

AGENDA
FINANCE COMMITTEE MEETING
OF THE EL CAMINO HOSPITAL BOARD

Monday, March 27, 2023 – 5:30 pm

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

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

Dial-In: 1-669-900-9128. Meeting Code: 926 7803 1732#. 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 Meeting (01/30/2023) b. Minutes of the Open Session of the Joint Finance and Investment Committee Meeting (02/27/2023) c. FY2023 Period 7 Financial Report Information d. FY2023 Pacing Plan 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. FY2024 COMMITTEE PLANNING a. Proposed FY2024 Committee Meeting Dates b. Proposed FY2024 Committee Goals c. Proposed FY2024 Committee Pacing Plan	Don Watters, Chair		discussion 5:45-5:55
7. FY2023 PERIOD 8 FINANCIAL REPORT	Carlos Bohorquez, CFO	<i>public comment</i>	motion required 5:55-6:05
8. FY2023 COMMUNITY BENEFIT MIDYEAR GRANT PERFORMANCE & UPDATE	Jon Cowan, Senior Director, Government Relations & Community Partnerships		discussion 6:05-6:20

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
9. ADJOURN TO CLOSED SESSION	Don Watters, Chair	<i>public comment</i>	motion required 6:20-6:21
10. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Don Watters, Chair		information 6:21-6:22
11. 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> <ol style="list-style-type: none"> a. Minutes of the Closed Session of the Finance Committee Meeting (01/30/2023) b. Minutes of the Closed Session of the Joint Finance and Investment Committee Meeting (02/27/2023) Information <i>Health and Safety Code Section 32106(b):</i> Physician Contracts <ol style="list-style-type: none"> c. Urology Panel Review (MV & LG Campuses) d. Unassigned Newborn Panel Review (MV campus) 	Don Watters, Chair		motion required 6:22-6:23
12. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: FY2024 BUDGET PREVIEW PART 1: KEY OPERATING ASSUMPTIONS/ TARGETS	Carlos Bohorquez, CFO		discussion 6:23-6:43
13. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: SUMMARY OF PHYSICIAN FINANCIAL ARRANGEMENTS (YEAR-END)	Mark Adams, MD, CMO		motion required 6:43-6:58
14. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: SERVICE LINE UPDATE: ONCOLOGY	Omar Chughtai, CGO Markettea Beneke, Sr. Dir. Oncology Service Line		discussion 6:58-7:13
15. Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management: - Executive Session	Don Watters, Chair		discussion 7:13-7:18
16. ADJOURN TO OPEN SESSION	Don Watters, Chair		motion required 7:18-7:19
17. RECONVENE OPEN SESSION / REPORT OUT To report any required disclosures regarding permissible actions taken during the Closed Session.	Don Watters, Chair		information 7:19-7:20
18. CONTRACTS & AGREEMENTS Approval <ol style="list-style-type: none"> a. Unassigned Newborn Panel Renewal (MV Campus) Recommended for Board Approval <ol style="list-style-type: none"> b. Urology Panel Renewal (MV & LG Campuses) 	Mark Adams, MD, CMO		motion required 7:20-7:22
19. CLOSING COMMENTS	Don Watters, Chair		information 7:22-7:25

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
20. ADJOURNMENT	Don Watters, Chair	<i>public comment</i>	motion required 7:26

Upcoming Meetings:

Regular Meetings: May 22, 2023



**Minutes of the Open Session of the
Finance Committee of the
El Camino Hospital Board of Directors
Monday, January 30, 2023**

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

Staff Present

Carlos Bohorquez, Chief Financial Officer
Dan Woods, Chief Executive Officer
Mark Adams, MD, Chief Medical Officer
Meenesh Bhimani, MD, Chief Operating Officer
Omar Chughtai, Chief Growth Officer
Shahab Dadjou, President of ECHMN
David Neapolitan, ECHMN VP of Finance
Victor Cabrera, Dir, Decision Support & Business Analytics
Samreen Salehi, Executive Assistant II

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	Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Finance Committee meeting (11/21/2022) (b) FY2023 Period 5 Financial Report (c) FY2023 Pacing Plan (d) Progress Against FY2023 Goals (e) Article(s) of Interest. Movant: Watters Second: Doiguchi Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None	Consent Calendar was approved.
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. FY2023 PERIOD 6
FINANCIAL
REPORT**

Carlos Bohorquez, Chief Financial Officer presented Period 6 and YTD FY2023 (as of 12/31/2022) Financial Report, and highlighted the following:

- Given the challenges impacting all healthcare providers in California and across the country, December was a particularly challenging month.
- Overall activity for December was strong as indicated by the following:
 - Gross charges: \$485.0 million is 5.6% favorable to budget and a 12.0% increase compared to the same period last fiscal year (FY)
 - ADC (Average Daily Census): 309 is 11.4% favorable to budget and a 20.9% increase compared to the same period last FY
 - ED Visits: 8,730 is 49.0% favorable to budget and a 39.0% increase compared to the same period last FY
 - Outpatient Cases: 17.6% unfavorable to budget, attributed to lower than expected Covid testing and vaccinations
- Financial Performance KPIs:
 - Total Operating Revenue: \$119.9 million is 0.1% favorable to budget and a 2.7% increase compared to the same period last FY
 - Operating EBIDA: \$18.2 million is \$2.6 million / (12.6%) unfavorable to budget and a \$7.4 million / (28.9%) decrease compared to the same period last FY. Attributed to higher use of OT and premium pay, higher use of contract labor and deterioration of commercial payor mix
 - Net Income: Negative \$2.3 million is \$18.7 million / (114.0%) unfavorable to budget and a \$37.9 million / (106.4%) decrease compared to the same period last FY. Attributed to negative non-operating revenue.
 - Liquidity as represented in Days Cash on Hand (DCOH): 246 DCOH is 79 days / (24.3%) unfavorable to budget and a 91 day / (27.0%) decrease compared to the same period last FY

YTD FY2023 Financial Performance KPIs

- Total Operating Revenue: \$707.3 million is 2.0% favorable to budget and a 7.2% increase compared to the same period last FY
- Operating EBIDA: \$116.4 million is \$1.9M / 1.6%, favorable to budget, but a \$16.7 million / (12.5%) decrease compared to the same period last FY
- Net Income: \$87.6 million is favorable to budget by \$1.0 million / (114.0%) and a \$37.9 million / (106.4%) decrease compared to the same period last FY
- Liquidity as Represented in Days Cash on Hand (DCOH): 246 DCOH is 79 days / (24.3%) unfavorable and a 91 day / (27.0%) decrease compared to the same period last FY

	<p>Motion: To approve the FY2023 Period 6 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>7. COMMUNITY BENEFIT BUDGET OVERVIEW</p>	<p>Jon Cowan, Senior Director, Government Relations & Community Partnerships presented an overview of the FY2024 Community Benefits Budget approach.</p> <p>The purpose of the presentation is to demonstrate how El Camino Health’s grants and sponsorships annual investments compare to peer organizations in the region and discuss the proposed approach for the FY2024 budget.</p> <p>The budget will be developed over the next 90 days, for finance committee review and approval in May.</p>	
<p>8. CAPITAL PROJECTS (a) MV & LG Pharmacy Upgrades</p>	<p>Meenesh Bhimani, MD, Chief Operating Officer, and Ken King, Chief Administrative Services Officer presented the MV & LG Pharmacy Upgrades and highlighted the following as further detailed in the materials:</p> <ul style="list-style-type: none"> • United States Pharmacopoeia – USP 787 & USP 800 Standards require pharmacies that compound sterile and hazardous drugs to be in compliance with the standards, which become official on November 1, 2023 • Compliance is regulated by the California Board of Pharmacy and the California Department of Public Health • The standards have been contemplated for the past few years, but due to the pandemic, compliance dates were extended • We began evaluating and planning to implement compliance solutions in the summer of 2019 • Final solutions involve the installation of certified bio-safety hoods in “Clean Room” environments that must meet very specific specifications • To recommend Board approval of capital funding for the following two regulatory compliance projects: <ul style="list-style-type: none"> • MV pharmacy upgrades project not to exceed \$7.32 million • LG pharmacy/pathology upgrades project not to exceed \$5.42 million <p>Movant: Doiguchi Second: Fung Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p>	

<p>9. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:04 pm. Movant: Hooper Second: Doiguchi Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Adjourned to closed session at 6:04 pm</i></p>
<p>10. AGENDA ITEM 18: RECONVENE OPEN SESSION/REPORT OUT</p>	<p>During the Closed Session, the Finance Committee approved the following item: Closed Session Minutes of the November 21, 2022, Finance Committee Meeting by a unanimous vote of all Committee Members present (Mr. Chow, Mr. Doiguchi, Dr. Fung, Mr. Hooper, Ms. Stewart, Mr. Watters).</p>	
<p>11. AGENDA ITEM 19: PHYSICIAN CONTRACTS & AGREEMENTS</p>	<p>Motion: To approve physician contracts recommended for board approval. Movant: Fung Second: Doiguchi Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>12. AGENDA ITEM 20: CLOSING COMMENTS</p>	<p>None</p>	
<p>13. AGENDA ITEM 21: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:57 pm. Movant: Fung Second: Stewart Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Meeting adjourned at 7:57 pm</i></p>

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



**Minutes of the Open Session of the
Joint Investment and Finance Committee of the
El Camino Hospital Board of Directors**

Monday, February 27, 2023

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

Members Present

Don Watters, Chair FC
Brooks Nelson, Chair IC
Nicola Boone, IC Member
John Conover, IC Member
Wayne Doiguchi, FC Member
Peter Fung, MD, FC / IC Member
Bill Hooper, FC Member
Cynthia Stewart, FC Member
John Zoglin, IC Member

Members Absent

**via teleconference

Staff Present

Carlos Bohorquez, Chief Financial Officer
Dan Woods, Chief Executive Officer
Victor Cabrera, Dir, Decision Support & Business Analytics
Samreen Salehi, Executive Assistant II

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session of the Joint Investment and Finance Committee meeting 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 except for John Conover joined at 5:33 pm and Peter Fung, MD joined at 5:36 pm. 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. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 5:31 pm. Movant: Nelson Second: Boone Ayes: Boone, Conover, Doiguchi, Fung, Hooper, Nelson, Stewart, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Adjourned to closed session at 5:31 pm</i>
5. AGENDA ITEM 18: RECONVENE OPEN SESSION/REPORT OUT	During the closed session, the Investment and Finance Committee discussed the 5-Year Long-Range Financial/Capital Plan, and no actions were taken.	
6. AGENDA ITEM 17: CLOSING COMMENTS	None	
7. AGENDA ITEM 18: ADJOURNMENT	Motion: To adjourn at 6:36 pm. Movant: Boone Second: Fung Ayes: Boone, Conover, Doiguchi, Fung, Hooper, Nelson, Stewart, Watters, Zoglin Noes: None	<i>Meeting adjourned at 6:36 pm</i>

	Abstentions: None Absent: None Recused: None	
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Attest as to the approval of the foregoing minutes by the Finance Committee / Investment Committee of El Camino Hospital:

Don Watters
Chair, Finance Committee

Brooks Nelson
Chair, Investment Committee

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

DRAFT



El Camino Health

Summary of Financial Operations

*Fiscal Year 2023 – Period 7
7/1/2022 to 01/31/2023*

Executive Summary - Overall Commentary for Period 7

- **Continued mixed results for Period 7:**

- Overall Revenue Favorable to budget by \$25.5M / 5.6%
 - Driven by Inpatient activity
 - Inpatient Charges \$26.2M / 11.4% favorable to budget
 - Outpatient Charges \$0.8M / 0.4% unfavorable to budget
 - Payer mix shift from Commercial to Medicare in January
- Cost Management
 - When adjusted for volume, overall operating expense unfavorable to budget by 3.3%
 - Labor: Contract Labor remain at a high level, but significant improvement in Overtime
- Gross charges were favorable to budget by \$25.5M / 5.6% and \$67.1M / 16.0% higher than the same period last year.
- Net patient revenue was unfavorable to budget by \$2.9M / 2.4% and \$4.3M / 4.0% higher than the same period last year.
- Operating margin was unfavorable to budget by \$3.5M / 26.8% and \$2.1M / 17.7% lower than the same period last year.
- Operating EBIDA was unfavorable to budget by \$3.0M / 14.6% and \$1.6M / 8.2% lower than the same period last year.
- Net income was favorable to budget by \$48.3M and \$84.0M higher than the same period last year.

Operational / Financial Results: Period 7 – January 2023 (as of 01/31/2023)

(\$ 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	311	279	32	11.6%	280	31	11.2%	---	---	---
	Total Acute Discharges	1,835	1,861	(26)	(1.4%)	1,708	127	7.4%	---	---	---
	Adjusted Discharges	3,400	3,637	(237)	(6.5%)	3,200	200	6.2%	---	---	---
	Emergency Room Visits	5,644	6,125	(481)	(7.9%)	6,010	(366)	(6.1%)	---	---	---
	OP Procedural Cases	10,235	13,772	(3,537)	(25.7%)	12,967	(2,732)	(21.1%)	---	---	---
	Gross Charges (\$)	485,066	459,513	25,554	5.6%	417,996	67,070	16.0%	---	---	---
Operations	Total FTEs	3,293	3,315	(22)	(0.7%)	3,120	172	5.5%	---	---	---
	Productive Hrs. / APD	28.6	29.9	(1.4)	(4.6%)	29.5	(0.9)	(3.1%)	---	---	---
	Cost Per CMI AD	18,631	18,036	595	3.3%	17,688	943	5.3%	---	---	---
	Net Days in A/R	55.3	54.0	1.3	2.4%	50.7	4.6	9.0%	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	113,712	116,565	(2,853)	(2.4%)	109,378	4,334	4.0%	138,547	82,105	---
	Total Operating Revenue (\$)	118,062	121,195	(3,133)	(2.6%)	112,741	5,321	4.7%	152,743	109,602	---
	Operating Margin (\$)	9,673	13,215	(3,542)	(26.8%)	11,756	(2,084)	(17.7%)	1,915	3,836	---
	Operating EBIDA (\$)	17,645	20,656	(3,011)	(14.6%)	19,223	(1,578)	(8.2%)	11,188	10,741	---
	Net Income (\$)	64,254	15,929	48,326	303.4%	(19,783)	84,037	424.8%	8,124	7,343	---
	Operating Margin (%)	8.2%	10.9%	(2.7%)	(24.9%)	10.4%	(2.2%)	(21.4%)	1.9%	3.5%	---
	Operating EBIDA (%)	14.9%	17.0%	(2.1%)	(12.3%)	17.1%	(2.1%)	(12.3%)	8.3%	9.8%	---
	DCOH (days)	251	325	(74)	(22.6%)	317	(65)	(20.6%)	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.

