (CB) Grant Application Guiding Principles and Process

Purpose:

To review and to provide input on the proposed “Guiding Principles” as well as the El Camino Health Community Benefit “Ranked & Prioritized Health Needs,” including approximate grant funding percentages for each of the five health needs.

Summary:

1. **Situation:** In FY2022, management and staff presented the Finance Committee with “Guiding Principles” and “Ranked & Prioritized Health Needs” to provide policy direction. This policy direction will continue to be requested annually at the November Finance Committee meeting. It is to be implemented in FY2023 for the FY2024 grant cycle.
2. **Background:**
 - The proposed “Guiding Principles” are those that were adopted to guide the FY2023 grant cycle
 - The proposed “Ranked & Prioritized Health Needs” are those that were adopted to guide the FY2023 grant cycle
 - Management and staff propose additional detail to guide when a grantee may be eligible for dual funding
 - Progress updates on other major items are included in the attached presentation
3. **Assessment:** The “Guiding Principles” and “Ranked & Prioritized Health Needs” are helpful policy guidance for management and staff as they evaluate grant applications.
4. **Outcomes:** Management and staff will execute the FY2024 grant cycle incorporating the “Guiding Principles” and the “Ranked & Prioritized Health Needs” with approximate grant funding percentages approved by the Finance Committee.

List of Attachments:

1. FY2024 CB Grant Application Guiding Principles and Process Presentation

Suggested Committee Discussion Questions:

1. Does the Finance Committee have any modifications or changes to the “Guiding Principles?”
2. Does the Finance Committee have any modifications or changes to the El Camino Health “Ranked & Prioritized Health Needs,” including the approximate grant funding percentages for each of the five health needs?
3. Is there any other feedback that the Finance Committee wishes to provide about the planned FY2024 program?



FY2024 Community Benefit Grant Application Guiding Principles and Process

Finance Committee

*Jon Cowan, Senior Director, Government Relations and
Community Partnerships*

November 21, 2022

Guiding Principles Definition

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

Guiding Principles for Evaluating and Prioritizing Appropriateness of Grant Proposals

Required

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

Preferred

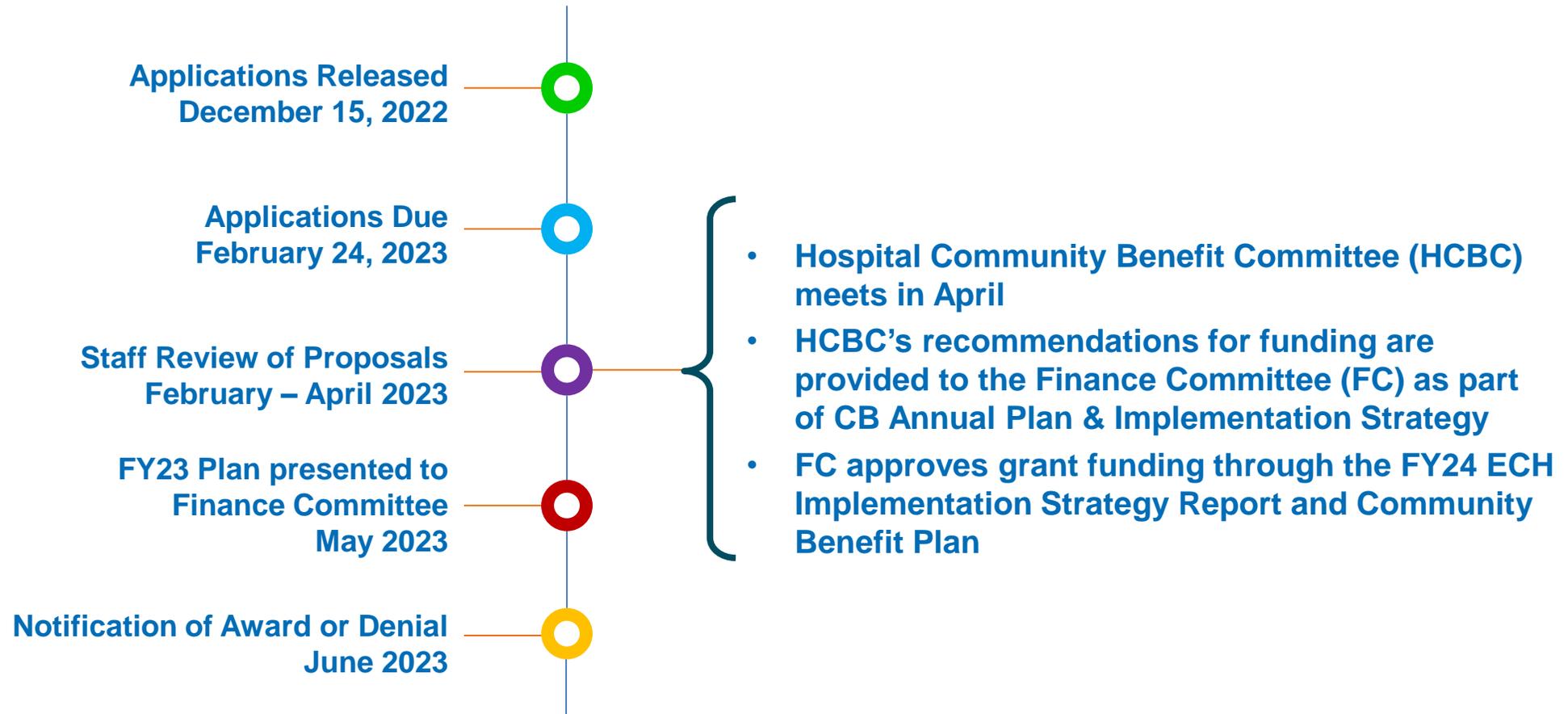
5. Aim to reflect the diversity of El Camino Health's targeted geography
6. Focus on operational programmatic costs for service delivery, over capital campaigns. Do not fund drives or political initiatives
7. Emphasize locally focused vs. national organizations
8. Emphasize the most effective and impactful programs while welcoming new and innovative applicants

ECH Ranked & Prioritized Health Needs

| Health Need | FY22 Approved | FY23 Approved | FY24 Proposed |
|--|------------------|------------------|------------------|
| Healthcare Access & Delivery (including oral health) | 30% | 29% | ~30% |
| Behavioral Health (including domestic violence and trauma) | 31% | 31% | ~30% |
| Diabetes & Obesity | 21% | 30% | ~30% |
| Chronic Conditions (other than diabetes & obesity) | 8% | 5% | ~5% |
| Economic Stability (including food insecurity, housing & homelessness) | 5% | 5% | ~5% |

*Not pictured in FY22 is Cognitive Decline at 5%

FY24 Grant Review Timeline & Process



FY24 Dual Funding Criteria

Original:

- Addresses a gap in specific health services within both the District and wider hospital service area
- Capacity to serve community members in both geographies; District grants have specific geographic requirements for reaching individuals served
- At least one successful grant cycle in either ECH or ECHD

Proposed Edits:

- Organizations with broad reach that address a community health gap not otherwise filled by other applicants
- Clear alignment with the CHNA priority health needs
- Capacity to successfully serve community members in both geographies; District grants have specific geographic requirements for reaching individuals served
- At least one successful grant cycle in either ECH or ECHD
- Strong brand alignment for both ECH and ECHD

FY24 Grant Application Changes

Feedback from grant partners:

- 46% found the application “lengthy” and 35% were “neutral” on the length of the application
- Mixed feedback on the metrics, with many commenting that they are a positive part of the process while others commenting that they are challenging (76% said the metrics were “valuable” or “very valuable”)

FY24 application changes:

- Reduced required attachments (from 9 required to 4 required/2 optional)
- Added functionality to track alignment with the Implementation Strategy, health inequities identified in the CHNA targeted by grants, and languages of services
- Aiming to streamline metrics requirements to 4 metrics per grantee where possible
- Added word limits to more sections (to encourage succinct responses to prompts)
- Added lists and dropdowns where possible to replace free text
- Simplified instructions

FY23 Progress Update: El Camino Health External Communications Plan

- Community Partnerships e-Newsletter (new in FY23)
- Monthly social media posts (new in FY23)
- Grant partner acknowledgement of funds management (new in FY23)
- Press releases about grants awarded
- Annual Report Microsite

← The Newsroom



Mountain View, CA – El Camino Health is investing \$3.3 million in grants through its **Community Benefit Program** to provide foundational support for local health initiatives in fiscal year 2023.

"We firmly believe that our community benefit grantees have gone above and beyond to address the needs of our most vulnerable neighbors through their programs and services throughout the COVID-19 pandemic," said Dan Woods, chief executive officer of El Camino Health. "It is our priority to support them as they work to help Santa Clara County residents gain better access to care."

Each fiscal year, the Community Benefit Program allocates crucial grant funding to community health services with the mission to expand healthcare access across age, education and income levels. Since 2007, El Camino Health has contributed nearly \$915 million in community benefit, which also includes financial assistance and subsidized health services.

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FY23 Progress Update: Grantee Acknowledgment

Acknowledgement of Funds:

- FY23 grant agreements include guidelines for acknowledging El Camino Health funds through a variety of channels, including building signage for grants \geq \$200K and mobile van signage for grants \geq \$50K. ECH grant partners will begin implementing signage in January 2023.
- Grant partners will be required to report on their acknowledgements in midyear reports.
- Grant managers are reinforcing the guidelines and ensuring that grant partners follow through in FY23.

FY23 Progress Update (cont'd)

| Agency | Building Signage | Mobile Van Signage | Email Signatures |
|---|------------------|--------------------|------------------|
| AACI | | | X |
| Almaden Valley Counseling Services | | | X |
| Bay Area Community Health | | X | |
| Cambrian School District | | | X |
| Campbell Union School District | X | | X |
| Cupertino Union School District | X | | X |
| Health Mobile | | X | |
| Gardner Family Health Network | | | X |
| Mt. Pleasant Elementary School District | | | X |
| Pacific Clinics | X | | X |
| Playworks | | | X |
| West Valley Community Services | X | | X |

- Community Partnerships staff will summarize progress when presenting on Midyear reports.
- 35 grant partners not depicted in table above will report on acknowledgment of ECH in annual reports, website pages, social media, printed collateral, and/or media coverage.

**EL CAMINO HEALTH BOARD OF DIRECTORS
COMMITTEE MEETING MEMO**

To: El Camino Health Finance Committee
From: Jon Cowan, Senior Director, Government Relations & Community Partnerships
Date: November 21, 2022
Subject: FY2022 Yearend Community Benefit (CB) Report

Purpose:

To update the Finance Committee on the FY2022 Community Benefit Annual Report and the grants yearend performance.

Summary:

1. **Situation:** At the conclusion of each fiscal year, Community Partnerships staff review yearend grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges and trends. Staff prepares an annual report and yearend dashboard (Attachments 1 and 2).

The report is also available online: <https://www.elcaminohealth.org/communitybenefit2022>

2. **Authority:** The report is prepared by the Community Partnerships staff and approved by the Senior Director of Government Relations and Community Partnerships prior to presentation to the Finance Committee.