Operational / Financial Results: YTD FY2023 (as of 01/31/2023)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's 'A1'	S&P 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	300	259	40	15.6%	267	32	12.1%	---	---	---
	Total Acute Discharges	12,791	12,210	581	4.8%	12,200	591	4.8%	---	---	---
	Adjusted Discharges	24,715	24,504	211	0.9%	23,915	800	3.3%	---	---	---
	Emergency Room Visits	44,610	38,235	6,375	16.7%	39,377	5,233	13.3%	---	---	---
	OP Procedural Cases	81,266	93,951	(12,685)	(13.5%)	90,369	(9,103)	(10.1%)	---	---	---
	Gross Charges (\$)	3,308,996	3,084,204	224,791	7.3%	2,929,324	379,672	13.0%	---	---	---
Operations	Total FTEs	3,278	3,286	(9)	(0.3%)	3,032	246	8.1%	---	---	---
	Productive Hrs. / APD	28.1	30.6	(2.5)	(8.2%)	28.8	(0.7)	(2.3%)	---	---	---
	Cost Per CMI AD	17,683	18,036	(353)	(2.0%)	16,491	1,192	7.2%	---	---	---
	Net Days in A/R	55.3	54.0	1.3	2.4%	50.7	4.6	9.0%	47.7	49.7	
Financial Performance	Net Patient Revenue (\$)	797,535	785,182	12,352	1.6%	747,333	50,202	6.7%	969,831	574,732	
	Total Operating Revenue (\$)	825,320	814,655	10,665	1.3%	772,790	52,530	6.8%	1,063,365	767,215	
	Operating Margin (\$)	79,229	82,375	(3,147)	(3.8%)	100,143	(20,915)	(20.9%)	13,404	26,853	
	Operating EBIDA (\$)	134,039	135,195	(1,156)	(0.9%)	152,318	(18,279)	(12.0%)	78,318	75,187	
	Net Income (\$)	151,883	102,512	49,371	48.2%	81,158	70,725	87.1%	56,871	51,403	
	Operating Margin (%)	9.6%	10.1%	(0.5%)	(5.1%)	13.0%	(3.4%)	(25.9%)	1.9%	3.5%	
	Operating EBIDA (%)	16.2%	16.6%	(0.4%)	(2.1%)	19.7%	(3.5%)	(17.6%)	8.3%	9.8%	
	DCOH (days)	251	325	(74)	(22.6%)	317	(65)	(20.6%)	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.

Consolidated Balance Sheet (as of 01/31/2023)

(\$000s)

ASSETS

	Audited	
	January 31, 2023	June 30, 2022
CURRENT ASSETS		
Cash	195,065	196,067
Short Term Investments	148,367	125,816
Patient Accounts Receivable, net	210,466	209,668
Other Accounts and Notes Receivable	17,969	21,044
Intercompany Receivables	12,503	13,998
Inventories and Prepaids	39,911	36,476
Total Current Assets	624,280	603,068
BOARD DESIGNATED ASSETS		
Foundation Board Designated	23,973	18,721
Plant & Equipment Fund	368,059	310,045
Women's Hospital Expansion	30,473	30,261
Operational Reserve Fund	207,898	182,907
Community Benefit Fund	17,732	18,299
Workers Compensation Reserve Fund	14,029	14,029
Postretirement Health/Life Reserve Fund	30,417	29,783
PTO Liability Fund	33,663	33,709
Malpractice Reserve Fund	1,893	1,906
Catastrophic Reserves Fund	28,589	24,668
Total Board Designated Assets	756,724	664,329
FUNDS HELD BY TRUSTEE	-	0
LONG TERM INVESTMENTS	452,511	495,751
CHARITABLE GIFT ANNUITY INVESTMENTS	949	940
INVESTMENTS IN AFFILIATES	30,643	30,376
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,907,940	1,872,501
Less: Accumulated Depreciation	(822,931)	(778,427)
Construction in Progress	139,134	96,603
Property, Plant & Equipment - Net	1,224,143	1,190,676
DEFERRED OUTFLOWS	18,971	19,474
RESTRICTED ASSETS	34,669	31,200
OTHER ASSETS	211,430	216,842
TOTAL ASSETS	3,354,322	3,252,657

LIABILITIES AND FUND BALANCE

	Audited	
	January 31, 2023	June 30, 2022
CURRENT LIABILITIES		
Accounts Payable	53,421	51,286
Salaries and Related Liabilities	23,047	46,502
Accrued PTO	34,413	34,449
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	11,518	14,942
Intercompany Payables	8,775	13,489
Malpractice Reserves	2,096	2,096
Bonds Payable - Current	10,400	9,905
Bond Interest Payable	-	8,096
Other Liabilities	12,372	20,955
Total Current Liabilities	158,342	204,021
LONG TERM LIABILITIES		
Post Retirement Benefits	30,417	29,783
Worker's Comp Reserve	14,029	14,029
Other L/T Obligation (Asbestos)	38,173	37,944
Bond Payable	455,487	466,838
Total Long Term Liabilities	538,105	548,593
DEFERRED REVENUE-UNRESTRICTED	12,551	12,312
DEFERRED INFLOW OF RESOURCES	104,214	104,367
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,290,040	2,136,565
Board Designated	208,652	210,197
Restricted	42,417	36,601
Total Fund Bal & Capital Accts	2,541,109	2,383,363
TOTAL LIABILITIES AND FUND BALANCE	3,354,322	3,252,657

FY2023 Finance Committee Pacing Plan												
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)					✓				✓			

FY2023 Finance Committee Pacing Plan												
AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	8/15	9/27	OCT	11/21	DEC	1/31	2/27	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

BECKER'S

Hospital CFO Report

Financial Management

Hospital margins see no relief to start the year

Molly Gamble ([Twitter](#)) – February 28, 2023

The year is off to an unfriendly start for hospital finances, with a median margin of -1 percent for January, worsening from the margin recorded a month prior, according to Kaufman Hall.

The finding comes from Kaufman Hall's latest "[National Flash Hospital Report](#)" — based on data from more than 900 hospitals. The -1 percent margin captured in January arrives on the heels of 2022 being [the worst financial year](#) for hospitals and health systems since the start of the COVID-19 pandemic.

Hospitals recorded decreased patient volumes, emergency department visits, discharges and total revenues in January 2023 compared to the month prior while expenses ticked upward. Month-over-month, total net operating revenue decreased by 3 percent while total expenses rose by 1 percent, with total labor expenses increasing by 3 percent.

Another contributing factor to the negative median margin is the ordinary trend of hospitals making purchases for the year in January, Kaufman Hall analysts noted.

"While we have seen a stabilization in operating margins over the past several months, the trendline continues to show that hospitals will be in a tough spot financially for the foreseeable future," Erik Swanson, senior vice president of data and analytics with Kaufman Hall, said. "With future COVID surges possible and challenging financial months ahead for hospitals, managing cash on hand will be critical to weathering the storm."

KaufmanHall

FEBRUARY 2023

National Hospital Flash Report

Real Data. Real Insight. Real Time.

Based on January Data from More Than 900 Hospitals

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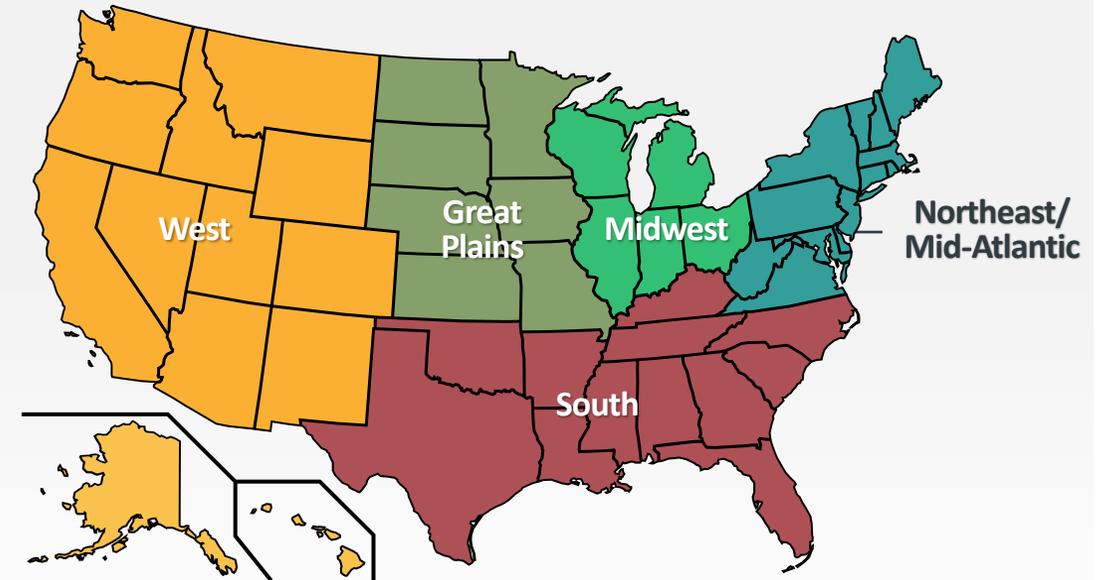
About the Data

The *National Hospital Flash Report* uses both actual and budget data over the last three years, sampled from more than 900 hospitals on a recurring monthly basis from Syntellis Performance Solutions.

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

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

Map of Regions



About the Data *(continued)*

About Kaufman Hall

KaufmanHall

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

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

About Syntellis Performance Solutions



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

Key Takeaways

1. Hospitals get off to smoother start to the year compared to 2022.

The start of 2022 coincided with the Omicron COVID surge, putting hospitals in a difficult financial position to start the year. With no spike in COVID cases in January 2023, hospitals entered the year on more stable footing, but continued to experience the same challenges that made 2022 the worst financial year since the start of the pandemic. According to Kaufman Hall experts, while the start to 2023 was better than 2022, beginning-of-the-year performance still lagged behind 2021 and 2020.

2. Margins are down slightly from the end of 2022.

Hospital operating margins in January 2023 were down slightly compared to December 2022. One factor that contributed to the dip in performance, according to Kaufman Hall experts, is the normal trend of hospitals making purchases for the year in January.

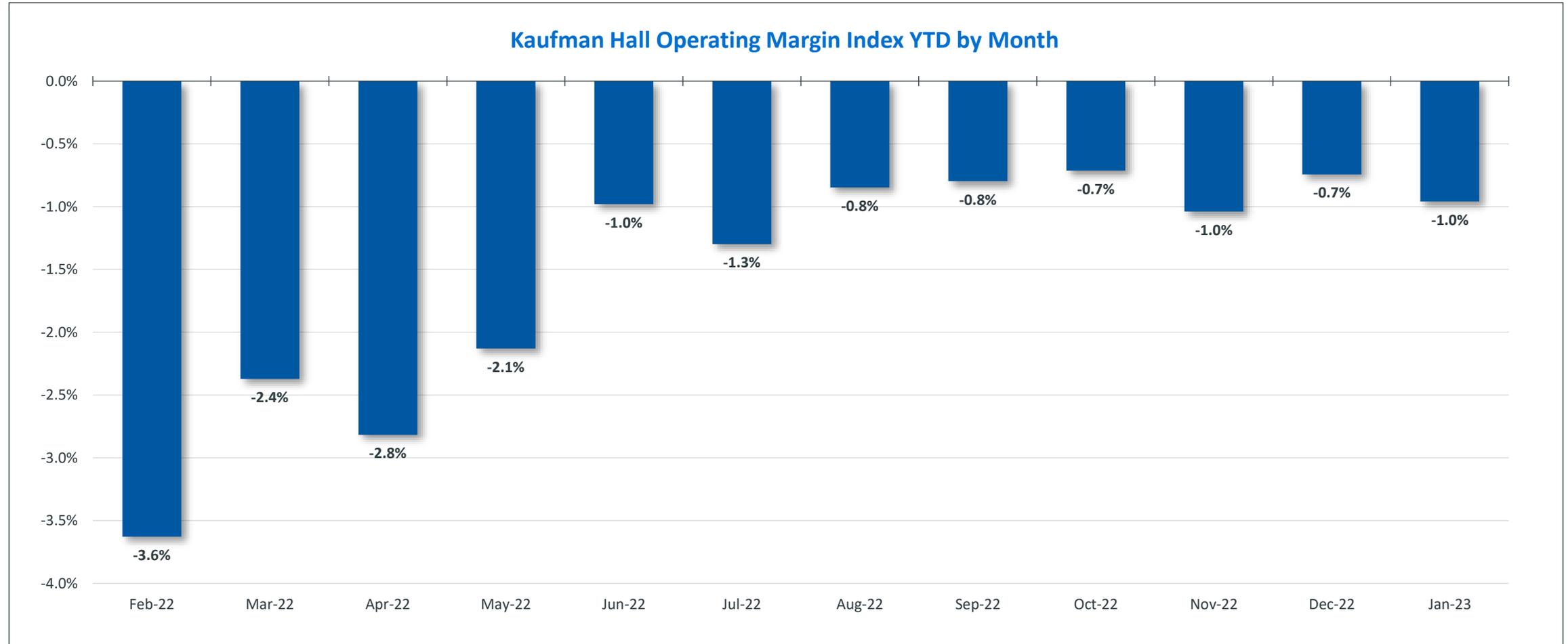
3. Hospitals continue to experience lower volumes and higher expenses.

Volumes, emergency department visits, discharges and total revenues were down in January 2023 compared to December 2022. Expenses—particularly related to labor—increased over the same time period; though, not as fast as in previous months.

4. 2023 could represent a new normal for hospitals.

Hospitals must continue to explore how to treat lower-acuity patients in novel settings as patient volumes continue to shift to outpatient locations. Furthermore, with future COVID surges likely and difficult financial months ahead, managing cash effectively will be critical to weathering the storm.

Operating Margin



Kaufman Hall, National Hospital Flash Report (February 2023)

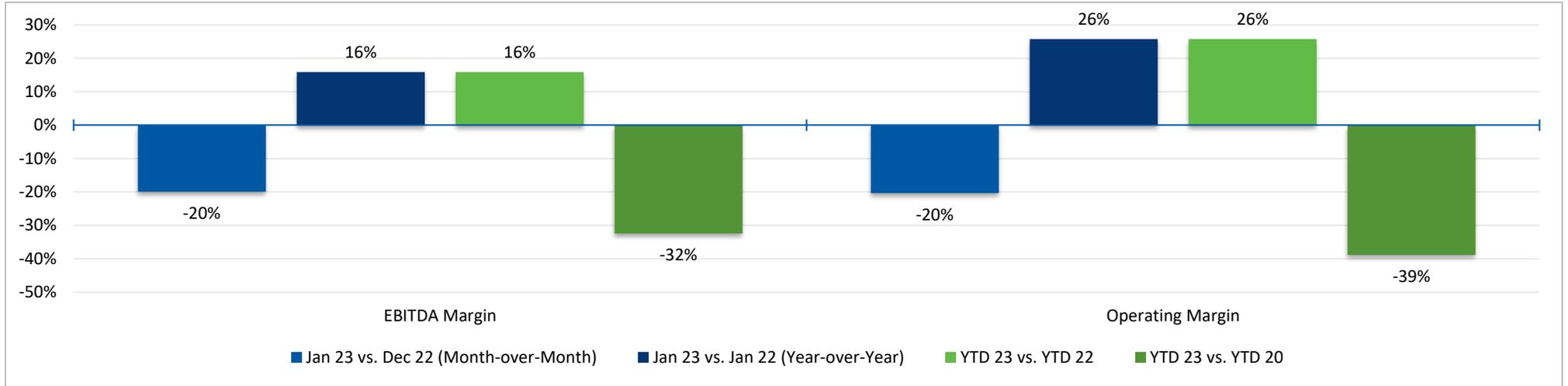
* Note: The Kaufman Hall Hospital Operating Margin and Operating EBITDA Margin Indices are comprised of the national median of our dataset adjusted for allocations to hospitals from corporate, physician, and other entities.