3. **Background:** In FY2022, El Camino Health invested \$3,300,189 in Community Benefit grants and sponsorships to address unmet local health needs. The framework for the grant funding priorities is the most recent El Camino Health Community Health Needs Assessment (CHNA), which is conducted every three years, as required by state and federal regulations.

A. Grants = \$3,183,864 for 45 grants:

- 12 Healthcare Access & Delivery grants at \$1,081,706
- 15 Behavioral Health grants at \$1,123,000
- 11 Diabetes & Obesity grants at \$731,734
- 4 Chronic Conditions treatment and prevention (other than diabetes and obesity) grants at \$142,424
- 3 Economic Stability grants at \$105,000

B. Sponsorships = \$116,325 for 25 sponsorships

C. Grants Performance is reflected in the yearend dashboard (Attachment 2):

- Community Health Themes
 - Demand rebounded for basic and preventive healthcare services, including dental services. Since so many people delayed care during the pandemic, this often meant that patients had a backlog of needs and/or were higher acuity.
 - Grant partners transitioned back to in-person services and/or developed hybrid models for delivering their programs.
 - Many grant partners noted challenges including rising costs for basic supplies and staffing shortages.

- Several agencies reported a shortage in availability of doctor appointments, especially for specialist care.
- While schools returned to in-person learning, many struggled with staffing shortages and high acuity student needs (especially for mental health services). Agencies that collaborate with schools were mostly able to return to providing services, despite challenges with re-establishing the partnerships with school administrators and educators.
- All Programs:
 - 84% of grants met or exceeded 90% across all of their metrics (FY2021 = 71%)
 - 222,368 community members served – 88% over individuals served target (FY21: 120,246 served)
- Largest grant programs (\$100k+):
 - 12 grants = \$1,674,707 (53% of total grant spend)
 - 83% of grants met or exceeded 90% across all of their metrics (FY2021=76%)
 - 204,182 community members served (FY2021: 105,935 served)
- Performance of the Top 5 Largest Grants:

| Agency | Awarded Amount | Metric Performance | Performance Narrative |
|--|----------------|--------------------|--|
| Gardner Family Health Network | \$230,000 | 100% | Gardner had another successful year of the Down With Diabetes program, providing bilingual diabetes management support to underserved teens and adults in San Jose. A revised workflow and the hiring of an additional Bilingual Medical Assistant/Health Coach enabled the program to provide more services than prior year. Although having the same funding amount, they adjusted their budget from the prior year to enable this new hire. |
| Campbell Union School District - School Nurse Program | \$215,000 | 100% | This grant provides two school nurses and a part-time community liaison to facilitate health services for Pre-K-8th grade students. Flu and COVID vaccination clinics conducted at school sites resulted in higher than target rates of vaccination among special education students, one of the metrics exceeding the target. They also promoted vaccination services at Safeway Pharmacies and Santa Clara County clinics. Other successes include health education and prevention measures in the classroom, such as hand washing and mask wearing, breathing and mindfulness, and reestablishing connections to community agencies to provide resources to families in need in the district. |
| Pacific Clinics – at Campbell Union High School District | \$210,000 | 100% | Pacific Clinics (formerly Uplift Family Services) provided its Addiction Prevention Services (ASP) program again at Campbell Union High School District. This year, the Clinical Program Manger joined the CUHSD School Attendance Review Board, providing mental health expertise for these meetings at the district office. Program staff reported this contributed to an increase in prevention activities the agency was able to conduct within the school district. Prevention |

| | | | |
|---|-----------|-----|---|
| | | | activities include targeted prevention/intervention group sessions with students displaying high-risk behavior, targeted family case management, training groups for peer counselors, classroom workshops educating students on high-risk behaviors (gangs, bullying, drug and alcohol education and stress/anxiety management), and caregiver and/or school personnel collateral sessions. |
| West Valley Community Services - CARE | \$160,000 | 94% | West Valley’s Community Access to Resources and Education (CARE) program continued providing food assistance, consultation and service navigation addressing financial, physical, and emotional health for low-income families. The only metric not met was regarding food pantry clients reporting they overcame food insecurity, which staff attributed to rising food costs causing clients to still feel food insecure. This year, West Valley was able to host their fall and spring resources fairs in-person, improving clients’ access to public benefits and health resources available in Santa Clara County. |
| Cambrian School District - School Nurse Program | \$125,000 | 88% | Cambrian School District performed well on 5/6 of their metrics, with the exception of “Staff trained in Epi-Pen”. This metric was not met because when the district nurse resigned, the staff had to rely upon training videos for Epi-pen training. Due to the standardization of SNP metrics next year, the Epi-Pen metric will not be included in FY23. |

- Underperforming Grants (overall performance across all of an agency’s metrics 74% or below):

| Agency | Awarded Amount | Metric Performance | Performance Narrative |
|-----------------------|----------------|--------------------|---|
| ACT for Mental Health | \$60,000 | 60% | The agency exceeded its individuals served goal but met 68% of its services provided metric due to a lack of additional bi-lingual/ bi-cultural counselors to form a caseload when referrals were high. The agency met 72% of the metric, “statistically significant improvement from pre-to-post-test on Perceived Stress Scale [PSS]”. While clients who participated in all 12 sessions showed statistically significant outcomes, this metric also included clients who participated in fewer sessions. The clients who participated in fewer sessions did not have statistically significant outcomes. A primary reason for the “0” metric on the Hispanic Stress Inventory (HIS) was the time-frame for which answers were expected. The program was designed to run for 3 months, but the assessment tool was designed for a 12 month program. When ACT set their FY22 metrics, they did not realize that the assessment tool would not be appropriate for their purposes. ACT did not seek renewal for their FY22 program. In FY23, ACT applied for and was awarded a grant for a program that provides counseling services for court/ probation referred clients. Their metrics now reflect the current program. |
| Playworks | \$86,000 | 20% | Playworks’ survey data was registered as “0” because they did not receive enough annual surveys from Campbell Union School |

| | | | |
|--|--|--|---|
| | | | <p>District (CUSD) to reach the sample size that they've established for reliable data due to program and school modifications in response to COVID. In FY23, Playworks expects to collect the standard amount of surveys because of their deeper partnership with and stronger staffing for CUSD, and fewer pandemic-related disruptions expected by schools this year.</p> <p>In the 2021-22 school year, Playworks used \$40,710 of the \$86,000 ECH grant to serve 1,940 children in the CUSD. Funding was reduced to \$40,000 in FY23.</p> |
|--|--|--|---|

- 4. Assessment: N/A
- 5. Other Reviews: N/A
- 6. Outcomes: N/A

List of Attachments:

- 1. FY2022 Community Benefit Annual Report Executive Summary with full online report at: <https://www.elcaminohealth.org/communitybenefit2022>
- 2. FY2022 El Camino Health Community Benefit Grants Yearend Dashboard

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



Improving Health Changing Lives

Community Health Investment

El Camino Healthcare District

\$7.7M Grants & Sponsorships

El Camino Health

\$95M Total Community Benefit

\$3.3M Grants & Sponsorships

El Camino Healthcare District | El Camino Health

Community Benefit Annual Report FY 2022 — Executive Summary

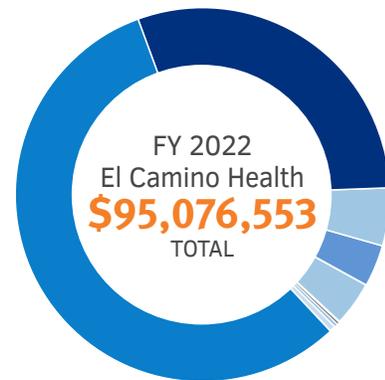
Our Commitment to Community Health

The steadfast support to our community during fiscal year 2022 has never been greater. The programs funded through our community benefit grants are a vital lifeline to basic needs and health resources for our neighbors. The **Community Benefit FY 2022 online report** highlights our investments including:

- **El Camino Health's total Community Benefit commitment of \$95 Million – \$7.8 Million more than last year – serving 253,160 people.** This includes charity care, community grants and more to serve vulnerable and underserved community members. [See the financial report.](#)
- **\$11 Million combined total for 140 grants and sponsorships.** The District and El Camino Health work with community partners to prevent disease, improve mental health, and make healthcare and healthy choices more accessible. [See our community partners.](#)
- **Providing four COVID-19 pop-up vaccination clinics** at local schools, administering nearly **19,500 COVID-19 tests** and donating **5,040 N95 masks and 4,440 at-home test kits** to schools and community service agencies. [Learn how we and our partners supported the community's recovery.](#)

Financial Report

\$95M El Camino Health
TOTAL COMMUNITY BENEFIT



| | |
|---------------------|---|
| \$53,629,517 | Government-Sponsored Healthcare (Unreimbursed Medi-Cal) |
| \$28,706,416 | Subsidized Health Services |
| \$4,730,832 | Financial Assistance (Charity Care) |
| \$3,300,189 | Grants and Sponsorships |
| \$3,863,728 | Health Professions Education |
| \$272,611 | Clinical Research |
| \$247,606 | Community Benefit Operations |
| \$325,654 | Community Health Improvement Services |

+\$112M in Uncompensated Medicare
(Not included in Community Benefit total)

Please take a moment to visit <https://www.elcaminohealth.org/microsites/communitybenefit2022> and learn more about how we are addressing unmet health needs in our community.



EL CAMINO HEALTHCARE DISTRICT



Community Benefit FY22 Yearend Grant Metrics Dashboard

- In May 2021, the ECH Finance Committee approved \$3,286,000 for 45 grants for FY22
- This Dashboard reflects FY22 yearend and two prior years' grant performance
 - Please note that there has been a change to how the overall metric performance is calculated and reported on the dashboard. Overall performance is now calculated by averaging the percentage met across each agencies' metrics. These columns are also now followed by the same color coding system as the individual metrics (green, yellow and red dots) to help highlight the agencies overall metric performance. Previously, the metric performance was a count of the metrics met at 90%+, which did not provide a comprehensive, accurate summary of overall performance.
- Grants are organized by three priority areas: Healthy Body, Healthy Mind & Healthy Community; Support Grants (≤\$30k) are in the second section
- FY22 Metric Data: Columns X – AG
- Historical performance: Columns D – W
- See legend in footer for metric performance indicators
 - A dash “ – ” represents either 1) Program is new so no metrics from prior year(s), or 2) New metric, no historical data

| Health Priority Area <i>Column A</i> | Agency/Program <i>Column B</i> | FY22 Metrics <i>Column C</i> | Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74% | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|---|--|--|---|--|--|---|--|--|---|--|--|--|---|---|--|---|--|--|--|--|--|
| | | | FY20 6-month Target <i>Column D</i> | FY20 6-month Actual <i>Column E</i> | FY20 % 6-month Metrics Met <i>Column G</i> | FY20 Yearend Target <i>Column I</i> | FY20 Yearend Actual <i>Column J</i> | FY20 % Yearend Metrics Met <i>Column L</i> | FY21 6-month Target <i>Column N</i> | FY21 6-month Actual <i>Column O</i> | FY21 % 6-month Metrics Met <i>Column Q</i> | FY21 Yearend Target <i>Column S</i> | FY21 Yearend Actual <i>Column T</i> | FY21 % Yearend Metrics Met <i>Column V</i> | FY22 6-month Target <i>Column X</i> | FY22 6-month Actual <i>Column Y</i> | FY22 % 6-month Metrics Met <i>Column AA</i> | FY22 Yearend Target <i>Column AC</i> | FY22 Yearend Actual <i>Column AD</i> | FY22 % Yearend Metrics Met <i>Column AF</i> | | | | | | |
| | Asian Americans for Community Involvement (AACI) <i>Primary Care/Safety Net Clinic</i> FY23 Approved: \$100,000 FY22 Approved: \$100,000 FY22 Spent: \$97,637 FY21 Approved: \$85,000 FY21 Spent: \$85,000 New Metrics: 1 of 5 | Individuals served | - | - | | - | - | | 350 | 359 | ● | 700 | 895 | ● | 210 | 185 | ● | 420 | 533 | ● | | | | | | |
| | | Medical appointments | - | - | | - | - | | 500 | 830 | ● | 1000 | 1,885 | ● | 800 | 592 | ● | 1600 | 1,251 | ● | | | | | | |
| | | Patients screened for depression with a positive result who are offered integrated behavioral health services | - | - | New Program in FY21 | - | - | New Program in FY21 | 40% | 44% | ● | 100% | 80% | 74% | ● | 80% | 92% | ● | 80% | 88% | ● | | | | | |
| | | Patients who rate their MA or PN as excellent or good and will recommend AACI to their family and friends | - | - | | - | - | | - | - | | - | - | | 90% | 96% | ● | 90% | 98% | ● | | | | | | |
| | | Female patients receiving a cervical cancer screening | - | - | | - | - | | 34% | 35% | ● | 68% | 47% | ● | 90% | 64% | ● | 90% | 40% | ● | | | | | | |
| | Better Health Pharmacy <i>Free Medication for Uninsured and Underserved</i> FY23 Approved: \$75,000 FY22 Approved: \$75,000 FY22 Spent: \$75,000 FY21 Approved: \$50,000 FY21 Spent: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 New Metrics: 0 of 5 | Patients served (full program) | 1,500 | 2,303 | ● | 2,800 | 3,520 | ● | 2,000 | 1,937 | ● | 3,000 | 2,906 | ● | 2,100 | 1,813 | ● | 3,200 | 2,843 | ● | | | | | | |
| | | Prescriptions filled (full program) | 11,000 | 16,416 | ● | 22,000 | 32,767 | ● | 14,000 | 17,485 | ● | 28,000 | 34,601 | ● | 16,000 | 16,895 | ● | 30,000 | 34,628 | ● | | | | | | |
| | | Patients who report that they are very satisfied with the quality of service | 97% | 98% | ● | 97% | 97% | ● | 97% | 100% | ● | 97% | 100% | ● | 97% | 92% | ● | 97% | 100% | ● | | | | | | |
| | | Patients who reported that they are very satisfied with the time waited for services | 97% | 94% | ● | 97% | 91% | ● | 97% | 96% | ● | 97% | 87% | ● | 97% | 92% | ● | 97% | 100% | ● | | | | | | |
| | | Patients who reported that they are very satisfied with the time waited for medication information | 97% | 92% | ● | 97% | 88% | ● | 97% | 96% | ● | 97% | 93% | ● | 97% | 92% | ● | 97% | 100% | ● | | | | | | |
| | Breathe California <i>Children's Asthma Program</i> FY23 Approved: \$40,000 FY22 Approved: \$40,000 FY22 Spent: \$40,000 FY21 Approved: \$40,000 FY21 Spent: \$40,000 FY20 Approved: \$50,000 FY20 Spent: \$36,681 New Metrics: 0 of 3 | Individuals served (children, parents, teachers and care providers) through air quality assessment and asthma management training | 225 | 580 | ● | 800 | 630 | ● | 100 | 87 | ● | 350 | 622 | ● | 100 | 890 | ● | 330 | 2,310 | ● | | | | | | |
| | | Children with asthma receiving multi-session asthma education who show an increase in knowledge/skills | 50% | 65% | ● | 70% | 65% | ● | N/A | N/A | ● | 50% | 72% | ● | 50% | 83% | ● | 50% | 63% | ● | | | | | | |
| | | Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by assessments of respiratory hazards using the EPA's best-practice environmental checklist | 50% | 100% | ● | 60% | 100% | ● | N/A | N/A | ● | 50% | 0% | ● | 50% | 100% | ● | 50% | 75% | ● | | | | | | |
| | Cambrian School District <i>School Nurse Program</i> FY23 Approved: \$125,000 FY22 Approved: \$125,000 FY22 Spent: \$120,219 FY21 Approved: \$125,000 FY21 Spent: \$125,000 FY20 Approved: \$128,000 FY20 Spent: \$128,000 New Metrics: 4 of 6 | Students served | 1,400 | 1,488 | ● | 3,350 | 2,885 | ● | 1,400 | 1,051 | ● | 2,700 | 2,668 | ● | 1,200 | 1,000 | ● | 3,000 | 2,995 | ● | | | | | | |
| | | Hearing screenings- all TK, K, grade 2,5 & 8th graders | - | - | | - | - | | - | - | | - | - | | 1,000 | 466 | ● | 1,500 | 1,447 | ● | | | | | | |
| | | Vision Screenings- all TK, K, grades 2,5, & 8th graders | - | - | | - | - | | - | - | | - | - | | 1,000 | 466 | ● | 1,500 | 1,447 | ● | | | | | | |
| | | Staff trained in Epi-Pen | - | - | | - | - | | - | - | | - | - | | 40% | 30% | ● | 90% | 30% | ● | | | | | | |
| | | Students with failed vision screening who see a provider and receive glasses or other needed services | - | - | | - | - | | - | - | | - | - | | 10% | 0% | ● | 25% | 31% | ● | | | | | | |
| | | Students in Transitional Kindergarten, Kindergarten & 7th grade out of compliance with required immunizations who become compliant | - | - | | - | - | | 5% | 85% | ● | 30% | 134% | ● | 50% | 0% | ● | 90% | 95% | ● | | | | | | |
| | Campbell Union School District <i>School Nurse Program</i> FY23 Approved: \$215,000 FY22 Approved: \$215,000 FY22 Spent: \$215,000 FY21 Approved: \$215,000 FY21 Spent: \$215,000 FY20 Approved: \$215,000 FY20 Spent: \$215,000 New Metrics: 0 of 5 | Students served | 2,100 | 1,950 | ● | 3,950 | 2,815 | ● | 2,000 | 2,030 | ● | 3,850 | 3,863 | ● | 2,000 | 2,248 | ● | 3,850 | 4,092 | ● | | | | | | |
| Kindergarten students enrolled in Rosemary and Lynhaven schools who are noncompliant with immunizations receive their required vaccinations by California School Immunization Law | | - | - | | - | - | | 10% | 68% | ● | 18% | 91% | ● | 68% | 100% | ● | 88% | 86% | ● | | | | | | | |
| School staff (including teachers, psychologists, speech language pathologists and other staff members) who receive Epi-Pen Trainings | | - | - | | - | - | | 45% | 37% | ● | 65% | 69% | ● | 45% | 82% | ● | 70% | 82% | ● | | | | | | | |
| Classrooms participating in handwashing videos and teeth brushing videos among two Title 1 elementary schools | | - | - | | - | - | | 30% | 30% | ● | 45% | 42% | ● | 32% | 44% | ● | 47% | 53% | ● | | | | | | | |
| Special education students who receive flu vaccinations (due to being a vulnerable population) | | - | - | | - | - | | 10% | 13% | ● | 18% | 19% | ● | 13% | 36% | ● | 13% | 44% | ● | | | | | | | |
| Community Health Partnership <i>Patient Engagement Learning Collaborative of Safety-net Clinics</i> FY22 Approved: \$40,000 FY22 Spent: \$40,000 FY21 Approved: \$61,000 FY21 Spent: \$61,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 New Metrics: 4 of 5 | Clinic staff who attend Learning Collaborative training sessions on patient attribution and patient engagement | 20 | 30 | ● | 60 | 60 | ● | 20 | 32 | ● | 60 | 59 | ● | 32 | 65 | ● | 100 | 149 | ● | | | | | | | |
| | Patients who complete the program who rate at least a 2 point increase in their confidence in connecting with their primary care provider using technology as assessed by pre/post survey | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 55% | 64% | ● | | | | | | | |
| | Telehealth visits as a proportion of all patient visits from baseline of 13% | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 25% | 32% | ● | | | | | | | |
| | Staff who rate their confidence level regarding Ask-Tell-Ask at 4 or above as assessed by post training evaluation | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 75% | 93% | ● | | | | | | | |
| | Staff who feel more prepared to support their health center's telehealth activities for seniors with chronic conditions at 5 or above as assessed by pre/post evaluations | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 65% | 0% | ● | | | | | | | |