National and Regional Data

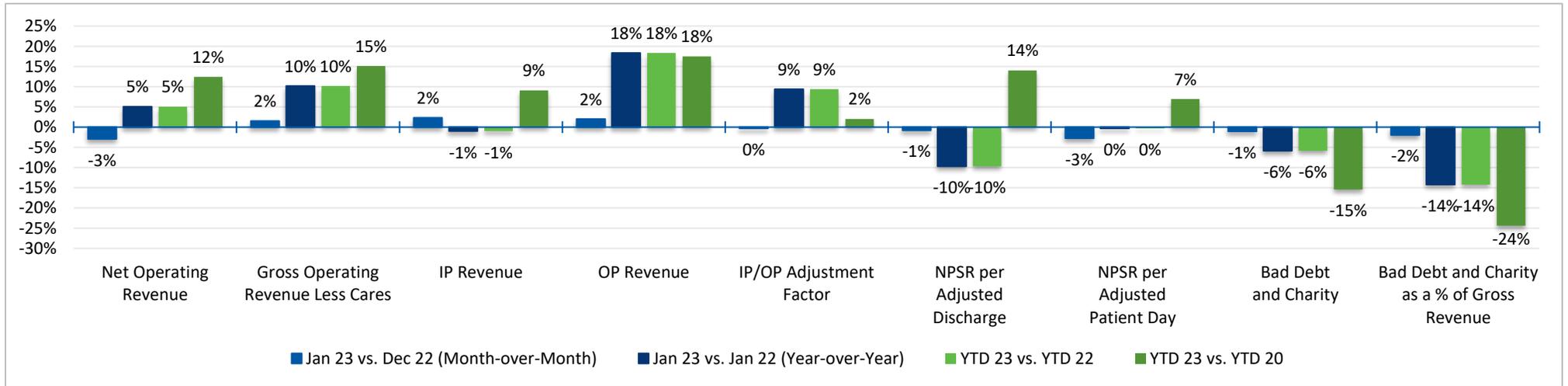
Profitability, Revenue, Expense, and Volume

National Data

Profitability

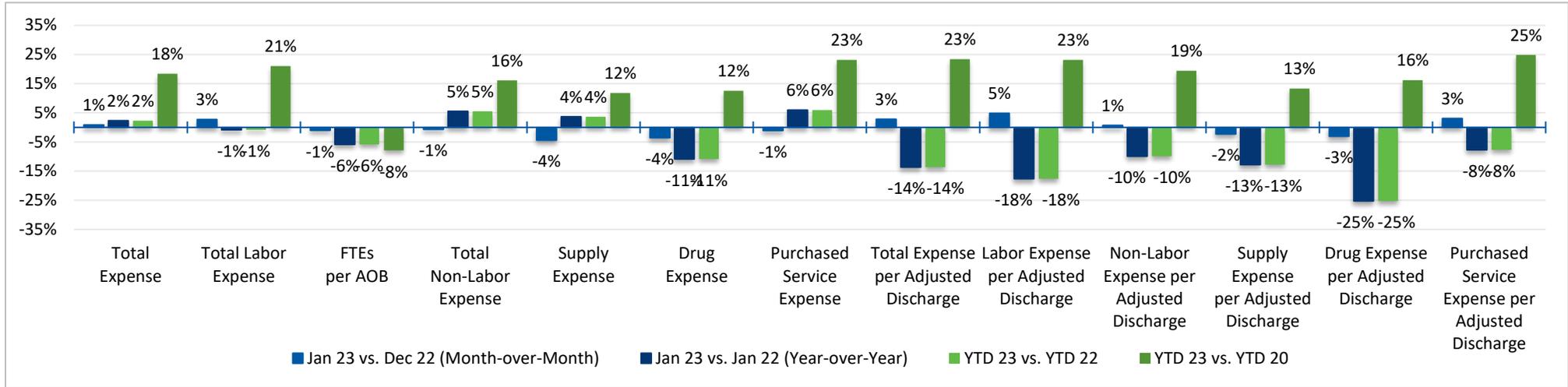


Revenue

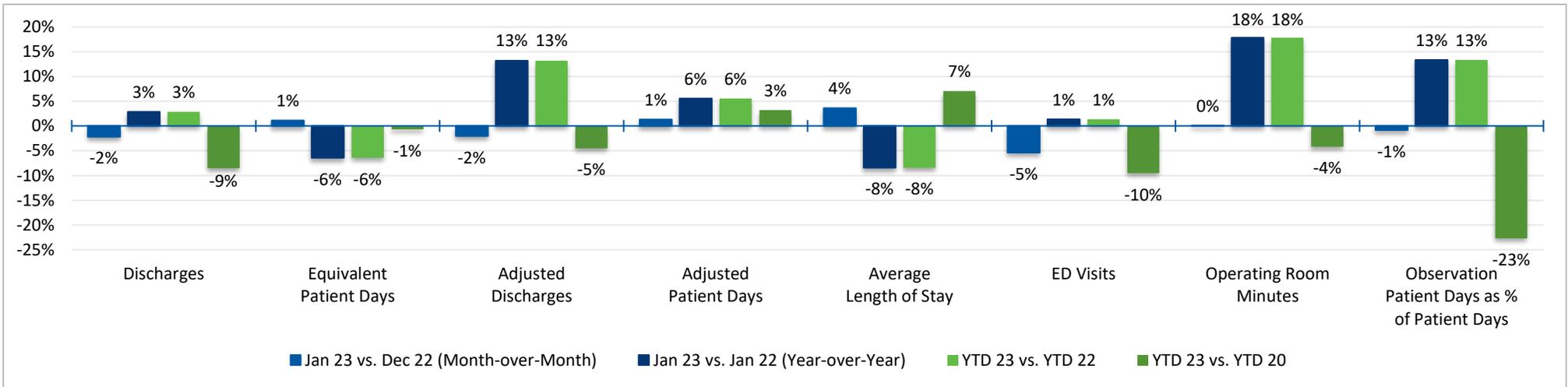


National Data *(continued)*

Expense

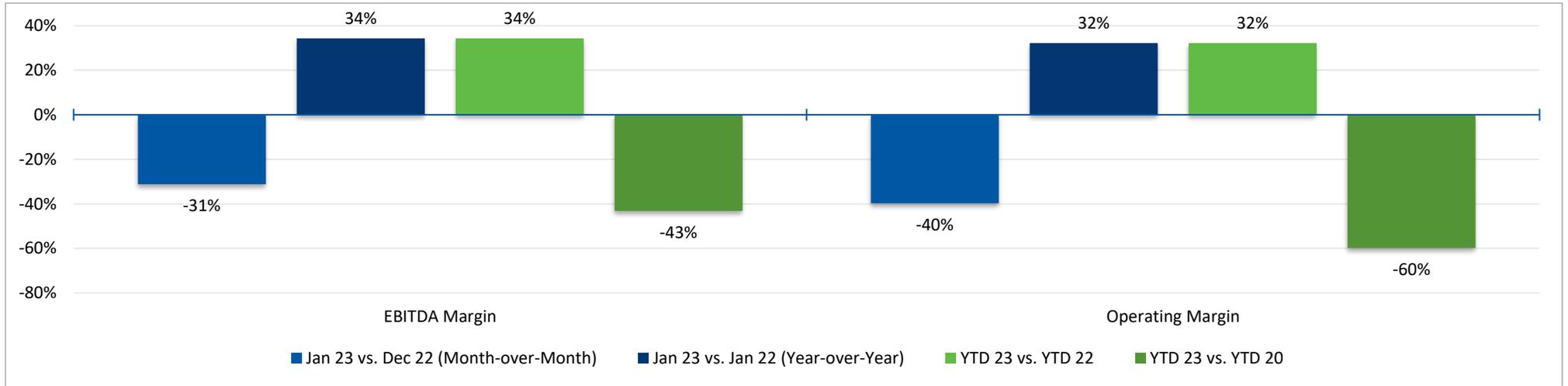


Volume

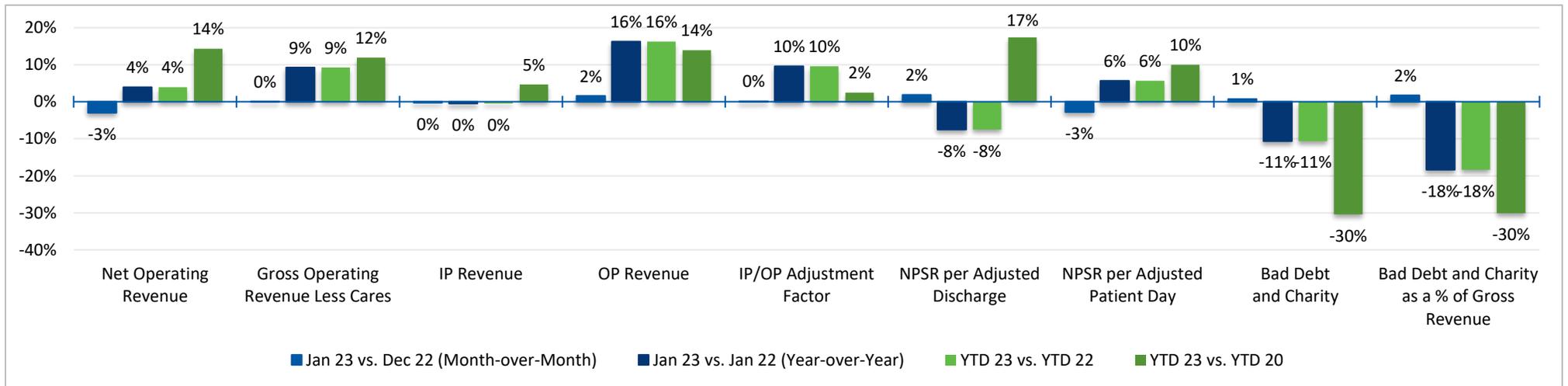


Regional Data: West

Profitability

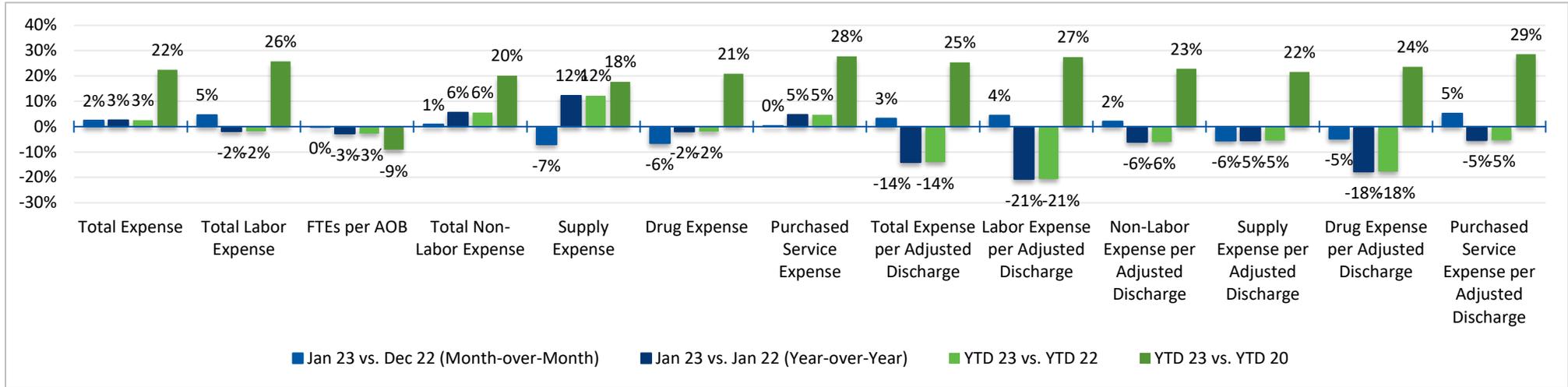


Revenue

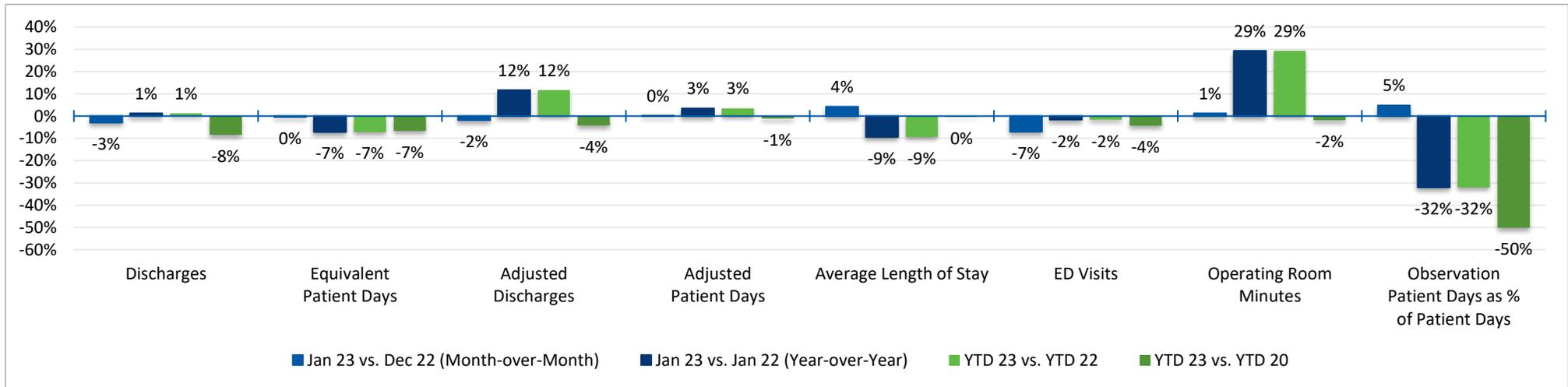


Regional Data: West *(continued)*

Expense

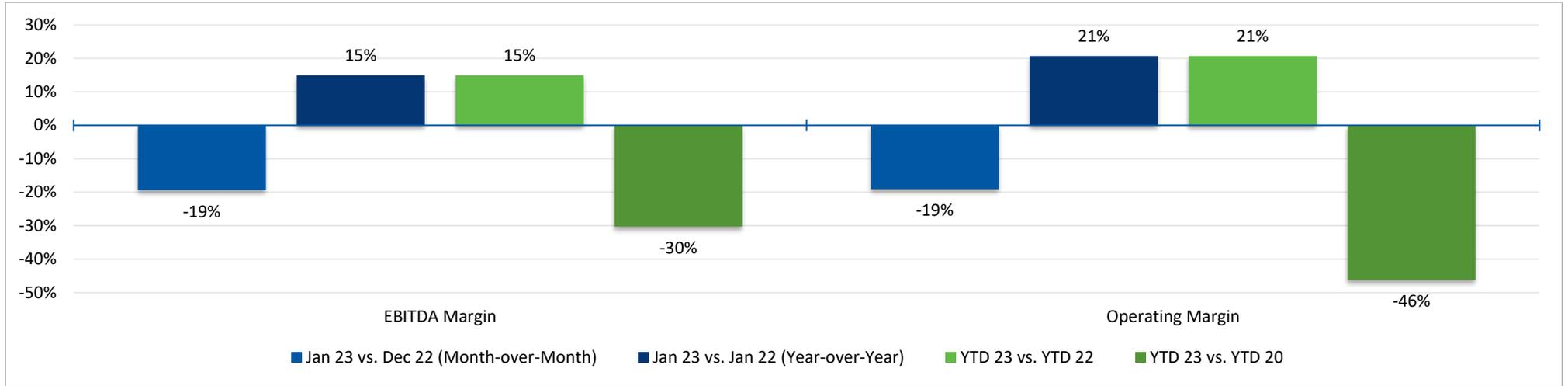


Volume

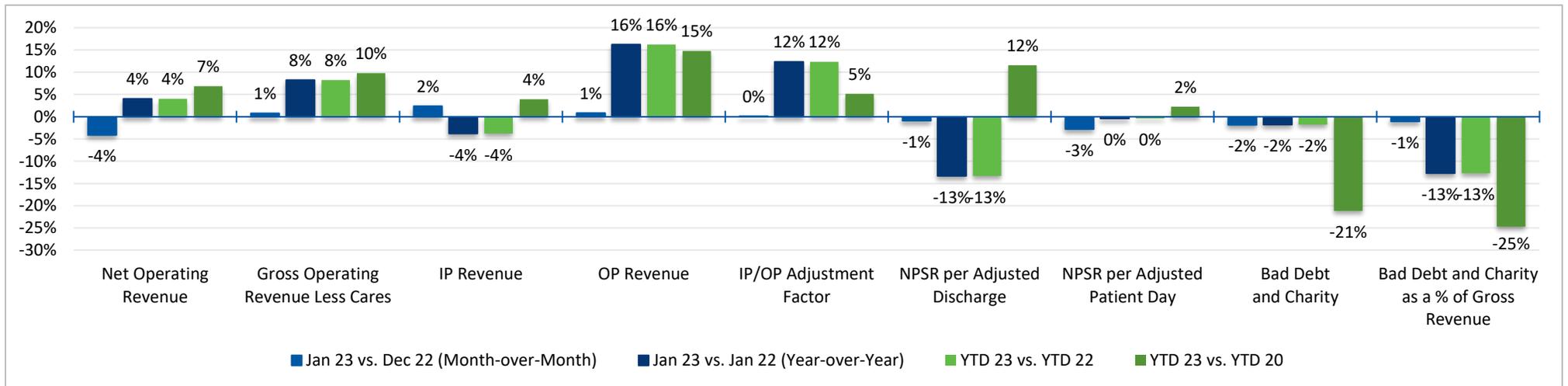


Regional Data: Midwest

Profitability

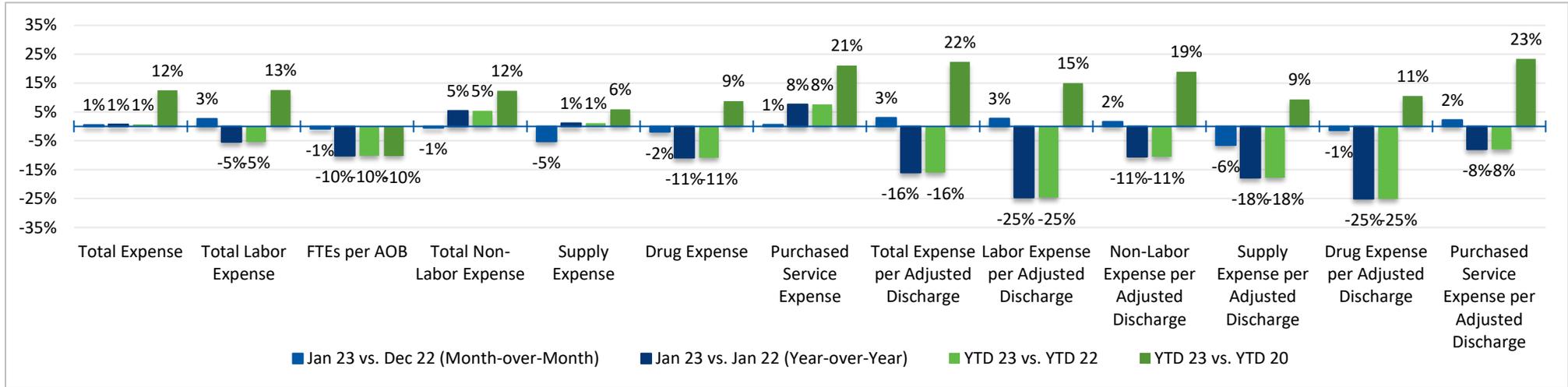


Revenue

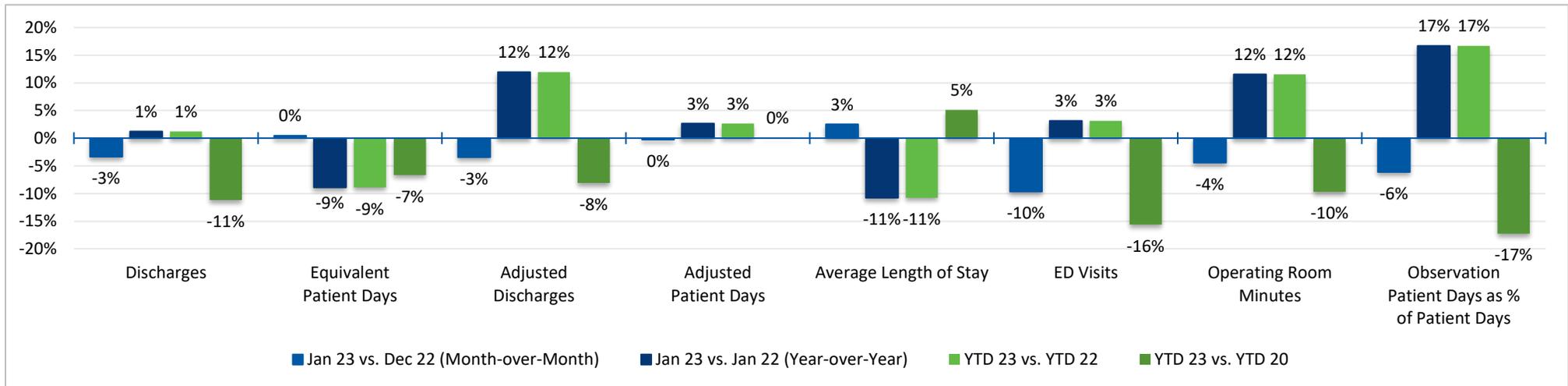


Regional Data: Midwest *(continued)*

Expense

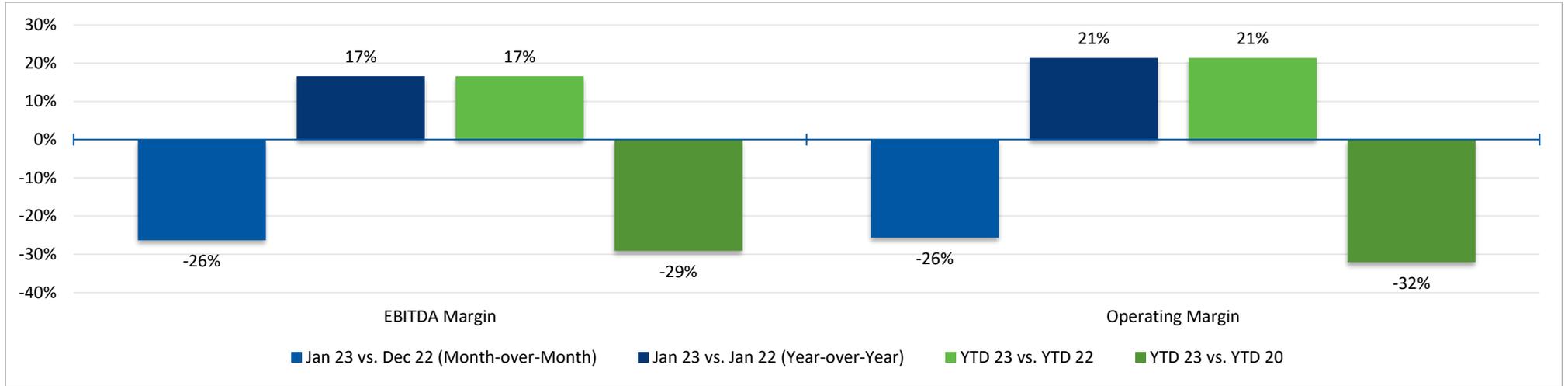


Volume

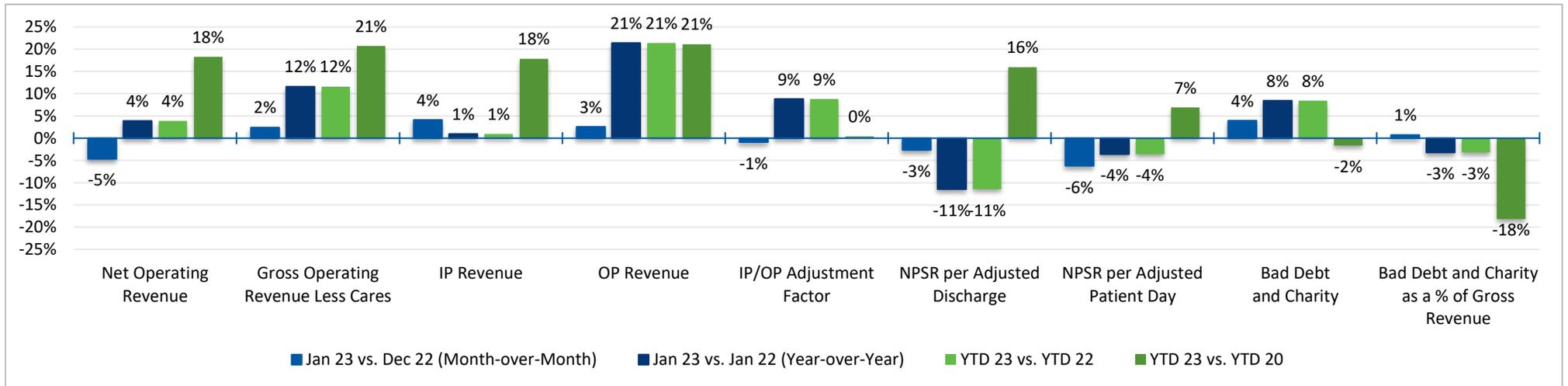


Regional Data: South

Profitability

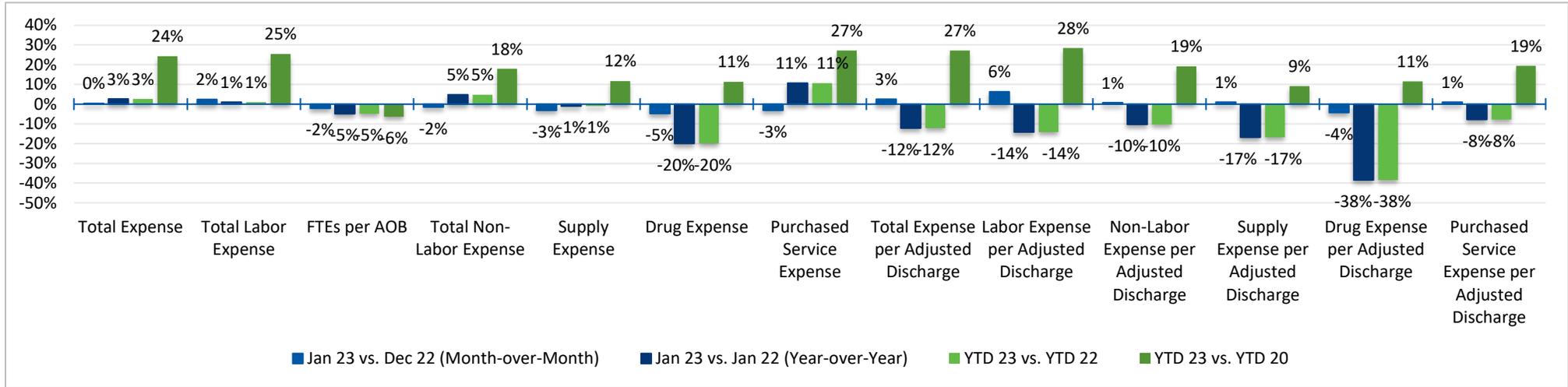


Revenue

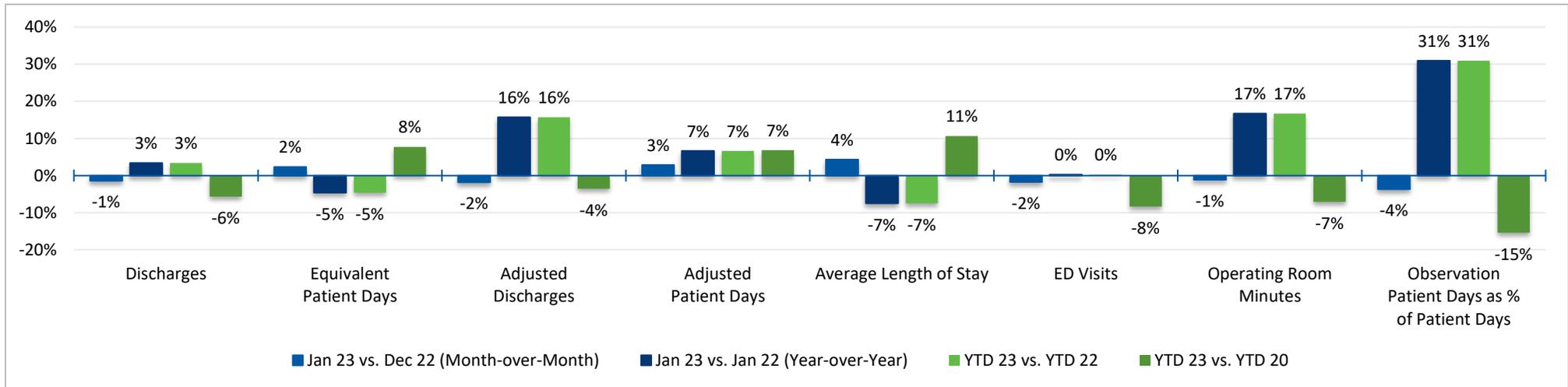


Regional Data: South *(continued)*

Expense

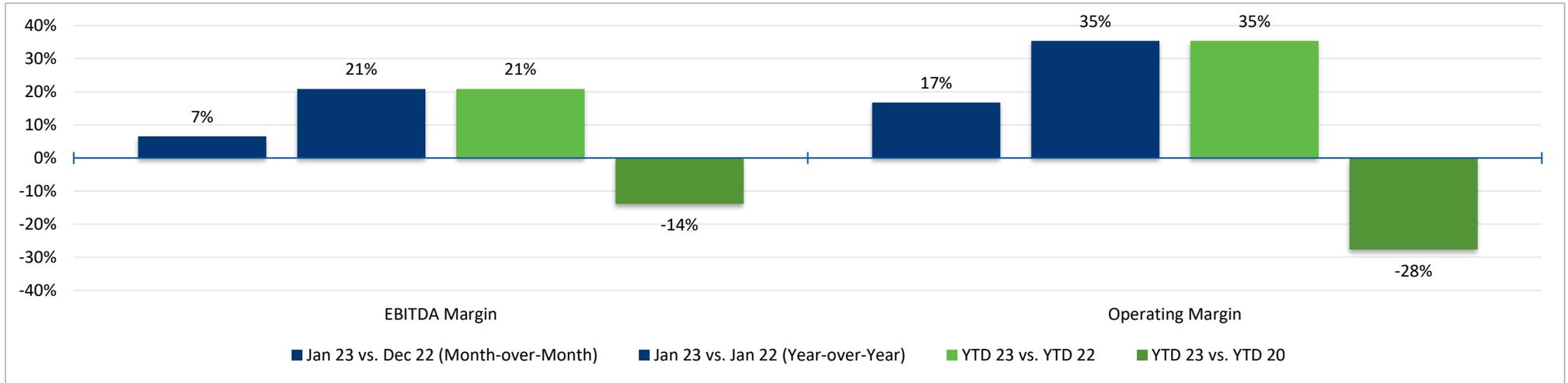


Volume

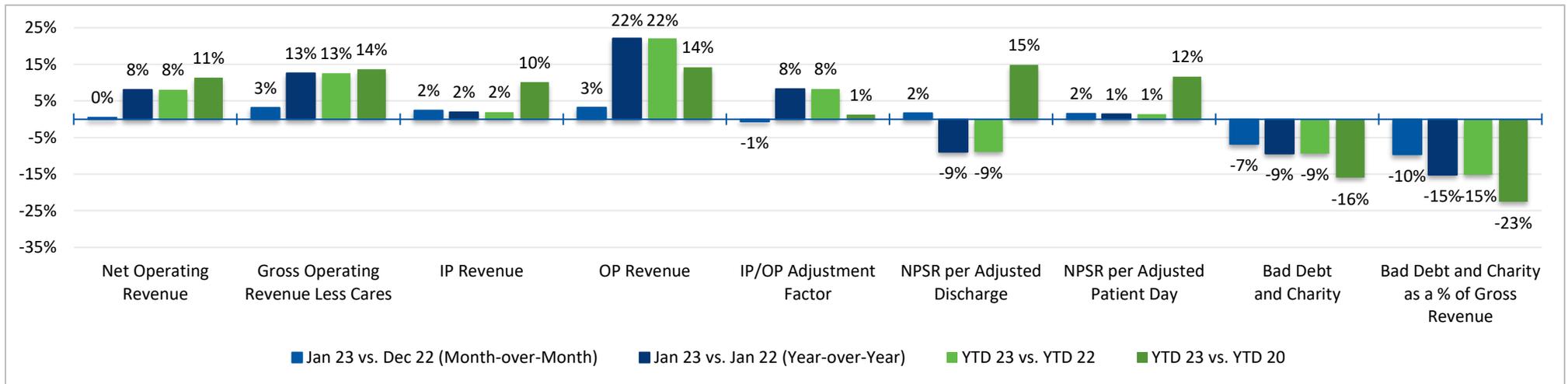


Regional Data: Northeast/Mid-Atlantic

Profitability

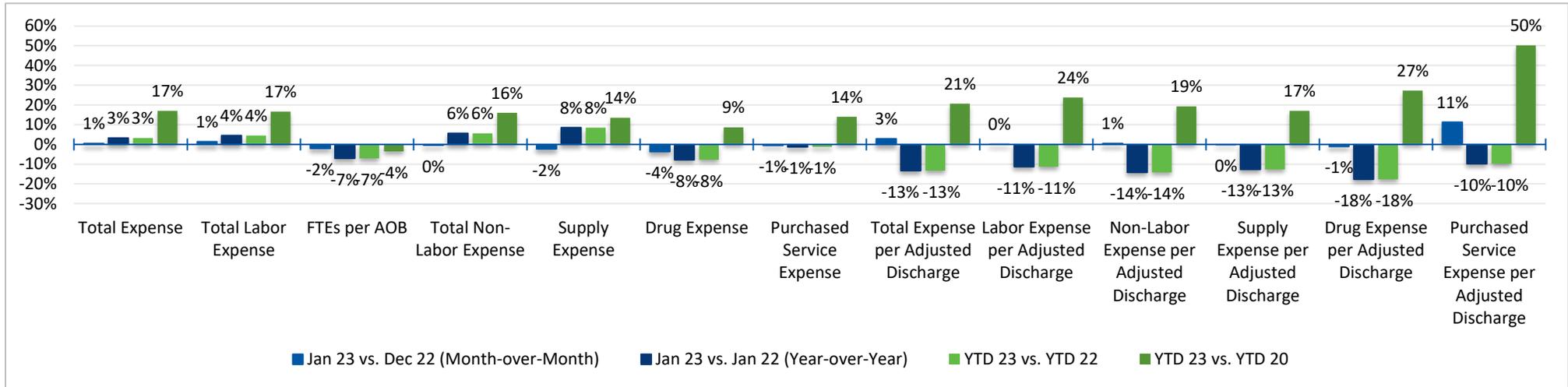


Revenue

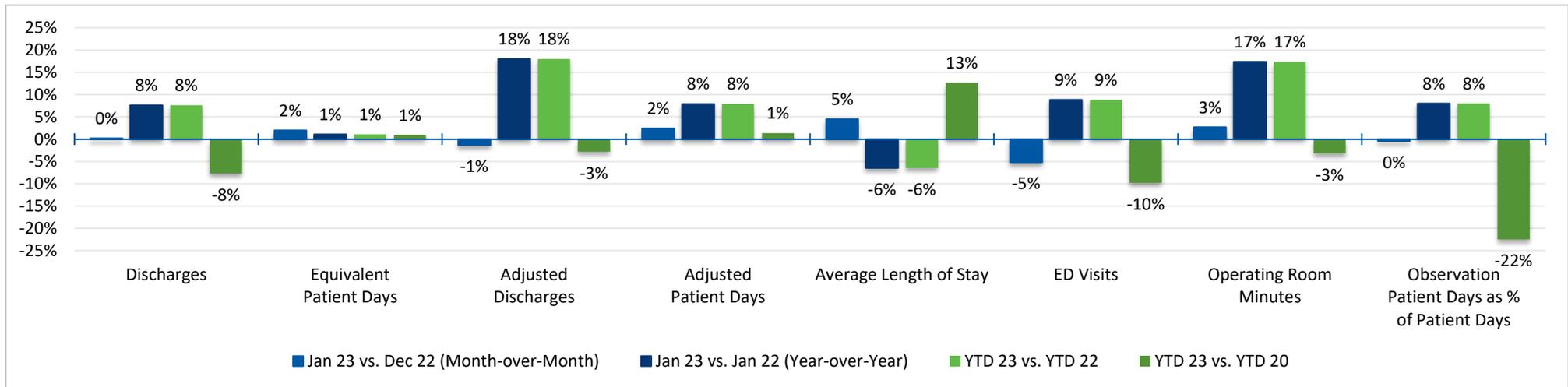


Regional Data: Northeast/Mid-Atlantic *(continued)*

Expense

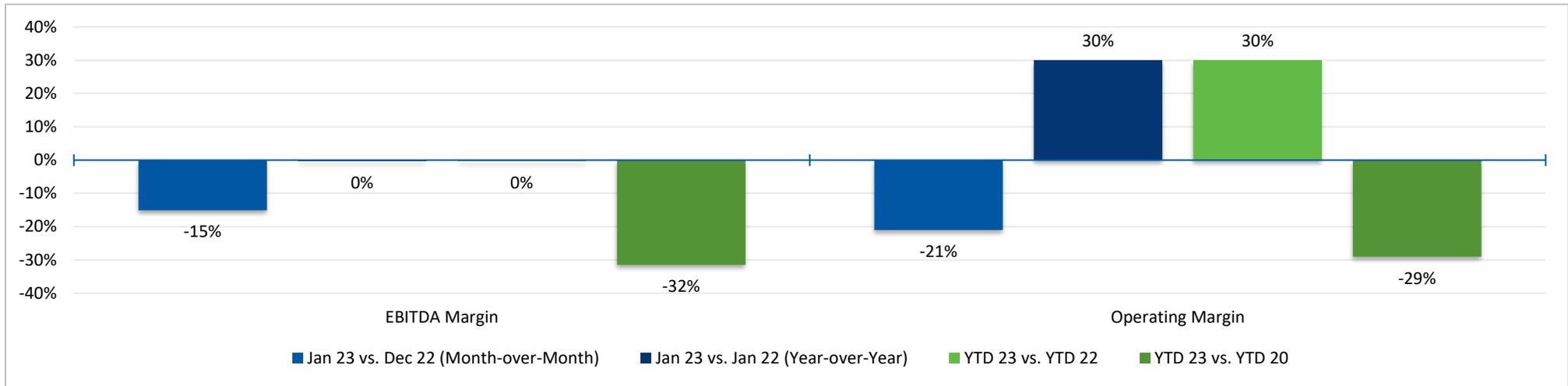


Volume

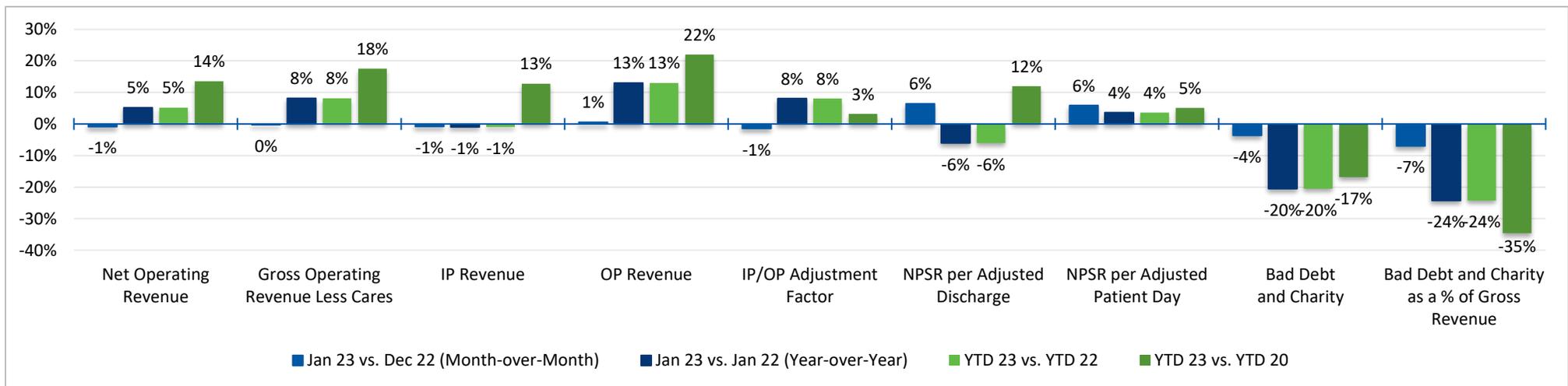


Regional Data: Great Plains

Profitability

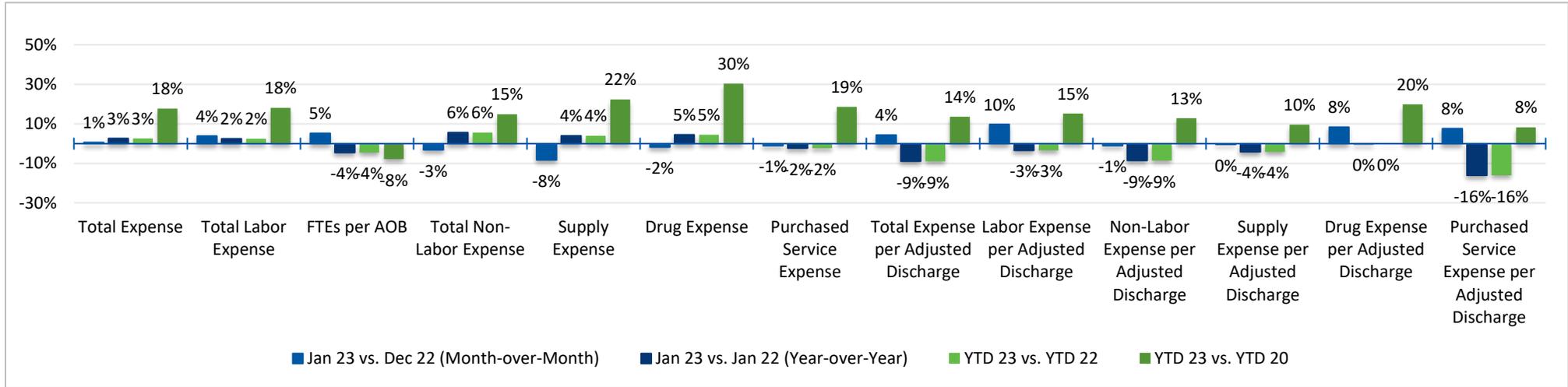


Revenue

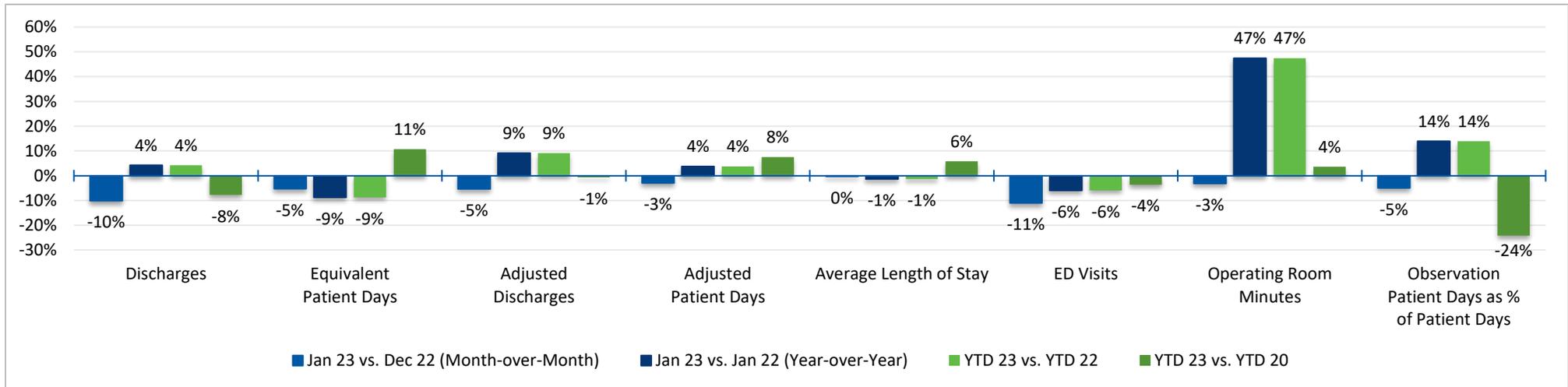


Regional Data: Great Plains *(continued)*

Expense



Volume



Data by Hospital Bed Size