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

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

| Health Priority Area <i>Column A</i> | Agency/Program <i>Column B</i> | FY22 Metrics <i>Column C</i> | Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74% | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------|---|--|---|--|--|---|--|--|---|--|--|---|--|--|--|---|---|--|--|--|--|--|--|--|
| | | | FY20 6-month Target <i>Column D</i> | FY20 6-month Actual <i>Column E</i> | FY20 % 6-month Metrics Met <i>Column G</i> | FY20 Yearend Target <i>Column I</i> | FY20 Yearend Actual <i>Column J</i> | FY20 % Yearend Metrics Met <i>Column L</i> | FY21 6-month Target <i>Column N</i> | FY21 6-month Actual <i>Column O</i> | FY21 % 6-month Metrics Met <i>Column Q</i> | FY21 Yearend Target <i>Column S</i> | FY21 Yearend Actual <i>Column T</i> | FY21 % Yearend Metrics Met <i>Column V</i> | FY22 6-month Target <i>Column X</i> | FY22 6-month Actual <i>Column Y</i> | FY22 % 6-month Metrics Met <i>Column AA</i> | FY22 Yearend Target <i>Column AC</i> | FY22 Yearend Actual <i>Column AD</i> | FY22 % Yearend Metrics Met <i>Column AF</i> | | | | | | |
| Cupertino Union School District School Nurse Program FY23 Approved: \$100,000 FY22 Approved: \$100,000 FY22 Spent: \$100,000 FY21 Approved: \$90,000 FY21 Spent: \$90,000 FY20 Approved: \$81,921 FY20 Spent: \$81,921 New metrics: 3 of 6 | Students served | 563 | 510 | ● | 1,103 | 964 | ● | 600 | 654 | ● | 1,300 | 1,295 | ● | 2,025 | 1,879 | ● | 4,050 | 3,964 | ● | | | | | | | |
| | Students who failed a vision or hearing screening who saw a healthcare provider | - | - | | - | - | | - | - | | - | - | | 25% | 30% | ● | 35% | 32% | ● | | | | | | | |
| | Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage | - | - | | - | - | | - | - | | - | - | | 15% | 28% | ● | 30% | 28% | ● | | | | | | | |
| | Students in TK, Kindergarten & 7th grade non-compliant with required vaccines who become compliant | - | - | | - | - | | 25% | 37% | ● | 91% | 50% | 65% | ● | 35% | 70% | ● | 50% | 73% | ● | | | | | | |
| | Students who are out of compliance with TB testing who become compliant | - | - | | - | - | | - | - | | - | - | | 20% | 64% | ● | 35% | 67% | ● | | | | | | | |
| | First grade students out of compliance with required physical who become compliant | - | - | | - | - | | N/A | N/A | ● | 100% | 15% | 58% | ● | N/A | N/A | | 20% | 41% | ● | | | | | | |
| | | | | | 94% | | | | | | 90% | | | | | | 99% | | | 97% | | | | | | |
| ECH COVID Community Testing & Vaccine Program FY22 Approved: \$50,000 FY22 Spent: \$50,000 FY21 Approved: \$50,000 FY21 Spent: \$50,000 New Metrics: 1 of 2 | Individuals served | - | - | | - | - | | 200 | 217 | ● | 400 | 1,221 | ● | N/A | N/A | | 800 | 1,221 | ● | | | | | | | |
| | COVID-19 vaccinations (including booster vaccines) | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 400 | 829 | ● | | | | | | | |
| Gardner Family Health Network Prediabetes and Diabetes FY23 Approved: \$254,500 FY22 Approved: \$230,000 FY22 Spent: \$230,000 FY21 Approved: \$225,000 FY21 Spent: \$225,000 FY20 Approved: \$220,000 FY20 Spent: \$220,000 New Metrics: 0 of 4 | Patients served | 800 | 1,402 | ● | 1,500 | 1,706 | ● | 730 | 752 | ● | 1,370 | 1,105 | ● | 700 | 1,052 | ● | 1,320 | 1,407 | ● | | | | | | | |
| | Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator | 1,425 | 2,404 | ● | 2,910 | 3,563 | ● | 1,300 | 1,375 | ● | 2,650 | 3,429 | ● | 1,690 | 2,486 | ● | 3,385 | 4,541 | ● | | | | | | | |
| | Patients demonstrating a reduction in body weight | 49% | 48% | ● | 49% | 42% | ● | 40% | 46% | ● | 93% | 40% | 47% | ● | 40% | 51% | ● | 40% | 48% | ● | | | | | | |
| | Patients demonstrating a reduction in HbA1c levels | 44% | 49% | ● | 44% | 41% | ● | 40% | 29% | ● | 95% | 40% | 51% | ● | 40% | 40% | ● | 30% | 45% | ● | | | | | | |
| GoNoodle Youth Movement & Mindfulness FY23 Approved: \$40,000 FY22 Approved: \$113,000 FY22 Spent: \$113,000 FY21 Approved: \$113,000 FY21 Spent: \$113,000 FY20 Approved: \$113,000 FY20 Spent: \$113,000 New Metrics: 1 of 5 | Students served | 38,250 | 34,255 | ● | 38,250 | 39,308 | ● | 38,250 | 44,218 | ● | 38,250 | 91,181 | ● | 72,820 | 135,175 | ● | 88,129 | 186,506 | ● | | | | | | | |
| | Schools served | 184 | 189 | ● | 184 | 197 | ● | 184 | 198 | ● | 184 | 184 | ● | 204 | 274 | ● | 261 | 274 | ● | | | | | | | |
| | GoNoodle physical activity breaks played | 120,000 | 96,472 | ● | 238,000 | 218,924 | ● | 100,000 | 137,591 | ● | 100% | 238,000 | 287,964 | ● | 60% | 7,057,218 | 8,631,891 | ● | 100% | | | | | | | |
| | Teachers who believe GoNoodle benefits their students' focus and attention in the classroom | N/A | N/A | | 92% | N/A | | N/A | N/A | | 93% | 0% | ● | 75% | 75% | ● | 75% | 75% | ● | | | | | | | |
| | Teachers who report GoNoodle has had a positive impact on their students' emotional health | - | - | | - | - | | - | - | | - | - | | 75% | 75% | ● | 75% | 75% | ● | | | | | | | |
| Health Mobile Dental Services FY23 Approved: \$75,000 FY22 Approved: \$55,000 FY22 Spent: \$55,000 FY21 Approved: \$75,000 FY21 Spent: \$75,000 New Metrics: 0 of 4 | Low-income and homeless individuals served | - | - | | - | - | | 45 | 25 | ● | 200 | 193 | ● | 50 | 52 | ● | 135 | 136 | ● | | | | | | | |
| | Dental procedures provided | - | - | | - | - | | 270 | 165 | ● | 1,200 | 1,205 | ● | 150 | 158 | ● | 500 | 505 | ● | | | | | | | |
| | Patients who report increased knowledge about their oral health | - | - | | - | - | | 90% | 90% | ● | 90% | 89% | ● | 85% | 85% | ● | 85% | 85% | ● | | | | | | | |
| | Patients who report no pain after their first visit | - | - | | - | - | | 90% | 90% | ● | 90% | 90% | ● | 90% | 90% | ● | 90% | 90% | ● | | | | | | | |
| Indian Health Center Youth Diabetes & Obesity FY23 Approved: \$111,500 FY22 Approved: \$87,000 FY22 Spent: \$87,000 FY21 Approved: \$80,000 FY21 Spent: \$80,000 FY20 Approved: \$74,000 FY20 Spent: \$73,528 New Metrics: 0 of 5 | Youth patients served | 130 | 143 | ● | 200 | 216 | ● | 125 | 140 | ● | 230 | 208 | ● | 150 | 126 | ● | 210 | 193 | ● | | | | | | | |
| | Services provided | 250 | 455 | ● | 500 | 733 | ● | 400 | 383 | ● | 800 | 834 | ● | 500 | 295 | ● | 835 | 639 | ● | | | | | | | |
| | Patients who decrease their BMI percentile | 20% | 39% | ● | 30% | 44% | ● | 20% | 40% | ● | 99% | 30% | 39% | ● | 25% | 38% | ● | 35% | 55% | ● | | | | | | |
| | Patients who demonstrate retention of key health material through assessments | - | - | | - | - | | 65% | 95% | ● | 98% | 65% | 90% | ● | 65% | 100% | ● | 80% | 91% | ● | | | | | | |
| | Patients who demonstrate increased knowledge about topics related to diabetes and obesity | N/A | N/A | | 40% | 87% | ● | N/A | N/A | | 75% | 94% | ● | N/A | N/A | | 80% | 90% | ● | | | | | | | |



Community Benefit Dashboard Notes

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- A metric receives a "yellow" indicator if performance against target is 75% - 89%
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N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

| Health Priority Area <i>Column A</i> | Agency/Program <i>Column B</i> | FY22 Metrics <i>Column C</i> | Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74% | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|---|--|--|---|--|--|---|--|--|---|--|--|--|---|---|--|-----|------|---|------|---|--|
| | | | FY20 6-month Target <i>Column D</i> | FY20 6-month Actual <i>Column E</i> | FY20 % 6-month Metrics Met <i>Column G</i> | FY20 Yearend Target <i>Column I</i> | FY20 Yearend Actual <i>Column J</i> | FY20 % Yearend Metrics Met <i>Column L</i> | FY21 6-month Target <i>Column N</i> | FY21 6-month Actual <i>Column O</i> | FY21 % 6-month Metrics Met <i>Column Q</i> | FY21 Yearend Target <i>Column S</i> | FY21 Yearend Actual <i>Column T</i> | FY21 % Yearend Metrics Met <i>Column V</i> | FY22 6-month Target <i>Column X</i> | FY22 6-month Actual <i>Column Y</i> | FY22 % 6-month Metrics Met <i>Column AA</i> | FY22 Yearend Target <i>Column AC</i> | FY22 Yearend Actual <i>Column AD</i> | FY22 % Yearend Metrics Met <i>Column AF</i> | | | | | | |
| | Latinas Contra Cancer FY23 Approved: \$40,000 FY22 Approved: \$35,000 FY22 Spent: \$35,000 FY21 Approved: \$25,000 FY21 Spent: \$25,000 New Metrics: 0 of 5 | Individuals served | - | - | | - | - | | 60 | 71 | ● | 214 | 224 | ● | 120 | 123 | ● | 300 | 300 | ● | | | | | | |
| | | Services provided | - | - | | - | - | | 122 | 165 | ● | 458 | 464 | ● | 332 | 303 | ● | 745 | 812 | ● | | | | | | |
| | | Clients who agree or strongly agree that they better understand key cancer prevention and health messages | - | - | New Program in FY21 | - | - | New Program in FY21 | 70% | 92% | ● | 99% | 70% | 90% | ● | 100% | 70% | 95% | ● | 98% | 70% | 98% | ● | 100% | ● | |
| | | Navigation clients who demonstrate a better understanding of their health options by their ability to list two or more options to address their health concerns | - | - | | - | - | | 90% | 86% | ● | | 90% | 97% | ● | | 90% | 98% | ● | | 90% | 91% | ● | | | |
| | | Health navigation participants who agree or strongly agree that they were overall satisfied with services received | - | - | | - | - | | 85% | 96% | ● | | 85% | 97% | ● | | 85% | 100% | ● | | 85% | 100% | ● | | | |
| | Mt. Pleasant School District School Nurse Program FY23 Approved: \$122,000 FY22 Approved: \$122,000 FY22 Spent: \$98,851 FY21 Approved: \$125,000 FY21 Spent: \$104,333 FY20 Approved: \$125,000 FY20 Spent: \$97,983 New Metrics: 2 of 5 | Students served | 2,200 | 2,126 | ● | 2,200 | 2,133 | ● | 600 | 625 | ● | 1,900 | 1,992 | ● | 600 | 1,677 | ● | 2,100 | 1,925 | ● | | | | | | |
| | | Staff completing health related trainings | - | - | | - | - | | 60% | 55% | ● | 75% | 78% | ● | 60% | 92% | ● | 100% | 107% | ● | | | | | | |
| | | Decrease in students chronically absent from school (includes Distance Learning/10% or more absenteeism) | - | - | 99% | - | - | 97% | 1% | 2% | ● | 88% | 3% | 3% | ● | 100% | 2% | 1% | ● | 86% | 2% | 2% | ● | 95% | ● | |
| | | Students with a failed Kindergarten oral health screening who see a dentist | - | - | | - | - | | - | - | | - | - | | 20% | 17% | ● | 30% | 27% | ● | | | | | | |
| | | Students who failed a health screening seeing a medical provide | - | - | | - | - | | - | - | | - | - | | 30% | 28% | ● | 40% | 37% | ● | | | | | | |
| | Playworks Physical Activity & Anti-bullying FY23 Approved: \$40,000 FY22 Approved: \$86,000 FY22 Spent: \$40,710 FY21 Approved: \$86,000 FY21 Spent: \$12,900 FY20 Approved: \$91,627 FY20 Spent: \$91,627 New Metrics: 0 of 5 | Students served | 2,332 | 2,195 | ● | 2,332 | 1,953 | ● | 1,950 | N/A | | 1,950 | 404 | ● | 1,500 | 445 | ● | 1,500 | 1,940 | ● | | | | | | |
| | | Teachers/administrators reporting that Playworks positively impacts school climate | N/A | N/A | | 95% | 100% | ● | N/A | N/A | | 95% | 0% | ● | N/A | N/A | | 95% | 0% | ● | | | | | | |
| | | Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class | N/A | N/A | 94% | 90% | 100% | ● | 97% | N/A | N/A | N/A | 90% | 0% | ● | 4% | N/A | N/A | ● | 30% | 91% | 0% | ● | 20% | ● | |
| | | Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity | N/A | N/A | | 95% | 100% | ● | | N/A | N/A | | 91% | 0% | ● | | N/A | N/A | | 92% | 0% | ● | | | | |
| | | Teacher/administrators who agree or strongly agree that Playworks helps increase social awareness and self-regulation | - | - | | - | - | | - | - | | N/A | N/A | | 90% | 0% | ● | N/A | N/A | | 91% | 0% | ● | | | |
| | Vista Center for the Blind and Visually Impaired FY23 Approved: \$40,000 FY22 Approved: \$40,000 FY22 Spent: \$40,000 FY21 Approved: \$40,000 FY21 Spent: \$40,000 FY20 Approved: \$40,000 FY20 Spent: \$40,000 New Metrics: 0 of 5 | Individuals served | 25 | 26 | ● | 65 | 65 | ● | 31 | 30 | ● | 62 | 65 | ● | 32 | 35 | ● | 62 | 64 | ● | | | | | | |
| | | Services provided (information & referral, intake, counseling, support group, adapted daily living skills, orientation & mobility, assistive technology, low vision evaluation) | 200 | 282 | ● | 475 | 521 | ● | 240 | 287 | ● | 475 | 491 | ● | 255 | 268 | ● | 475 | 486 | ● | | | | | | |
| | | Clients who rate at least a 4 on a scale of 1 (unsatisfactory) to 5 (satisfactory) that they were informed about resources, community agencies and programs that are available to help live with vision loss | 90% | 100% | ● | 100% | 100% | ● | 100% | N/A | N/A | 99% | 90% | 100% | ● | 100% | 90% | 100% | ● | 100% | 90% | 100% | ● | 100% | ● | |
| | | Clients who report being somewhat confident to confident in their ability to safely move within their residence | 85% | 92% | ● | 85% | 92% | ● | 85% | 92% | ● | N/A | N/A | | 85% | 100% | ● | 85% | 96% | ● | | | | | | |
| | | Clients who indicate that they are able to read printed material after program participation | 70% | 85% | ● | 70% | 82% | ● | 70% | 82% | ● | N/A | N/A | | 70% | 75% | ● | 70% | 100% | ● | 70% | 100% | ● | | | |
| | ACT for Mental Health FY23 Approved: \$40,000 FY22 Approved: \$60,000 FY22 Spent: \$60,000 New Metrics: N/A | Individuals served (unduplicated) | - | - | | - | - | | - | - | | - | - | | 15 | 21 | ● | 40 | 59 | ● | | | | | | |
| | | Services Provided | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | 230 | 146 | ● | 620 | 420 | ● | | | | | | |
| | | Statistically Significant Improvement from pre- to-post test on Perceived Stress Scale (PSS) | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 60% | 43% | ● | 60% | ● | | | | |
| | | Statistically Significant Improvement from pre- to-post test on Hispanic Stress Inventory: all 5 Scales | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 60% | 0% | ● | | | | | | |