Profitability, Revenue, Expense, and Volume

0-25 Beds

	Jan 23 vs. Dec 22 (Month-over-Month)	Jan 23 vs. Jan 22 (Year-over-Year)	YTD 23 vs. YTD 22	YTD 23 vs. YTD 20
Margin				
EBITDA Margin	-11%	11%	11%	-1%
Operating Margin	-3%	12%	12%	0%
EBITDA Margin Less Cares	-4%	11%	11%	-1%
Operating Margin Less Cares	2%	7%	7%	3%
Revenue				
Net Operating Revenue	-2%	4%	4%	21%
Gross Operating Revenue Less Cares	1%	9%	9%	18%
IP Revenue	-3%	-14%	-14%	3%
OP Revenue	2%	13%	13%	21%
IP/OP Adjustment Factor	4%	25%	25%	10%
NPSR per Adjusted Discharge	-3%	-22%	-22%	5%
NPSR per Adjusted Patient Day	-3%	-10%	-10%	3%
Bad Debt and Charity	-4%	-9%	-9%	-24%
Bad Debt and Charity as a % of Gross Revenue	-4%	-18%	-18%	-36%
Expense				
Total Expense	1%	2%	2%	17%
Total Labor Expense	2%	-1%	-1%	22%
FTEs per AOB	-8%	-15%	-15%	-20%
Total Non-Labor Expense	0%	5%	5%	13%
Supply Expense	-8%	0%	0%	14%
Drug Expense	-3%	-5%	-5%	26%
Purchased Service Expense	3%	2%	2%	24%
Total Expense per Adjusted Discharge	-3%	-22%	-22%	6%
Labor Expense per Adjusted Discharge	0%	-24%	-24%	6%
Non-Labor Expense per Adjusted Discharge	-5%	-18%	-18%	8%
Supply Expense per Adjusted Discharge	-6%	-21%	-21%	5%
Drug Expense per Adjusted Discharge	-4%	-21%	-21%	29%
Purchased Service Expense per Adjusted Discharge	-1%	-19%	-19%	12%
Volume				
Discharges	-7%	-7%	-7%	-11%
Equivalent Patient Days	-3%	-14%	-14%	-5%
Adjusted Discharges	0%	24%	24%	3%
Adjusted Patient Days	4%	14%	14%	13%
Average Length of Stay	1%	-9%	-9%	0%
ED Visits	-10%	-4%	-4%	-3%
Operating Room Minutes	-4%	22%	22%	-15%
Observation Patient Days as % of Patient Days	-18%	7%	7%	-30%