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

| Health Priority Area <i>Column A</i> | Agency/Program <i>Column B</i> | FY22 Metrics <i>Column C</i> | Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74% | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------------------|---|--|---|--|--|---|--|--|---|--|--|---|--|--|--|---|---|--|-------|--|--|--|--|--|
| | | | FY20 6-month Target <i>Column D</i> | FY20 6-month Actual <i>Column E</i> | FY20 % 6-month Metrics Met <i>Column G</i> | FY20 Yearend Target <i>Column I</i> | FY20 Yearend Actual <i>Column J</i> | FY20 % Yearend Metrics Met <i>Column L</i> | FY21 6-month Target <i>Column N</i> | FY21 6-month Actual <i>Column O</i> | FY21 % 6-month Metrics Met <i>Column Q</i> | FY21 Yearend Target <i>Column S</i> | FY21 Yearend Actual <i>Column T</i> | FY21 % Yearend Metrics Met <i>Column V</i> | FY22 6-month Target <i>Column X</i> | FY22 6-month Actual <i>Column Y</i> | FY22 % 6-month Metrics Met <i>Column AA</i> | FY22 Yearend Target <i>Column AC</i> | FY22 Yearend Actual <i>Column AD</i> | FY22 % Yearend Metrics Met <i>Column AF</i> | | | | | | |
| Almaden Valley Counseling Services <i>School-based Mental Health Counseling</i> FY23 Approved: \$36,000 FY22 Approved: \$70,000 FY22 Spent: \$70,000 FY21 Approved: \$70,000 FY21 Spent: \$70,000 FY20 Approved: \$60,000 FY20 Spent: \$60,000 New Metrics: 0 of 4 | Students served | 60 | 83 | ● | 280 | 222 | ● | 90 | 131 | ● | 240 | 429 | ● | 131 | 115 | ● | 312 | 541 | ● | | | | | | | |
| | Counseling sessions provided | 300 | 391 | ● | 1,755 | 1,501 | ● | 500 | 1,132 | ● | 1,000 | 1,622 | ● | 700 | 560 | ● | 2,003 | 4,090 | ● | | | | | | | |
| | Students who improved by at least 3 points from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17) | N/A | N/A | 100% ● | 50% | N/A | 83% ● | N/A | N/A | 100% ● | 50% | 33% | ● | 91% ● | N/A | N/A | 84% ● | 50% | 53% | ● | 94% ● | | | | | |
| | Students who improved 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 or therapist report (for students age 10 and under) | N/A | N/A | | 50% | N/A | | N/A | N/A | | 50% | 48% | ● | | N/A | N/A | | 50% | 37% | ● | | | | | | |
| Alzheimer's Association <i>Latino Family Connections</i> FY22 Approved: \$70,000 FY22 Spent: \$70,000 FY21 Approved: \$65,000 FY21 Spent: \$65,000 FY20 Approved: \$70,000 FY20 Spent: \$70,000 New Metrics: 0 of 5 | Individuals served | 275 | 162 | ● | 530 | 305 | ● | 150 | 100 | ● | 300 | 186 | ● | 125 | 161 | ● | 250 | 269 | ● | | | | | | | |
| | Services provided | 295 | 292 | ● | 625 | 705 | ● | 325 | 345 | ● | 650 | 1,086 | ● | 319 | 239 | ● | 700 | 639 | ● | | | | | | | |
| | Information and Referral Services clients who agree or strongly agree they are able to find resources to utilize | N/A | N/A | 79% ● | 95% | 93% | 91% ● | N/A | N/A | 84% ● | 95% | 93% | ● | 91% ● | N/A | N/A | 88% ● | 95% | 81% | ● | 95% ● | | | | | |
| | Educational Sessions or Caregiver Training recipients who agree or strongly agree they were satisfied with the services received | N/A | N/A | | 95% | 96% | | N/A | N/A | | 95% | 93% | ● | | N/A | N/A | | 95% | 94% | ● | | | | | | |
| | Care consultation participants who agree or strongly agree they are better informed of necessary steps to address identified needs | N/A | N/A | | 90% | 92% | | N/A | N/A | | 90% | 86% | ● | | N/A | N/A | | 90% | 89% | ● | | | | | | |
| Child Advocates of Silicon Valley FY23 Approved: \$40,000 FY22 Approved: \$40,000 FY22 Spent: \$40,000 FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$30,000 FY20 Spent: \$30,000 New Metrics: 0 of 4 | Foster teens served | 60 | 32 | ● | 80 | 129 | ● | 40 | 62 | ● | 80 | 78 | ● | 50 | 53 | ● | 80 | 80 | ● | | | | | | | |
| | New volunteer Court Appointed Special Advocates (CASAs) | 60 | 32 | ● | 80 | 103 | ● | 40 | 68 | ● | 80 | 78 | ● | 50 | 53 | ● | 80 | 80 | ● | | | | | | | |
| | CASA high school seniors who earn their diploma or equivalent | N/A | N/A | 53% ● | 80% | 98% | 100% ● | N/A | N/A | 100% ● | 80% | 87% | ● | 99% ● | N/A | N/A | 100% ● | 85% | 80% | ● | 99% ● | | | | | |
| | CASAs who will report that their assigned foster youth has a greater sense of well-being | - | - | | - | - | | N/A | N/A | | 90% | 90% | ● | | N/A | N/A | | 85% | 93% | ● | | | | | | |
| Cupertino Union School District <i>Mental Health Counseling</i> FY23 Approved: \$120,000 FY22 Approved: \$120,000 FY22 Spent: \$120,000 FY21 Approved: \$120,000 FY21 Spent: \$120,000 FY20 Approved: \$140,000 FY20 Spent: \$140,000 New Metrics: 0 of 5 | Students served | 150 | 181 | ● | 395 | 230 | ● | 63 | 92 | ● | 157 | 181 | ● | 68 | 75 | ● | 160 | 175 | ● | | | | | | | |
| | Service hours provided | 1,175 | 2,435 | ● | 4,251 | 5,284 | ● | 730 | 963 | ● | 1,750 | 2,046 | ● | 705 | 801 | ● | 1,605 | 1,801 | ● | | | | | | | |
| | Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report | 60% | 57% | ● | 80% | 70% | ● | 60% | 76% | ● | 80% | 86% | ● | 100% ● | 60% | 64% | ● | 80% | 77% | ● | 99% ● | | | | | |
| | Students who improved by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under) | N/A | N/A | 98% ● | 50% | 50% | 86% ● | N/A | N/A | 100% ● | 50% | 61% | ● | 100% ● | N/A | N/A | 100% ● | 50% | 89% | ● | | | | | | |
| | Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17) | N/A | N/A | | 50% | 42% | | N/A | N/A | | 50% | 50% | ● | | N/A | N/A | | 50% | 54% | ● | | | | | | |
| Jewish Family Services of Silicon Valley <i>Senior Case Management</i> FY23 Approved: \$75,000 FY22 Approved: \$82,000 FY22 Spent: \$82,000 FY21 Approved: \$80,000 FY21 Spent: \$80,000 FY20 Approved: \$75,000 FY20 Spent: \$75,000 New Metrics: 1 of 4 | Older adults served | 70 | 109 | ● | 95 | 145 | ● | 90 | 118 | ● | 120 | 159 | ● | 90 | 91 | ● | 120 | 103 | ● | | | | | | | |
| | Encounters | 250 | 1,263 | ● | 500 | 2,513 | ● | 350 | 430 | ● | 850 | 951 | ● | 800 | 824 | ● | 2,050 | 1,758 | ● | | | | | | | |
| | Clients who experience reduced isolation as measured by an improved score on the UCLA Loneliness Scale | - | - | 100% ● | - | - | 97% ● | - | - | 100% ● | - | - | | 99% ● | 20% | 13% | ● | 20% | 27% | ● | 88% ● | | | | | |
| | Clients who report utilization of at least two behavioral health services | 70% | 92% | ● | 95% | 94% | | 50% | 52% | ● | 75% | 72% | ● | 50% | 39% | ● | 75% | 60% | ● | | | | | | | |
| LifeMoves <i>Mental Health Counseling at Homeless Shelters</i> FY23 Approved: \$50,000 FY22 Approved: \$60,000 FY22 Spent: \$60,000 FY21 Approved: \$60,000 FY21 Spent: \$60,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 New Metrics: 0 of 5 | Individuals served | 50 | 116 | ● | 150 | 187 | ● | 55 | 60 | ● | 160 | 171 | ● | 75 | 78 | ● | 160 | 190 | ● | | | | | | | |
| | Services provided (Individual, group and milieu therapy) | 100 | 137 | ● | 375 | 390 | ● | 120 | 132 | ● | 375 | 361 | ● | 100 | 105 | ● | 350 | 420 | ● | | | | | | | |
| | Clients who attend at least three individual therapy sessions who report improved functioning and well-being | 80% | 95% | ● | 85% | 93% | 100% ● | N/A | N/A | 100% ● | 85% | 81% | ● | 98% ● | N/A | N/A | 100% ● | 85% | 79% | ● | 98% ● | | | | | |
| | Clients who learned how trauma affects themselves and their family | - | - | | - | - | | N/A | N/A | | 75% | 75% | ● | | N/A | N/A | | 75% | 71% | ● | | | | | | |
| | Practicum students who report that their experience will be useful in their future ability to serve the greater community | - | - | | - | - | | N/A | N/A | | 85% | 90% | ● | | N/A | N/A | | 85% | 100% | ● | | | | | | |