26-99 Beds

	Jan 23 vs. Dec 22 (Month-over-Month)	Jan 23 vs. Jan 22 (Year-over-Year)	YTD 23 vs. YTD 22	YTD 23 vs. YTD 20
Margin				
EBITDA Margin	-23%	7%	7%	-32%
Operating Margin	-26%	10%	10%	-44%
EBITDA Margin Less Cares	-24%	8%	8%	-33%
Operating Margin Less Cares	-23%	11%	11%	-48%
Revenue				
Net Operating Revenue	-4%	2%	2%	12%
Gross Operating Revenue Less Cares	2%	10%	10%	16%
IP Revenue	3%	-7%	-7%	8%
OP Revenue	2%	18%	18%	17%
IP/OP Adjustment Factor	0%	18%	18%	4%
NPSR per Adjusted Discharge	-1%	-15%	-15%	9%
NPSR per Adjusted Patient Day	-5%	-7%	-7%	2%
Bad Debt and Charity	-1%	-3%	-3%	-7%
Bad Debt and Charity as a % of Gross Revenue	0%	-6%	-6%	-22%
Expense				
Total Expense	1%	1%	1%	18%
Total Labor Expense	2%	-1%	-1%	20%
FTEs per AOB	-1%	-7%	-7%	-12%
Total Non-Labor Expense	0%	5%	5%	15%
Supply Expense	-4%	2%	2%	12%
Drug Expense	-3%	-17%	-17%	11%
Purchased Service Expense	-1%	8%	8%	23%
Total Expense per Adjusted Discharge	2%	-19%	-19%	19%
Labor Expense per Adjusted Discharge	3%	-23%	-23%	21%
Non-Labor Expense per Adjusted Discharge	2%	-11%	-11%	14%
Supply Expense per Adjusted Discharge	0%	-20%	-20%	9%
Drug Expense per Adjusted Discharge	-2%	-31%	-31%	16%
Purchased Service Expense per Adjusted Discharge	6%	-7%	-7%	27%
Volume				
Discharges	0%	1%	1%	-10%
Equivalent Patient Days	1%	-11%	-11%	1%
Adjusted Discharges	-2%	20%	20%	-2%
Adjusted Patient Days	1%	8%	8%	5%
Average Length of Stay	4%	-10%	-10%	11%
ED Visits	-7%	-1%	-1%	-4%
Operating Room Minutes	-3%	19%	19%	-1%
Observation Patient Days as % of Patient Days	3%	47%	47%	-5%

100-199 Beds

	Jan 23 vs. Dec 22 (Month-over-Month)	Jan 23 vs. Jan 22 (Year-over-Year)	YTD 23 vs. YTD 22	YTD 23 vs. YTD 20
Margin				
EBITDA Margin	-24%	13%	13%	-37%
Operating Margin	-34%	27%	27%	-39%
EBITDA Margin Less Cares	-23%	14%	14%	-39%
Operating Margin Less Cares	-29%	27%	27%	-39%
Revenue				
Net Operating Revenue	-2%	5%	5%	15%
Gross Operating Revenue Less Cares	1%	10%	10%	16%
IP Revenue	2%	-2%	-2%	12%
OP Revenue	1%	20%	20%	18%
IP/OP Adjustment Factor	0%	11%	11%	2%
NPSR per Adjusted Discharge	-1%	-8%	-8%	17%
NPSR per Adjusted Patient Day	-1%	5%	5%	8%
Bad Debt and Charity	-1%	-1%	-1%	-15%
Bad Debt and Charity as a % of Gross Revenue	-4%	-9%	-9%	-25%
Expense				
Total Expense	0%	2%	2%	19%
Total Labor Expense	5%	-1%	-1%	24%
FTEs per AOB	-1%	-5%	-5%	-9%
Total Non-Labor Expense	-3%	4%	4%	17%
Supply Expense	-7%	2%	2%	10%
Drug Expense	-4%	-15%	-15%	11%
Purchased Service Expense	-1%	1%	1%	21%
Total Expense per Adjusted Discharge	3%	-14%	-14%	25%
Labor Expense per Adjusted Discharge	8%	-18%	-18%	23%
Non-Labor Expense per Adjusted Discharge	1%	-11%	-11%	21%
Supply Expense per Adjusted Discharge	-2%	-14%	-14%	10%
Drug Expense per Adjusted Discharge	-4%	-31%	-31%	7%
Purchased Service Expense per Adjusted Discharge	0%	-12%	-12%	19%
Volume				
Discharges	-3%	3%	3%	-3%
Equivalent Patient Days	1%	-7%	-7%	3%
Adjusted Discharges	-2%	12%	12%	-3%
Adjusted Patient Days	2%	5%	5%	3%
Average Length of Stay	4%	-8%	-8%	8%
ED Visits	-5%	2%	2%	-11%
Operating Room Minutes	-3%	13%	13%	-10%
Observation Patient Days as % of Patient Days	5%	-8%	-8%	-28%

200-299 Beds

	Jan 23 vs. Dec 22 (Month-over-Month)	Jan 23 vs. Jan 22 (Year-over-Year)	YTD 23 vs. YTD 22	YTD 23 vs. YTD 20
Margin				
EBITDA Margin	-4%	37%	37%	-32%
Operating Margin	2%	34%	34%	-40%
EBITDA Margin Less Cares	-4%	40%	40%	-32%
Operating Margin Less Cares	2%	28%	28%	-41%
Revenue				
Net Operating Revenue	-2%	5%	5%	8%
Gross Operating Revenue Less Cares	0%	9%	9%	11%
IP Revenue	2%	0%	0%	7%
OP Revenue	2%	19%	19%	16%
IP/OP Adjustment Factor	-1%	9%	9%	2%
NPSR per Adjusted Discharge	0%	-10%	-10%	11%
NPSR per Adjusted Patient Day	-2%	0%	0%	5%
Bad Debt and Charity	-11%	-5%	-5%	-23%
Bad Debt and Charity as a % of Gross Revenue	-10%	-14%	-14%	-20%
Expense				
Total Expense	0%	3%	3%	17%
Total Labor Expense	1%	-2%	-2%	16%
FTEs per AOB	1%	-5%	-5%	-3%
Total Non-Labor Expense	0%	6%	6%	16%
Supply Expense	-6%	4%	4%	9%
Drug Expense	-5%	-12%	-12%	7%
Purchased Service Expense	-1%	11%	11%	23%
Total Expense per Adjusted Discharge	4%	-12%	-12%	23%
Labor Expense per Adjusted Discharge	3%	-18%	-18%	20%
Non-Labor Expense per Adjusted Discharge	3%	-10%	-10%	21%
Supply Expense per Adjusted Discharge	-2%	-13%	-13%	17%
Drug Expense per Adjusted Discharge	-2%	-24%	-24%	17%
Purchased Service Expense per Adjusted Discharge	3%	-4%	-4%	32%
Volume				
Discharges	-3%	2%	2%	-10%
Equivalent Patient Days	1%	-5%	-5%	1%
Adjusted Discharges	-2%	16%	16%	-8%
Adjusted Patient Days	0%	5%	5%	0%
Average Length of Stay	3%	-7%	-7%	11%
ED Visits	-5%	2%	2%	-14%
Operating Room Minutes	2%	22%	22%	-5%
Observation Patient Days as % of Patient Days	-2%	20%	20%	-16%

300-499 Beds

	Jan 23 vs. Dec 22 (Month-over-Month)	Jan 23 vs. Jan 22 (Year-over-Year)	YTD 23 vs. YTD 22	YTD 23 vs. YTD 20
Margin				
EBITDA Margin	-20%	36%	36%	-54%
Operating Margin	-29%	51%	51%	-81%
EBITDA Margin Less Cares	-22%	44%	44%	-54%
Operating Margin Less Cares	-29%	51%	51%	-80%
Revenue				
Net Operating Revenue	-4%	6%	6%	10%
Gross Operating Revenue Less Cares	2%	12%	12%	11%
IP Revenue	3%	4%	4%	9%
OP Revenue	3%	21%	21%	16%
IP/OP Adjustment Factor	0%	7%	7%	2%
NPSR per Adjusted Discharge	0%	-5%	-5%	18%
NPSR per Adjusted Patient Day	-3%	2%	2%	8%
Bad Debt and Charity	13%	-6%	-6%	-21%
Bad Debt and Charity as a % of Gross Revenue	12%	-16%	-16%	-26%
Expense				
Total Expense	2%	3%	3%	18%
Total Labor Expense	5%	0%	0%	21%
FTEs per AOB	0%	-2%	-2%	-3%
Total Non-Labor Expense	0%	5%	5%	16%
Supply Expense	-2%	4%	4%	10%
Drug Expense	-3%	-12%	-12%	6%
Purchased Service Expense	-1%	8%	8%	22%
Total Expense per Adjusted Discharge	3%	-10%	-10%	29%
Labor Expense per Adjusted Discharge	7%	-16%	-16%	27%
Non-Labor Expense per Adjusted Discharge	2%	-4%	-4%	24%
Supply Expense per Adjusted Discharge	-1%	-8%	-8%	20%
Drug Expense per Adjusted Discharge	-4%	-22%	-22%	17%
Purchased Service Expense per Adjusted Discharge	4%	2%	2%	41%
Volume				
Discharges	-2%	4%	4%	-10%
Equivalent Patient Days	1%	-2%	-2%	-2%
Adjusted Discharges	-2%	11%	11%	-10%
Adjusted Patient Days	1%	4%	4%	-1%
Average Length of Stay	3%	-9%	-9%	9%
ED Visits	-4%	3%	3%	-16%
Operating Room Minutes	4%	18%	18%	-2%
Observation Patient Days as % of Patient Days	1%	15%	15%	-22%

500+ Beds

	Jan 23 vs. Dec 22 (Month-over-Month)	Jan 23 vs. Jan 22 (Year-over-Year)	YTD 23 vs. YTD 22	YTD 23 vs. YTD 20
Margin				
EBITDA Margin	-24%	62%	62%	-33%
Operating Margin	-25%	85%	85%	-41%
EBITDA Margin Less Cares	-24%	72%	72%	-33%
Operating Margin Less Cares	-19%	87%	87%	-41%
Revenue				
Net Operating Revenue	-1%	13%	13%	17%
Gross Operating Revenue Less Cares	3%	15%	15%	20%
IP Revenue	4%	11%	11%	20%
OP Revenue	2%	21%	21%	22%
IP/OP Adjustment Factor	-1%	4%	4%	1%
NPSR per Adjusted Discharge	2%	1%	1%	20%
NPSR per Adjusted Patient Day	-3%	7%	7%	11%
Bad Debt and Charity	-4%	5%	5%	10%
Bad Debt and Charity as a % of Gross Revenue	-5%	-8%	-8%	-8%
Expense				
Total Expense	1%	4%	4%	23%
Total Labor Expense	0%	3%	3%	24%
FTEs per AOB	-1%	-4%	-4%	-6%
Total Non-Labor Expense	-2%	9%	9%	21%
Supply Expense	0%	12%	12%	17%
Drug Expense	-1%	6%	6%	32%
Purchased Service Expense	-2%	9%	9%	25%
Total Expense per Adjusted Discharge	3%	-6%	-6%	26%
Labor Expense per Adjusted Discharge	5%	-8%	-8%	31%
Non-Labor Expense per Adjusted Discharge	1%	-6%	-6%	23%
Supply Expense per Adjusted Discharge	3%	-3%	-3%	22%
Drug Expense per Adjusted Discharge	6%	-11%	-11%	32%
Purchased Service Expense per Adjusted Discharge	3%	1%	1%	34%
Volume				
Discharges	-1%	8%	8%	-2%
Equivalent Patient Days	3%	3%	3%	5%
Adjusted Discharges	-2%	13%	13%	-1%
Adjusted Patient Days	2%	7%	7%	7%
Average Length of Stay	5%	-6%	-6%	4%
ED Visits	0%	6%	6%	-10%
Operating Room Minutes	2%	15%	15%	3%
Observation Patient Days as % of Patient Days	4%	3%	3%	-21%

Non-Operating

National Non-Operating Results

Key Observations

- The Consumer Price Index (CPI) increased 0.5% in January and 6.4% annually; the seventh straight month of decline in the rate of inflation and slowest since October 2021
- However, inflation remains stubbornly elevated by support of rising food, gasoline, and housing prices; food prices rose 0.5% in January, while housing costs rose 0.7%, making up for the bulk of the CPI increase
- The Federal Reserve raised its benchmark interest rate for the eighth straight meeting, moving the Fed’s base policy rate 25 basis points higher to a range between 4.5% and 4.75%
- Fed officials stressed the need for further rate increases to cool inflation despite a cautious optimism that the “disinflationary process has started”
- The U.S. economy added 517,000 nonfarm payrolls in January and the unemployment rate fell to 3.4%, the lowest jobless level since May 1969
- The resilient U.S. labor market, cooling inflation, and deeply inverted yield curve highlight the divergent challenges the U.S. economy faces in 2023
- The S&P 500 index rose 6.2% in January; the first January gain since 2019 was buoyed by strong earnings and encouraging inflation data

General Non-Operating Observations

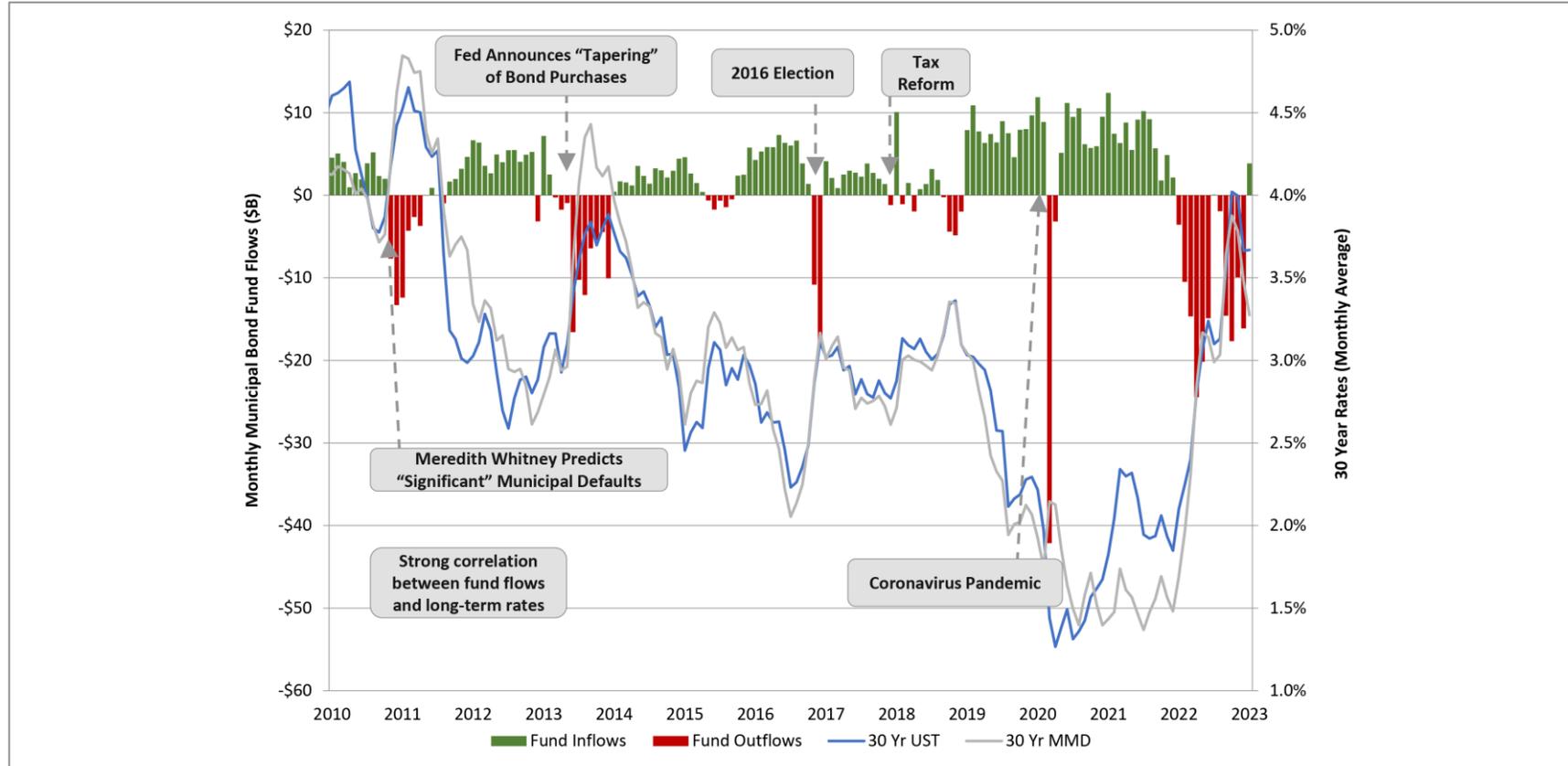
	January 2023	M-o-M Change	Y-o-Y Change
General			
GDP Growth*	2.9%	n/a	n/a
Unemployment Rate	3.4%	-0.1%	-0.6%
Personal Consumption Expenditures (YoY)	4.4%	-0.3%	-0.8%
Liabilities			
1m LIBOR	4.57%	+18 bps	+447 bps
SIFMA	1.66%	-200 bps	+160 bps
30yr MMD	3.20%	-38 bps	+125 bps
30yr Treasury	3.63%	-33 bps	+152 bps
Assets			
60/40 Asset Allocation [†]	n/a	+5.3%	-9.1%

*U.S. Bureau of Economic Analysis, Q4 2022
“Advanced Estimate”

[†]60/40 Asset Allocation assumes 30% S&P 500 Index, 20% MSCI World Index, 10% MSCI Emerging Markets Index, 40% Barclays US Aggregate Bond Index

Non-Operating Liabilities

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



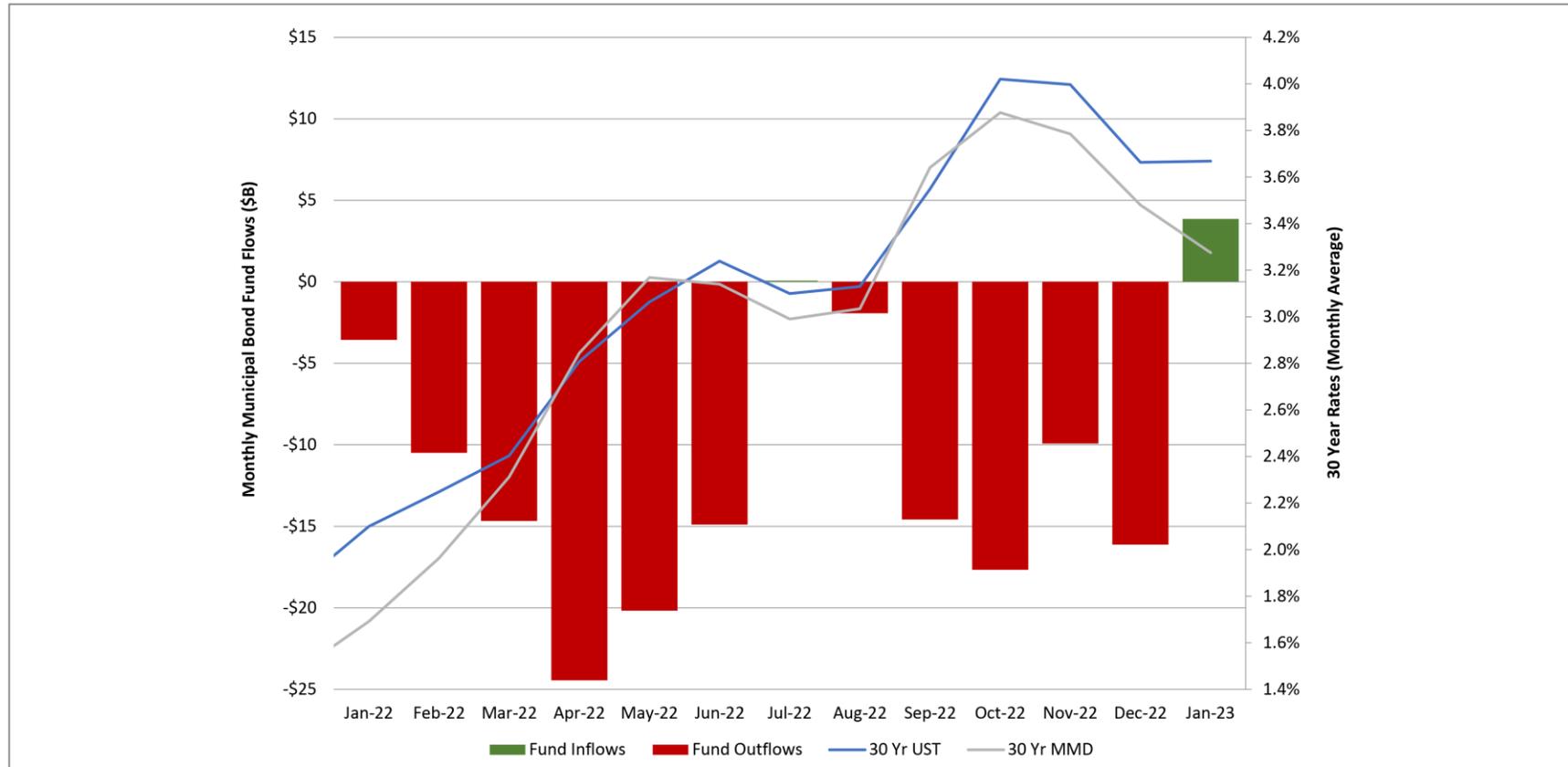
Kaufman Hall, National Hospital Flash Report (February 2023)

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

The tax-exempt 30-year MMD rate declined 38 basis points in January, closing the month at 3.20%. Comparatively, 30-year Treasury rates experienced a similar drop of 33 basis points over the last month, down to 3.63%. Municipal to Treasury ratios are near 12-month lows with the 30-year MMD to Treasury ratio closing the month at 88%. Municipal funds have experienced \$3.9B of inflows in 2023, a stark contrast to the consistent outflows experienced in 2022. The typical "January Effect" caused by limited supply and heavy reinvestment was heightened this year as investors grew more comfortable with the macroeconomic environment. The imbalance between supply and demand is fueled by the uncertain Fed posture as January municipal bond issuance declined 17% year-over-year.

Non-Operating Liabilities *(continued)*

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

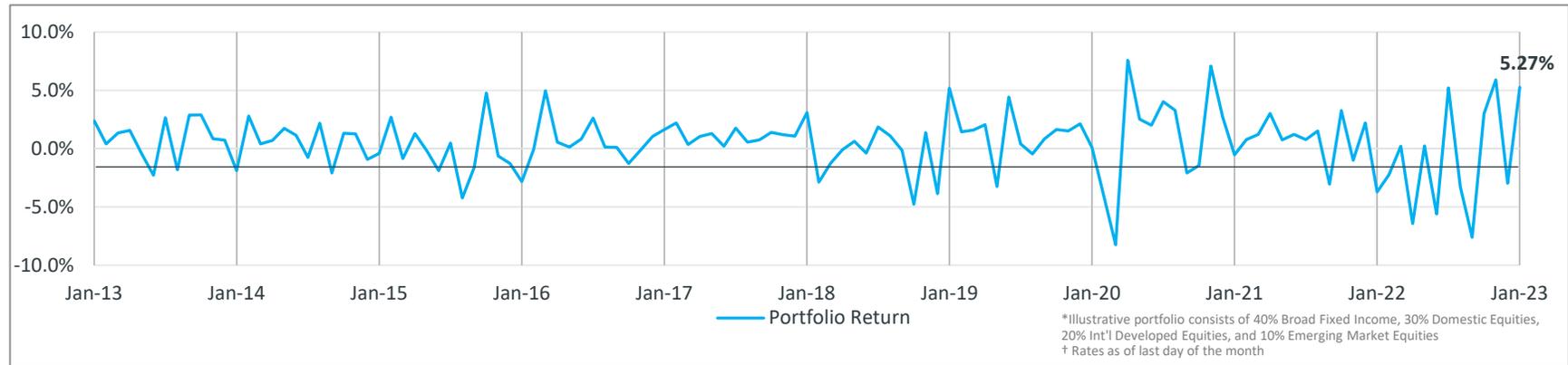


Kaufman Hall, National Hospital Flash Report (February 2023)

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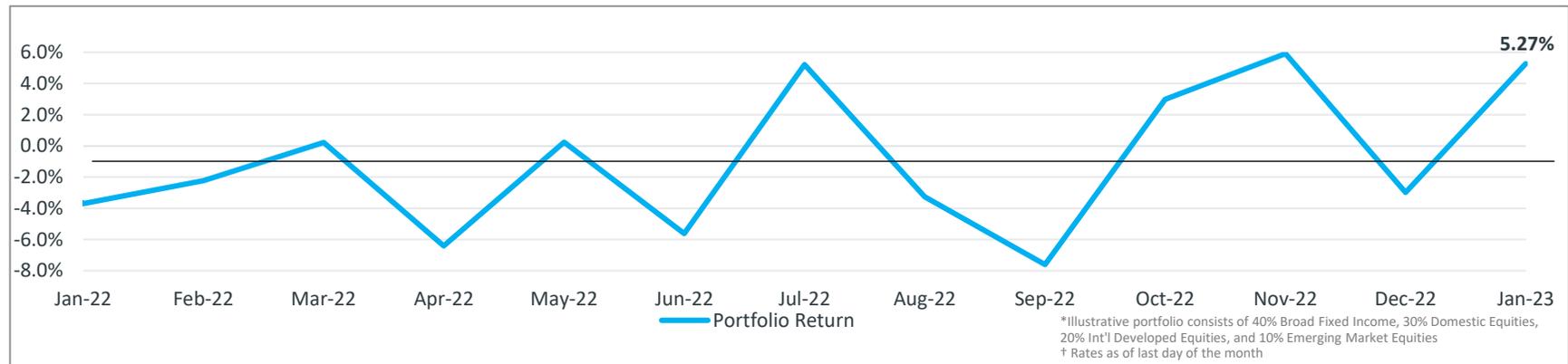
Non-Operating Assets

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



Kaufman Hall, *National Hospital Flash Report* (February 2023)

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



Kaufman Hall, *National Hospital Flash Report* (February 2023)

Equities rallied in January with the S&P 500 ending the month up 6.2%, leaving the index only 9.7% lower relative to January 2022. The increase reflects bullish investor sentiment based on better than anticipated Q4 2022 corporate earnings and the view that the Fed's hawkish stance that inflation may be turning a corner. The blended 60/40 asset allocation finished January 5.3% higher with the MSCI World Index up 7.0% and MSCI Emerging Markets up a considerable 7.9%. The Barclays Aggregate Bond Index finished the month 3.1% higher.

Contacts

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Talk to us

Have a comment on the Kaufman Hall *National Hospital Flash Report*?

We want to hear from you. Please direct all questions or comments to

flashreports@kaufmanhall.com

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

To: Finance Committee
From: Tracy Fowler, Director Governance Services
Date: March 27, 2023
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:

Since the last time we provided this report to the Finance Committee, the Hospital Board met once and the District met once. 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 for any meetings since the last Quality Committee

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
ECH Board	March 8, 2023	- Investment Committee Member Appointments
ECHD Board	No meetings	- No approvals to report
Compliance and Audit Committee	No meetings	- No approvals to report
Executive Compensation Committee	No meetings	- No approvals to report
Finance Committee	N/A	- N/A



Finance Committee Meetings
Proposed FY2024 Dates

RECOMMENDED FC DATE MONDAYS	CORRESPONDING HOSPITAL BOARD DATE
Monday, August 23, 2023	Wednesday, September 13, 2023
Monday, September 25, 2023	Wednesday, October 11, 2023
Monday, November 27, 2023	Wednesday, December 13, 2023
Monday, February 19, 2024 (Plus Joint with IC)	Wednesday, March 13, 2024
Monday, March 25, 2024	Wednesday, April 10, 2024
Monday, May 27, 2024	Wednesday, June 12, 2024

PRELIMINARY DRAFT
FY2024 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. Summary of Physician Financial Agreements	Q3	March 2024
2. Review Progress on Opportunities / Risks identified by Management for FY2024 and Managed Care Update	Q2, Q3	Progress on Opportunities / Risks (November 2023), Managed Care update (February 2024)
3. Review strategy, goals, and performance of ECHMN, joint ventures / business affiliates, impact of strategic initiatives – market share update and progress on implementation of 2027 strategic plan	Q1	Financial Performance JVs / Business Affiliates (August 2023)
	Q2	ECHMN (November 2023), Progress on 2027 Strategic Plan (November 2023), Foundation – Strategic Update (November 2023)
	Q3	Impact of Strategic Initiatives – Market Share Update (February 2024), Hospital Community Benefits Program (February 2024), ECHMN (March 2024)
	Q4	Progress on 2027 Strategic Plan & Key Service Lines Growth Plans (May 2024)
4. Fiscal Year End Performance Review	Q1	FYE 2023 Review of Operating, Financial and Balance Sheet Performance and KPIs (August 2023)

SUBMITTED BY: **Chair:** Don Watters | **Executive Sponsor:** Carlos Bohorquez, CFO

FY2024 Finance Committee Pacing Plan												
AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	8/23	9/25	OCT	11/27	DEC	JAN	2/19	3/25	APR	5/27	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)		✓										
Financial Performance JVs/ Business Affiliates		✓										
Progress on Opportunities/ Risks					✓							
Medical Staff Development Plan (every 2 years)		✓										
Impact of Strategic Initiatives/Market Share Update								✓				
Progress Against Committee Goals & Pacing Plan (Quarterly)					✓				✓			

FY2024 Finance Committee Pacing Plan												
AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	8/23	9/25	OCT	11/27	DEC	JAN	2/19	3/25	APR	5/27	JUN
Foundation Strategic Update					✓							
ECHMN Update					✓				✓			
Community Benefit Grant Application Process					✓				✓			
Progress Against 2027 Strategic Plan					✓				✓		✓	
Key Service Lines Performance/ Growth Plans											✓	
Managed Care Update								✓				
Long Range Financial Forecast								✓				
Next FY Budget and Preliminary Assumptions Review									✓			
Review FY Operational / Capital Budget for Recommendation to Board									✓		✓	
Summary Physician Financial Arrangements									✓			
Post Implementation (as needed)												
Other Updates ¹ (as needed)												

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



El Camino Health

Summary of Financial Operations

*Fiscal Year 2023 – Period 8
7/1/2022 to 02/28/2023*

Executive Summary - Overall Commentary for Period 8

- **Continued mixed results for Period 8:**

- Overall Revenue Favorable to budget by \$21.0M / 4.9%
 - Driven by Inpatient activity
 - Inpatient Charges \$12.8M / 6.1% favorable to budget
 - Outpatient Charges \$10.1M / 4.9% favorable to budget
 - Cost Management
 - When adjusted for volume, overall operating expense favorable to budget by 0.7%
 - Labor: Contract Labor remains at a high level, but continued improvement in Overtime
- Gross charges were favorable to budget by \$20.1M / 4.9% and \$46.7M / 11.6% higher than the same period last year.
- Net patient revenue was favorable to budget by \$2.1M / 2.0% and \$3.7M / 3.5% higher than the same period last year.
- Operating margin was unfavorable to budget by \$0.6M / 6.2% and \$1.1M / 11.1% lower than the same period last year.
- Operating EBIDA was favorable to budget by \$0.3M / 1.7% and \$0.6M / 3.3% lower than the same period last year.
- Net income was unfavorable to budget by \$13.6M and \$21.6M higher than the same period last year.