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|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|--|---|---|--|-----|---|--|--|--|--|
| | | | FY20 6-month Target <i>Column D</i> | FY20 6-month Actual <i>Column E</i> | FY20 % 6-month Metrics Met <i>Column G</i> | FY20 Yearend Target <i>Column I</i> | FY20 Yearend Actual <i>Column J</i> | FY20 % Yearend Metrics Met <i>Column L</i> | FY21 6-month Target <i>Column N</i> | FY21 6-month Actual <i>Column O</i> | FY21 % 6-month Metrics Met <i>Column Q</i> | FY21 Yearend Target <i>Column S</i> | FY21 Yearend Actual <i>Column T</i> | FY21 % Yearend Metrics Met <i>Column V</i> | FY22 6-month Target <i>Column X</i> | FY22 6-month Actual <i>Column Y</i> | FY22 % 6-month Metrics Met <i>Column AA</i> | FY22 Yearend Target <i>Column AC</i> | FY22 Yearend Actual <i>Column AD</i> | FY22 % Yearend Metrics Met <i>Column AF</i> | | | | | | |
| HEALTHY MIND | Los Gatos Union School District <i>Mental Health Counseling</i> FY23 Approved: \$110,000 FY22 Approved: \$110,000 FY22 Spent: \$110,000 FY21 Approved: \$110,000 FY21 Spent: \$110,000 New Metrics: 1 of 6 | Individuals served | - | - | | - | - | | 380 | 467 | ● | 775 | 1,065 | ● | 380 | 462 | ● | 775 | 806 | ● | | | | | | |
| | | Services provided (in hours) | - | - | | - | - | | 425 | 271 | ● | 850 | 1,025 | ● | 425 | 530 | ● | 850 | 980 | ● | | | | | | |
| | | Teachers who participate in model push-in lessons related to inclusivity and diversity who identify positive student engagement in the lesson of at least 70% or higher. | - | - | | - | - | | - | - | | - | - | | 60% | 60% | ● | 60% | 75% | ● | | | | | | |
| | | Parents who participate in Parent Education Seminar will increase their self-reported readiness to support their student's mental health needs. | - | - | | - | - | | 40% | 86% | ● | 66% | ● | 80% | 102% | ● | 76% | ● | 80% | 75% | ● | | | | | |
| | | Students who improved 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 self-report (middle school for students age 11-17). | - | - | | - | - | | N/A | N/A | | 50% | 10% | ● | N/A | N/A | | 80% | 50% | ● | | | | | | |
| | Momentum for Mental Health | Patients served | 16 | 21 | ● | 25 | 24 | ● | 16 | 17 | ● | 25 | 28 | ● | 17 | 25 | ● | 24 | 25 | ● | | | | | | |
| | Services provided | 165 | 217 | ● | 330 | 438 | ● | 165 | 231 | ● | 99% | ● | 350 | 532 | ● | 97% | ● | 334 | 370 | ● | | | | | | |
| | Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum | 97% | 95% | ● | 97% | 95% | ● | 97% | 94% | ● | 99% | ● | 97% | 89% | ● | 97% | 100% | ● | 97% | 100% | ● | | | | | |
| | HEALTHY COMMUNITY | Pacific Clinics <i>(Formerly Uplift Family Services)</i> <i>School-based Mental Health Counseling</i> FY23 Approved: \$210,000 FY22 Approved: \$210,000 FY22 Spent: \$210,000 FY21 Approved: \$230,000 FY21 Spent: \$230,000 FY20 Approved: \$230,000 FY20 Spent: \$230,000 New Metrics: 0 of 6 | Students served in Campbell Union High School District with individual and/or group counseling and classroom presentations | 1,125 | 1,015 | ● | 2,900 | 1,496 | ● | 500 | 552 | ● | 1,650 | 1,289 | ● | 500 | 818 | ● | 1,250 | 1,250 | ● | | | | | |
| | | | Service hours provided | 940 | 865 | ● | 2,070 | 1,946 | ● | 582 | 642 | ● | 1,345 | 1,284 | ● | 570 | 605 | ● | 1,190 | 1,190 | ● | | | | | |
| Students who increase their school attendance for pre to post rating (defined as at least one point change on the CANS 50 assessment), among the students served who have school attendance issues | | | N/A | N/A | | 30% | 20% | ● | N/A | N/A | | 20% | 20% | ● | N/A | N/A | | 20% | 91% | ● | | | | | | |
| Students who decrease high risk behaviors from pre to post rating (defined as at least alone point change on the CANS 50 assessment), among students served who have high risk behaviors | | | N/A | N/A | 91% | 60% | 65% | ● | 86% | ● | 100% | ● | 60% | 56% | ● | 94% | ● | 100% | ● | 60% | 87% | ● | | | | |
| Students who decrease their thoughts and feelings of suicide from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with suicidal thoughts and feelings | | | N/A | N/A | | 80% | 80% | ● | N/A | N/A | | 80% | 80% | ● | N/A | N/A | | 80% | 100% | ● | | | | | | |
| Students who increase coping skills from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with trauma, depression, anxiety, and/or anger | | | N/A | N/A | | 80% | 80% | ● | N/A | N/A | | 80% | 80% | ● | N/A | N/A | | 80% | 98% | ● | | | | | | |
| HEALTHY COMMUNITY | Peninsula HealthCare Connection FY23 Approved: \$90,000 FY22 Approved: \$90,000 FY22 Spent: \$90,000 FY21 Approved: \$90,000 FY21 Spent: \$90,000 FY20 Approved: \$90,000 FY20 Spent: \$90,000 New Metrics: 0 of 6 | Patients served | 100 | 87 | ● | 200 | 257 | ● | 130 | 281 | ● | 260 | 383 | ● | 100 | 372 | ● | 200 | 414 | ● | | | | | | |
| | | Services provided (psychiatry, therapy, and case management) | 322 | 293 | ● | 645 | 397 | ● | 300 | 365 | ● | 600 | 628 | ● | 380 | 290 | ● | 660 | 555 | ● | | | | | | |
| | | Depression screenings provided | - | - | | - | - | | 100 | 108 | ● | 200 | 300 | ● | 80 | 262 | ● | 160 | 414 | ● | | | | | | |
| | | Psychiatric patients not hospitalized in a 12-month period | 85% | 85% | ● | 90% | 85% | ● | 88% | ● | 98% | ● | 90% | 93% | ● | 100% | ● | 96% | ● | 90% | 98% | ● | | | | |
| | | Psychiatry patients that attend scheduled follow up appointments | 50% | 65% | ● | 70% | 60% | ● | 60% | 68% | ● | 75% | 90% | ● | 60% | 95% | ● | 75% | 95% | ● | | | | | | |
| | | Patients for depression that attend scheduled follow up appointments with Psychiatrist | - | - | | - | - | | 45% | 39% | ● | 55% | 55% | ● | 45% | 95% | ● | 55% | 95% | ● | | | | | | |
| HEALTHY COMMUNITY | American Heart Association <i>Hypertension Management</i> FY23 Approved: \$60,000 FY22 Approved: \$50,000 FY22 Spent: \$42,424 FY21 Approved: \$50,000 FY21 Spent: \$49,210 New Metrics: 0 of 4 | Individuals served | - | - | | - | - | | 40 | 37 | ● | 80 | 96 | ● | 60 | 74 | ● | 130 | 139 | ● | | | | | | |
| | | Hypertension class participants will improve blood pressure by 7mmHg | - | - | | - | - | | 30% | 56% | ● | 30% | 56% | ● | 35% | 32% | ● | 35% | 36% | ● | | | | | | |
| | | Hypertension class participants will measure 8 BP readings within 4 months | - | - | | - | - | | 50% | 53% | ● | 50% | 100% | ● | 55% | 50% | ● | 55% | 56% | ● | | | | | | |
| | | Hypertension class participants adopt health behaviors to improve BP by self-reporting increased fruit and vegetable consumption | - | - | | - | - | | 30% | 35% | ● | 30% | 59% | ● | 35% | 32% | ● | 35% | 49% | ● | | | | | | |

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

| Health Priority Area <i>Column A</i> | Agency/Program <i>Column B</i> | FY22 Metrics <i>Column C</i> | Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74% | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|---|--|--|---|--|--|---|--|--|---|--|--|--|---|---|--|---|------|---|--|--|--|
| | | | FY20 6-month Target <i>Column D</i> | FY20 6-month Actual <i>Column E</i> | FY20 % 6-month Metrics Met <i>Column G</i> | FY20 Yearend Target <i>Column I</i> | FY20 Yearend Actual <i>Column J</i> | FY20 % Yearend Metrics Met <i>Column L</i> | FY21 6-month Target <i>Column N</i> | FY21 6-month Actual <i>Column O</i> | FY21 % 6-month Metrics Met <i>Column Q</i> | FY21 Yearend Target <i>Column S</i> | FY21 Yearend Actual <i>Column T</i> | FY21 % Yearend Metrics Met <i>Column V</i> | FY22 6-month Target <i>Column X</i> | FY22 6-month Actual <i>Column Y</i> | FY22 % 6-month Metrics Met <i>Column AA</i> | FY22 Yearend Target <i>Column AC</i> | FY22 Yearend Actual <i>Column AD</i> | FY22 % Yearend Metrics Met <i>Column AF</i> | | | | | | |
| HEALTHY COMMUNITY | Chinese Health Initiative FY22 Approved: \$20,000 FY22 Approved: \$42,000 FY22 Spent: \$42,000 New Metrics: N/A | Individuals served (unduplicated) | - | - | | - | - | | - | - | | - | - | | 98 | 142 | ● | 210 | 238 | ● | | | | | | |
| | | Services provided, including dietitian consultations and chronic disease health education workshops | - | - | | - | - | | - | - | | - | - | | 225 | 343 | ● | 450 | 654 | ● | | | | | | |
| | | Healthy Habits, Healthy Lifestyle participants who are very motivated or motivated to make lifestyle change on exercise, diet, sleep or stress-reduction. | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | 80% | 95% | ● | 100% | 80% | 93% | ● | 100% | ● | | | |
| | | Participants who strongly agree or agree that dietitian consultations help them improve their eating habits | - | - | | - | - | | - | - | | - | - | | 95% | 96% | ● | 95% | 97% | ● | | | | | | |
| | | Participants who strongly agree or agree that the services received (such as health education and screening) helped them better manage their health | - | - | | - | - | | - | - | | - | - | | 94% | 94% | ● | 94% | 96% | ● | | | | | | |
| | Next Door Solutions Domestic Violence Services FY23 Approved: \$90,000 FY22 Approved: \$90,000 FY22 Spent: \$90,000 FY21 Approved: \$85,000 FY21 Spent: \$85,000 FY20 Approved: \$75,000 FY20 Spent: \$75,000 New Metrics: 0 of 4 | Adults served through the Comprehensive Services For Victims of Domestic Violence Program | 66 | 66 | ● | 132 | 123 | ● | 73 | 73 | ● | 146 | 141 | ● | 69 | 91 | ● | 137 | 164 | ● | | | | | | |
| | | Services provided | 279 | 345 | ● | 560 | 567 | ● | 251 | 336 | ● | 521 | 726 | ● | 267 | 323 | ● | 594 | 694 | ● | | | | | | |
| | | Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety | 80% | 92% | ● | 80% | 93% | ● | 80% | 0% | ● | 80% | 92% | ● | 90% | 96% | ● | 90% | 97% | ● | | | | | | |
| | | Clients engaged in Self-Sufficiency Case Management during the grant period will maintain the level of self-sufficiency | 55% | 55% | ● | 55% | 49% | ● | 55% | 50% | ● | 55% | 46% | ● | 75% | 75% | ● | 75% | 80% | ● | | | | | | |
| | South Asian Heart Center FY23 Approved: \$50,000 FY22 Approved: \$100,000 FY22 Spent: \$100,000 FY21 Approved: \$75,000 FY21 Spent: \$75,000 FY20 Approved: \$110,000 FY20 Spent: \$110,000 New Metrics: 0 of 6 | Individuals served | 61 | 66 | ● | 121 | 151 | ● | 45 | 49 | ● | 100 | 115 | ● | 70 | 81 | ● | 150 | 152 | ● | | | | | | |
| | | Services provided | 330 | 361 | ● | 659 | 827 | ● | 243 | 264 | ● | 518 | 585 | ● | 330 | 362 | ● | 700 | 700 | ● | | | | | | |
| | | Improvement in average level of weekly physical activity from baseline | 20% | 19% | ● | 21% | 21% | ● | 21% | 20% | ● | 21% | 20% | ● | 21% | 20% | ● | 21% | 20% | ● | | | | | | |
| | | Improvement in average levels of daily servings of vegetables from baseline | 19% | 20% | ● | 20% | 19% | ● | 20% | 19% | ● | 20% | 20% | ● | 20% | 18% | ● | 20% | 18% | ● | | | | | | |
| | | Improvement in levels of HDL-C as measured by follow-up lab test | 5% | 5% | ● | 5% | 5% | ● | 5% | 5% | ● | 6% | 5% | ● | 5% | 5% | ● | 5% | 5% | ● | | | | | | |
| | | Improvement in cholesterol ratio as measured by follow-up lab test | 6% | 7% | ● | 6% | 6% | ● | 6% | 6% | ● | 7% | 6% | ● | 6% | 6% | ● | 6% | 6% | ● | | | | | | |
| | Valley Verde Nutrition access/education for low-income households FY23 Approved: \$60,000 FY22 Approved: \$45,000 FY22 Spent: \$45,000 FY21 Approved: \$45,000 FY21 Spent: \$45,000 FY20 Approved: \$45,000 FY20 Spent: \$45,000 New Metrics: 1 of 4 | Individuals/households served | 92 | 138 | ● | 300 | 280 | ● | 120 | 163 | ● | 280 | 312 | ● | 136 | 113 | ● | 252 | 196 | ● | | | | | | |
| | | Services provided | 152 | 180 | ● | 491 | 403 | ● | 200 | 142 | ● | 500 | 1,182 | ● | 198 | 644 | ● | 446 | 506 | ● | | | | | | |
| | | 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. | - | - | 100% | - | - | 94% | - | - | 86% | - | - | 100% | 80% | 69% | ● | 80% | 68% | ● | | | | | | |
| | | Participants reporting an increase in their knowledge of nutrition and healthy cooking, as measured by pre- and post-participation surveys and final focus group | 80% | 91% | ● | 80% | 91% | ● | N/A | N/A | | 80% | 95% | ● | 80% | 56% | ● | 80% | 71% | ● | | | | | | |
| | West Valley Community Services Social Work Case Management FY23 Approved: \$184,500 FY22 Approved: \$160,000 FY22 Spent: \$160,000 FY21 Approved: \$153,000 FY21 Spent: \$153,000 FY20 Approved: \$153,000 FY20 Spent: \$153,000 New Metrics: 1 of 5 | Households served | 65 | 65 | ● | 125 | 157 | ● | 75 | 75 | ● | 150 | 163 | ● | 163 | 184 | ● | 326 | 377 | ● | | | | | | |
| Households that receive intensive Case Management services | | 10 | 10 | ● | 20 | 50 | ● | 10 | 10 | ● | 20 | 32 | ● | 25 | 25 | ● | 50 | 50 | ● | | | | | | | |
| Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index | | N/A | N/A | 100% | 80% | 91% | ● | 100% | N/A | N/A | 100% | 90% | 91% | ● | 100% | N/A | N/A | 90% | 84% | ● | | | | | | |
| Food pantry clients overcoming food insecurity as indicated on client survey | | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 90% | 73% | ● | | | | | | | |
| Clients will remain stably housed after 3 months of receiving emergency financial assistance | | - | - | | - | - | | N/A | N/A | | 90% | 92% | ● | N/A | N/A | | 95% | 90% | ● | | | | | | | |
| West Valley Community Services Social Work Case Management for Older Adults FY23 Approved: \$45,000 FY22 Approved: \$45,000 FY22 Spent: \$45,000 FY21 Approved: \$45,000 FY21 Spent: \$45,000 FY20 Approved: \$45,000 FY20 Spent: \$45,000 New Metrics: 0 of 3 | Older adults served | 25 | 25 | ● | 45 | 45 | ● | 35 | 35 | ● | 45 | 83 | ● | 30 | 32 | ● | 60 | 69 | ● | | | | | | | |
| | Encounters provided | 130 | 139 | ● | 260 | 320 | ● | 150 | 250 | ● | 300 | 449 | ● | 160 | 199 | ● | 320 | 367 | ● | | | | | | | |
| | Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index | N/A | N/A | | 90% | 94% | ● | N/A | N/A | | 91% | 96% | ● | N/A | N/A | | 92% | 90% | ● | | | | | | | |

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

| Health Priority Area <i>Column A</i> | Agency/Program <i>Column B</i> | FY22 Metrics <i>Column C</i> | Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74% | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|---|--|---|--|--|---|--|--|---|--|--|---|--|--|--|---|---|--|-----|---|------|-----|------|-------|---|------|-----|
| | | | FY20 6-month Target <i>Column D</i> | FY20 6-month Actual <i>Column E</i> | FY20 % 6-month Metrics Met <i>Column G</i> | FY20 Yearend Target <i>Column I</i> | FY20 Yearend Actual <i>Column J</i> | FY20 % Yearend Metrics Met <i>Column L</i> | FY21 6-month Target <i>Column N</i> | FY21 6-month Actual <i>Column O</i> | FY21 % 6-month Metrics Met <i>Column Q</i> | FY21 Yearend Target <i>Column S</i> | FY21 Yearend Actual <i>Column T</i> | FY21 % Yearend Metrics Met <i>Column V</i> | FY22 6-month Target <i>Column X</i> | FY22 6-month Actual <i>Column Y</i> | FY22 % 6-month Metrics Met <i>Column AA</i> | FY22 Yearend Target <i>Column AC</i> | FY22 Yearend Actual <i>Column AD</i> | FY22 % Yearend Metrics Met <i>Column AF</i> | | | | | | | | | |
| Support Grants (≤\$30k) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-2-1-0 Healthy Behavior Education for Youth FY22 Approved: \$20,000 FY22 Spent: \$1,024 FY21 Approved: \$25,000 FY21 Spent: \$12,100 FY20 Approved: \$20,000 FY20 Spent: \$20,000 New Metrics: 0 of 3 | Students served | 4,000 | 5,471 | ● | 5,600 | 5,471 | ● | 3,750 | 109 | ● | 5,250 | 173 | ● | 1,200 | 15 | ● | 2,400 | 2,245 | ● | | | | | | | | | | |
| | Students who report being active one or more hours per day after program engagement | N/A | N/A | 100% ● | 56% | 60% | ● | 92% | ● | N/A | N/A | 3% | ● | 58% | 0% | ● | 20% | ● | N/A | N/A | 1% | ● | 58% | 74% | ● | 93% | ● | | |
| | Students who report the knowledge to limit sweetened beverages to 0 per day after program engagement | N/A | N/A | | 75% | 58% | ● | | | N/A | N/A | | | 75% | 42% | ● | | | N/A | N/A | | | 75% | 65% | ● | | | | |
| African American Community Services Agency (AACSA) Screening/Referrals and Nutrition Education for Families FY23 Approved: \$43,000 FY22 Approved: \$28,000 FY22 Spent: \$28,000 FY21 Approved: \$25,000 FY21 Spent: \$25,000 FY20 Approved: \$20,000 FY20 Spent: \$20,000 New Metrics: 0 of 3 | Individuals served | 112 | 282 | ● | 560 | 401 | ● | 100 | 624 | ● | 396 | 468 | ● | 300 | 434 | ● | 787 | 1,537 | ● | | | | | | | | | | |
| | Encounters (screenings, workshops and class sessions) | 112 | 325 | ● | 560 | 468 | ● | 89% | ● | 150 | 770 | ● | 100% | ● | 515 | 544 | ● | 100% | ● | 400 | 550 | ● | 100% | ● | 856 | 3,897 | ● | 100% | ● |
| | Parents will report that they have gained a better understanding of how to support their child's healthy development | 65% | 75% | ● | 65% | 75% | ● | | | N/A | N/A | | | 65% | 65% | ● | | | N/A | N/A | | | 65% | 65% | ● | | | 65% | 65% |
| BAWSI Girls Program Physical Activity & Self-esteem Program FY23 Approved: \$15,000 FY22 Approved: \$15,000 FY22 Spent: \$15,000 FY21 Approved: \$15,000 FY21 Spent: \$15,000 FY20 Approved: \$16,500 FY20 Spent: \$16,500 New Metrics: 0 of 3 | Youth served | 60 | 53 | ● | 124 | 106 | ● | 45 | 5 | ● | 90 | 11 | ● | 45 | 63 | ● | 90 | 126 | ● | | | | | | | | | | |
| | Average weekly attendance | 80% | 83% | ● | 80% | 83% | ● | 95% | ● | 80% | 70% | ● | 66% | ● | 80% | 64% | ● | 62% | ● | 80% | 79% | ● | 92% | ● | 80% | 83% | ● | 96% | ● |
| | Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program | 85% | 93% | ● | 85% | 86% | ● | | | 85% | 100% | ● | | | 85% | 80% | ● | | | 85% | 66% | ● | | | 85% | 74% | ● | | |
| Healthier Kids Foundation Dental & Hearing Screening/Referrals FY23 Approved: \$60,000 FY22 Approved: \$30,000 FY22 Spent: \$30,000 FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$30,000 FY20 Spent: \$30,000 New Metrics: 0 of 4 | Children screened through DentalFirst | 175 | 168 | ● | 350 | 364 | ● | 175 | 103 | ● | 350 | 418 | ● | 175 | 276 | ● | 350 | 465 | ● | | | | | | | | | | |
| | Children screened through HearingFirst | 175 | 200 | ● | 350 | 595 | ● | | | N/A | N/A | | | 176 | 209 | ● | | | 175 | 276 | ● | | | 350 | 756 | ● | | | |
| | Of children dental screened who received a referral, the percent that received and completed appropriate dental services | 75% | 74% | ● | 75% | 69% | ● | 98% | ● | 60% | 75% | ● | 80% | ● | 62% | 86% | ● | 100% | ● | 65% | 40% | ● | 91% | ● | 65% | 60% | ● | 98% | ● |
| | Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services | 35% | 28% | ● | 35% | 36% | ● | | | N/A | N/A | | | 30% | 71% | ● | | | 30% | 76% | ● | | | 30% | 58% | ● | | | |
| Bill Wilson Center Psychotherapy for Child Abuse Victims FY23 Approved: \$25,000 FY22 Approved: \$25,000 FY22 Spent: \$25,000 FY21 Approved: \$25,000 FY21 Spent: \$25,000 FY20 Approved: \$25,000 FY20 Spent: \$25,000 New Metrics: 1 of 3 | Youth served (abused children) | 6 | 6 | ● | 12 | 12 | ● | 6 | 6 | ● | 12 | 12 | ● | 6 | 6 | ● | 12 | 12 | ● | | | | | | | | | | |
| | Services provided | 60 | 65 | ● | 120 | 133 | ● | 100% | ● | 60 | 64 | ● | 100% | ● | 120 | 135 | ● | 100% | ● | 60 | 48 | ● | 93% | ● | 120 | 129 | ● | 100% | ● |
| | Clients completing the program who report that they have learned one new healthy coping mechanism | - | - | | - | - | | | | - | - | | | - | - | | | | 80% | 100% | ● | | | 90% | 100% | ● | | | |
| Cancer CAREpoint Counseling for Cancer Patients, Survivors, Family & Caregivers FY23 Approved: \$30,000 FY22 Approved: \$30,000 FY22 Spent: \$30,000 FY21 Approved: \$22,000 FY21 Spent: \$22,000 FY20 Approved: \$21,600 FY20 Spent: \$21,600 New Metrics: 0 of 4 | Individuals served | 100 | 108 | ● | 250 | 266 | ● | 120 | 112 | ● | 250 | 227 | ● | 100 | 98 | ● | 210 | 193 | ● | | | | | | | | | | |
| | Counseling sessions provided | 200 | 214 | ● | 450 | 499 | ● | | | 220 | 456 | ● | | | 459 | 459 | ● | | | 300 | 411 | ● | | | 625 | 953 | ● | | |
| | Clients who agree or strongly agree they experienced reduced levels of anxiety about issues related to a cancer diagnosis | 85% | 78% | ● | 85% | 89% | ● | 98% | ● | 85% | 80% | ● | 96% | ● | 85% | 80% | ● | 96% | ● | 80% | 81% | ● | 99% | ● | 80% | 83% | ● | 98% | ● |
| | Clients who agree or strongly agree that they received helpful tools or resources | 85% | 93% | ● | 85% | 96% | ● | | | 90% | 87% | ● | | | 90% | 90% | ● | | | 90% | 89% | ● | | | 90% | 95% | ● | | |

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| Health Priority Area <i>Column A</i> | Agency/Program <i>Column B</i> | FY22 Metrics <i>Column C</i> | Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74% | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|--|---|--|--|---|--|--|---|--|--|---|--|--|--|---|---|--|-----|------|---|--|--|--|
| | | | FY20 6-month Target <i>Column D</i> | FY20 6-month Actual <i>Column E</i> | FY20 % 6-month Metrics Met <i>Column G</i> | FY20 Yearend Target <i>Column I</i> | FY20 Yearend Actual <i>Column J</i> | FY20 % Yearend Metrics Met <i>Column L</i> | FY21 6-month Target <i>Column N</i> | FY21 6-month Actual <i>Column O</i> | FY21 % 6-month Metrics Met <i>Column Q</i> | FY21 Yearend Target <i>Column S</i> | FY21 Yearend Actual <i>Column T</i> | FY21 % Yearend Metrics Met <i>Column V</i> | FY22 6-month Target <i>Column X</i> | FY22 6-month Actual <i>Column Y</i> | FY22 % 6-month Metrics Met <i>Column AA</i> | FY22 Yearend Target <i>Column AC</i> | FY22 Yearend Actual <i>Column AD</i> | FY22 % Yearend Metrics Met <i>Column AF</i> | | | | | | |
| HEALTHY COMMUNITY | Downtown Streets Team FY23 Approved: \$30,000 FY22 Approved: \$30,000 FY22 Spent: \$30,000 New Metrics: N/A | Individuals served (unduplicated) | - | - | | - | - | | - | - | | - | - | | 10 | 80 | ● | 20 | 103 | ● | | | | | | |
| | | Services provided | - | - | | - | - | | - | - | | - | - | | 152 | 147 | ● | 304 | 292 | ● | | | | | | |
| | | Participants who report improved their self-esteem, motivation, and/or hope since joining the program | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | 50% | 55% | ● | 99% | 75% | 97% | ● | 99% | ● | | | |
| | | Barriers removed related to housing, employment, health, and/or self-sufficiency cumulatively for all unduplicated participants | - | - | | - | - | | - | - | | - | - | | 30% | 89% | ● | 60% | 100% | ● | | | | | | |
| | | Participants who report decreased quantity or improved the quality of interactions with law enforcement/the court system | - | - | | - | - | | - | - | | - | - | | N/A | N/A | | 40% | 65% | ● | | | | | | |
| | First Community Housing FY22 Approved: \$30,000 FY22 Spent: \$30,000 New Metrics: N/A | Individuals served (unduplicated) | - | - | | - | - | | - | - | | - | - | | 125 | 319 | ● | 250 | 519 | ● | | | | | | |
| | | Services provided (duplicated) | - | - | | - | - | | - | - | | - | - | | 250 | 487 | ● | 500 | 709 | ● | | | | | | |
| | | Residents reported committing to eating more fruits and vegetables. | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | 50% | 91% | ● | 100% | 60% | 95% | ● | 100% | ● | | | |
| | | Residents reported committing to doing more physical activity. | - | - | | - | - | | - | - | | - | - | | 50% | 82% | ● | 60% | 90% | ● | | | | | | |
| | | Residents reported committing to reducing toxins in their home. | - | - | | - | - | | - | - | | - | - | | 50% | 91% | ● | 60% | 95% | ● | | | | | | |
| | Los Gatos Saratoga Recreation Senior Isolation Program FY23 Approved: \$15,000 FY22 Approved: \$20,000 FY22 Spent: \$20,000 FY21 Approved: \$20,000 FY21 Spent: \$20,000 FY20 Approved: \$20,000 FY20 Spent: \$20,000 New Metrics: 0 of 3 | Individuals served | 100 | 102 | ● | 200 | 148 | ● | 60 | 180 | ● | 120 | 200 | ● | 125 | 281 | ● | 200 | 530 | ● | | | | | | |
| | | Services provided | - | - | 100% | - | - | 64% | 114 | 100 | ● | 715 | 479 | ● | 2,004 | 1,042 | ● | 84% | 3,340 | 2,553 | ● | 92% | ● | | | |
| | | Participants who agree or strongly agree feeling less isolated as a result of the program | - | - | | - | - | | 65% | 66% | ● | 65% | 65% | ● | 65% | 65% | ● | 65% | 74% | ● | | | | | | |
| | Pink Ribbon Girls Cancer Support Program FY23 Approved: \$25,000 FY22 Approved: \$25,000 FY22 Spent: \$25,000 New Metric: N/A | Individuals served (unduplicated) | - | - | | - | - | | - | - | | - | - | | 24 | 42 | ● | 60 | 42 | ● | | | | | | |
| | | Services provided | - | - | | - | - | | - | - | | - | - | | 490 | 1,472 | ● | 1,275 | 1,472 | ● | | | | | | |
| Patients who report feeling stronger and well-nourished through treatment as reflected in off-boarding survey | | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | - | - | New Program in FY22 | 80% | 86% | ● | 100% | 80% | 86% | ● | 94% | ● | | | | |
| Social workers who report that treatment compliance has increased by at least 20% | | - | - | | - | - | | - | - | | - | - | | 50% | 75% | ● | 50% | 75% | ● | | | | | | | |
| Participants in peer support who report at least a 50% decrease in feelings of loneliness and isolation | | - | - | | - | - | | - | - | | - | - | | 35% | 65% | ● | 35% | 65% | ● | | | | | | | |
| Rebuilding Together Silicon Valley Falls Prevention Services for at-risk Older Adults FY23 Approved: \$30,000 FY22 Approved: \$30,000 FY22 Spent: \$30,000 FY21 Approved: \$30,000 FY21 Spent: \$30,000 New Metrics: 0 of 4 | Older adults served | - | - | | - | - | | 5 | 13 | ● | 17 | 26 | ● | 5 | 6 | ● | 24 | 15 | ● | | | | | | | |
| | Older adults who report their overall health has improved somewhat or a lot since completed repairs/modifications. | - | - | New Program in FY21 | - | - | New Program in FY21 | N/A | N/A | 100% | 60% | 96% | ● | 75% | 100% | ● | 75% | 100% | ● | 91% | ● | | | | | |
| | Older adults who report a low or no chance of falling due to completed repairs/modifications. | - | - | | - | - | | N/A | N/A | | 60% | 60% | ● | 65% | 100% | ● | 65% | 100% | ● | | | | | | | |
| | Older adults who report at least a 1-point increase in their ability to move around their home. | - | - | | - | - | | N/A | N/A | | 60% | 60% | ● | 65% | 100% | ● | 65% | 100% | ● | | | | | | | |

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

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