Operational / Financial Results: Period 8 – February 2023 (as of 02/28/2023)

(\$ 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	315	277	38	13.8%	300	15	4.9%	---	---	---
	Total Acute Discharges	1,718	1,664	54	3.3%	1,758	(40)	(2.3%)	---	---	---
	Adjusted Discharges	3,391	3,303	88	2.7%	3,291	100	3.1%	---	---	---
	Emergency Room Visits	5,449	5,376	73	1.4%	4,770	679	14.2%	---	---	---
	OP Procedural Cases	9,980	12,320	(2,340)	(19.0%)	11,955	(1,975)	(16.5%)	---	---	---
	Gross Charges (\$)	449,197	428,241	20,956	4.9%	402,507	46,690	11.6%	---	---	---
Operations	Total FTEs	3,330	3,317	13	0.4%	3,185	145	4.6%	---	---	---
	Productive Hrs. / APD	27.2	29.8	(2.6)	(8.9%)	29.0	(1.8)	(6.4%)	---	---	---
	Cost Per CMI AD	18,170	18,036	134	0.7%	17,041	1,128	6.6%	---	---	---
	Net Days in A/R	55.8	54.0	1.8	3.3%	53.5	2.3	4.3%	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	109,680	107,525	2,155	2.0%	105,960	3,721	3.5%	138,547	82,105	---
	Total Operating Revenue (\$)	114,275	111,572	2,703	2.4%	109,273	5,002	4.6%	152,743	109,602	---
	Operating Margin (\$)	9,053	9,653	(599)	(6.2%)	10,189	(1,136)	(11.1%)	1,915	3,836	---
	Operating EBIDA (\$)	17,297	17,008	289	1.7%	17,881	(583)	(3.3%)	11,188	10,741	---
	Net Income (\$)	(960)	12,666	(13,626)	(107.6%)	(22,531)	21,571	95.7%	8,124	7,343	---
	Operating Margin (%)	7.9%	8.7%	(0.7%)	(8.4%)	9.3%	(1.4%)	(15.0%)	1.9%	3.5%	---
	Operating EBIDA (%)	15.1%	15.2%	(0.1%)	(0.7%)	16.4%	(1.2%)	(7.5%)	8.3%	9.8%	---
	DCOH (days)	252	325	(73)	(22.5%)	303	(51)	(16.9%)	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.

Operational / Financial Results: YTD FY2023 (as of 02/28/2023)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's 'A1'	S&P 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	302	261	40	15.4%	271	30	11.2%	---	---	---
	Total Acute Discharges	14,509	13,873	636	4.6%	13,958	551	3.9%	---	---	---
	Adjusted Discharges	28,106	27,806	299	1.1%	27,205	900	3.3%	---	---	---
	Emergency Room Visits	50,059	43,611	6,448	14.8%	44,147	5,912	13.4%	---	---	---
	OP Procedural Cases	91,240	106,271	(15,031)	(14.1%)	102,324	(11,084)	(10.8%)	---	---	---
	Gross Charges (\$)	3,758,193	3,512,445	245,748	7.0%	3,331,831	426,362	12.8%	---	---	---
Operations	Total FTEs	3,284	3,289	(5)	(0.2%)	3,050	234	7.7%	---	---	---
	Productive Hrs. / APD	28.0	30.5	(2.5)	(8.3%)	28.8	(0.8)	(2.8%)	---	---	---
	Cost Per CMI AD	17,742	18,036	(294)	(1.6%)	16,559	1,183	7.1%	---	---	---
	Net Days in A/R	55.8	54.0	1.8	3.3%	53.5	2.3	4.3%	47.7	49.7	
Financial Performance	Net Patient Revenue (\$)	907,215	892,708	14,507	1.6%	853,292	53,922	6.3%	1,108,378	656,837	
	Total Operating Revenue (\$)	939,595	926,227	13,368	1.4%	882,063	57,532	6.5%	1,215,275	876,817	
	Operating Margin (\$)	88,282	92,028	(3,746)	(4.1%)	110,333	(22,051)	(20.0%)	15,319	30,689	
	Operating EBIDA (\$)	151,336	152,203	(867)	(0.6%)	170,198	(18,863)	(11.1%)	89,507	85,928	
	Net Income (\$)	150,923	115,178	35,744	31.0%	58,627	92,296	157.4%	64,995	58,747	
	Operating Margin (%)	9.4%	9.9%	(0.5%)	(5.4%)	12.5%	(3.1%)	(24.9%)	1.9%	3.5%	
	Operating EBIDA (%)	16.1%	16.4%	(0.3%)	(2.0%)	19.3%	(3.2%)	(16.5%)	8.3%	9.8%	
	DCOH (days)	252	325	(73)	(22.5%)	303	(51)	(16.9%)	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.

Consolidated Balance Sheet (as of 02/28/2023)

(\$000s)

ASSETS

	Audited	
	February 28, 2023	June 30, 2022
CURRENT ASSETS		
Cash	209,252	196,067
Short Term Investments	139,284	125,816
Patient Accounts Receivable, net	209,957	209,668
Other Accounts and Notes Receivable	17,988	21,044
Intercompany Receivables	12,507	13,998
Inventories and Prepaids	39,096	36,476
Total Current Assets	628,084	603,068
BOARD DESIGNATED ASSETS		
Foundation Board Designated	23,189	18,721
Plant & Equipment Fund	369,881	310,045
Women's Hospital Expansion	30,519	30,261
Operational Reserve Fund	207,898	182,907
Community Benefit Fund	17,718	18,299
Workers Compensation Reserve Fund	14,029	14,029
Postretirement Health/Life Reserve Fund	30,417	29,783
PTO Liability Fund	34,817	33,709
Malpractice Reserve Fund	1,893	1,906
Catastrophic Reserves Fund	27,438	24,668
Total Board Designated Assets	757,798	664,329
FUNDS HELD BY TRUSTEE	-	0
LONG TERM INVESTMENTS	447,813	495,751
CHARITABLE GIFT ANNUITY INVESTMENTS	936	940
INVESTMENTS IN AFFILIATES	32,085	30,376
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,914,744	1,872,501
Less: Accumulated Depreciation	(829,742)	(778,427)
Construction in Progress	141,411	96,603
Property, Plant & Equipment - Net	1,226,413	1,190,676
DEFERRED OUTFLOWS	18,921	19,474
RESTRICTED ASSETS	34,701	31,200
OTHER ASSETS	210,580	216,842
TOTAL ASSETS	3,357,330	3,252,657

LIABILITIES AND FUND BALANCE

	Audited	
	February 28, 2023	June 30, 2022
CURRENT LIABILITIES		
Accounts Payable	54,345	51,286
Salaries and Related Liabilities	24,310	46,502
Accrued PTO	35,632	34,449
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	12,201	14,942
Intercompany Payables	8,996	13,489
Malpractice Reserves	2,096	2,096
Bonds Payable - Current	10,400	9,905
Bond Interest Payable	1,578	8,096
Other Liabilities	11,722	20,955
Total Current Liabilities	163,579	204,021
LONG TERM LIABILITIES		
Post Retirement Benefits	30,507	29,783
Worker's Comp Reserve	14,029	14,029
Other L/T Obligation (Asbestos)	37,638	37,944
Bond Payable	454,741	466,838
Total Long Term Liabilities	536,915	548,593
DEFERRED REVENUE-UNRESTRICTED	12,557	12,312
DEFERRED INFLOW OF RESOURCES	104,214	104,367
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,289,076	2,136,565
Board Designated	208,636	210,197
Restricted	42,352	36,601
Total Fund Bal & Capital Accts	2,540,064	2,383,363
TOTAL LIABILITIES AND FUND BALANCE	3,357,330	3,252,657

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

To: Finance Committee
From: Jon Cowan, Senior Director of Government Relations & Community Partnerships
Date: March 27, 2023
Subject: FY2023 El Camino Health Community Benefit Midyear Grant Performance and Update

Purpose:

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

Summary:

1. **Situation:** To inform the Finance Committee about the Midyear FY23 grant performance and other updates. At the midpoint of each fiscal year, Community Partnerships staff review midyear grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges and trends. This analysis is important as it provides data to inform the grant recommendations within the FY24 Annual Community Benefit Plan and Implementation Strategy which comes to the Finance Committee for approval in May 2023. Staff prepares a summary (below), midyear dashboard and grant performance appendix (Attachments 1 and 2).

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 FY23, El Camino Health invested \$3,310,000 in Community Benefit grants to address unmet local health needs. The framework for the grant funding priorities is the most recent El Camino Hospital Community Health Needs Assessment (CHNA), which is conducted every three years, as required by state and federal regulations.

A. Grants Overview: \$3,310,000 for 47 grants:

- 10 Healthcare Access & Delivery grants at \$962,000
- 16 Behavioral Health grants at \$1,021,000
- 12 Diabetes & Obesity grants at \$992,000
- 4 Chronic Conditions treatment and prevention (other than diabetes and obesity) grants at \$165,000
- 5 Economic Stability grants at \$170,000

B. 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 began ordering building signage in January 2023.

- Grant partners were required to report on their acknowledgements in midyear reports, and will do so again in their yearend reports.

C. Staff Innovation Grants (SIGs):

- **Food Pharmacy Program-** Participants receive farmer’s market vouchers for themselves and their household, along with nutrition education and/or sessions with a registered dietician. The first half of FY23 was spent on planning and building referral systems. Referrals are currently in place with ECH Care Coordination and the SVMD- McKee.
- **Diversity, Equity, and Inclusion Internship Program-** Community Partnerships has implemented the DEI Economic Opportunity Internship program in partnership with Human Resources. It aims to support inclusive, local hiring and improve Diversity, Equity and Inclusion (DEI) across ECH as well as address the need for better economic opportunities among underserved community members. This program provides career development opportunities to diverse, local high school, community college, college, and graduate students by placing them in internships at one of the El Camino Health campuses.

4. Assessment:

A. Grants Performance: Reflected in the yearend dashboard (Attachment 1)

- Community Health Themes
 - The end of several COVID-related assistance benefits is creating additional demand for services for our community partners. The end of the eviction moratorium has led to more requests for assistance with housing and utilities, and the upcoming end to emergency allotment SNAP/CalFresh benefits have led to an increased demand for food resources.
 - Youth mental health continues to be an increasingly concerning issue. Partners have noted strategies to address overdoses, and to treat substance use, anxiety, depression, and eating disorders amongst youth.
 - Our school and clinical partners have cited the “tripledeemic” (flu, RSV, and COVID-19) and continued staffing shortages as challenges this fiscal year.
- All Programs:
 - 53% of grants met or exceeded 90% across all of their metrics (FY22 = 73%)
 - Over 54,900 community members served (FY22: 151,373 served)
- Largest grant programs (\$100k+):
 - 12 grants = \$2,156,257 (65% of total grants approved)
 - 58% of grants met or exceeded 90% across all of their metrics (FY22=75%)
 - Over 8,100 community members served (FY22: 144,836 served)

B. Acknowledgement of Funds: Staff has worked with grant partners to implement greater acknowledgement of ECH funds, with the following results to-date:

- 100% of programs with mobile vans have implemented ECH signs on vans (2 of 2 agencies)
- 67% of eligible agencies have implemented email signatures for positions funded at 0.75 FTE or more (6 of 9 agencies).
- 40% of eligible agencies have implemented building signs acknowledging ECH (2 of 5 agencies with grants >\$200,000).
- 58% of agencies have listed ECH as a funder on their website (26 of 45 agencies)
- 38% of agencies have tagged ECH on social media (17 of 45 agencies)

C. SIG Performance:

- **Food Pharmacy-** 15 individuals have received food vouchers to date, and we anticipate serving about 50 individuals by yearend. During this first year of implementation, program staff discovered barriers to the program's success that have been addressed for the remainder of FY23. First, the Care Coordination referrals are often too high acuity for this type of program, so we are working with Care Coordination to further refine referrals and we expanded to the primary care population with SVMD. Second, the volume of referrals from Care Coordination was lower than expected due to competing demands within the department. Initial findings from this program have informed a modified program design for FY24.
- **Diversity, Equity, and Inclusion Internship Program-** To date in year one, this program has had three interns: one summer college intern and two high school student interns from the Mountain View Los Altos High School District's (MVLA) AVID program. AVID is a nationally-recognized in-school academic support program that focuses on developing the intellectual and leadership skills students need for four-year colleges. AVID is an elective option for students at MVLA that welcomes historically low-income, and other first generation college going students. The college internship program has been facilitated in partnership with Health Career Connections, a recruiting firm that focuses on identifying low income and diverse college students for professional opportunities.

5. Outcomes: See attachments

List of Attachments:

1. FY23 El Camino Health Midyear Dashboard
2. Appendix A: FY23 Midyear Grant Performance Summary

Suggested Committee Discussion Questions:

1. What additional background information do committee members need to satisfy their fiduciary duty related to approval of the FY24 Annual Community Benefit Plan & Implementation Strategy in May?
2. Are there any other critical items the committee members would like us to consider as management and staff develop the recommended FY24 Annual Community Benefit Plan & Implementation Strategy?



FY2023 Community Benefit Midyear Grant Performance and Update

Finance Committee

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

March 27, 2023

FY2023 Community Benefit Grant Overview

CHNA Identified Health Need	Funding Amount
Healthcare Access & Delivery	\$962,000 (29%)
Behavioral Health	\$1,021,000(31%)
Diabetes & Obesity	\$992,000 (30%)
Chronic Conditions (other than diabetes & obesity)	\$165,000 (5%)
Economic Stability	\$170,000 (5%)
Total:	\$3,310,000 (100%) – 47 grants

FY2023 Midyear Grant Performance Metrics

Year-over-year performance comparison	FY23 Midyear	FY22 Midyear
Grants that met 90%+ of their metrics (all programs)	53%	73%
Large grants that met 90%+ of their metrics	58%	75%
Grants that met less than 75% of their metrics (all programs)	14	3
Number of individuals served (all programs)	54,900	151,373
Number of new grant partners	5	5

FY2023 Staff Innovation Grants

Food Pharmacy:

- In FY23, Community Partnerships started a Food Pharmacy pilot in partnership with Care Coordination, Nutrition Services, and Fresh Approach, a third party food and nutrition education vendor.
- 15 individuals have received food vouchers to date, and we anticipate serving about 50 individuals by yearend.
- Challenges presented with the acuity level of referrals from Care Coordination, so we have pivoted to also receiving referrals from SVMD McKee.
- Lessons learned from FY23 have informed the FY24 grant application, including transitioning to a farmers market voucher model, focusing on the primary care population, and integrating the referral order into Epic.

FY2023 Staff Innovation Grants (cont'd)

Diversity, Equity, and Inclusion Internship Program:

- This year, Community Partnerships has implemented the DEI Economic Opportunity Internship program in partnership with Human Resources. It aims to support inclusive, local hiring and improve Diversity, Equity and Inclusion (DEI) across ECH as well as address the need for better economic opportunities among underserved community members.
- To date, this program has had three interns: one summer college intern and two high school students interns from the Mountain View Los Altos High School District's (MVLA) AVID program. We anticipate serving 8-10 interns by yearend.
- Internship opportunities are set-up with Patient Experience, Clinical Research, Legal Services, Laboratory, PACU, Inpatient Rehab and Palliative Care

FY2023 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 began implementing signage in January 2023.
- Grant partners were required to report on their acknowledgements in midyear reports.
- Grant managers are reinforcing the guidelines and ensuring that grant partners follow through in FY23.

FY2023 Acknowledgement of Funds (cont'd)

Agency	Building Signage	Mobile Van Signage	Email Signatures
Almaden Valley Counseling Services			X
Bay Area Community Health		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

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

FY2023 Acknowledgement of Funds (cont'd)

- 100% of programs with mobile vans have implemented ECH signs on vans (2 of 2 agencies)
- 67% of eligible agencies have implemented email signatures for positions funded at 0.75 FTE or more (6 of 9 agencies)
- 40% of eligible agencies have implemented building signs acknowledging ECH (2 of 5 agencies with grants >\$200,000)
- 58% of agencies have listed ECH as a funder on their website (26 of 45 agencies)
- 38% of agencies have tagged ECH on social media (17 of 45 agencies)

FY2023 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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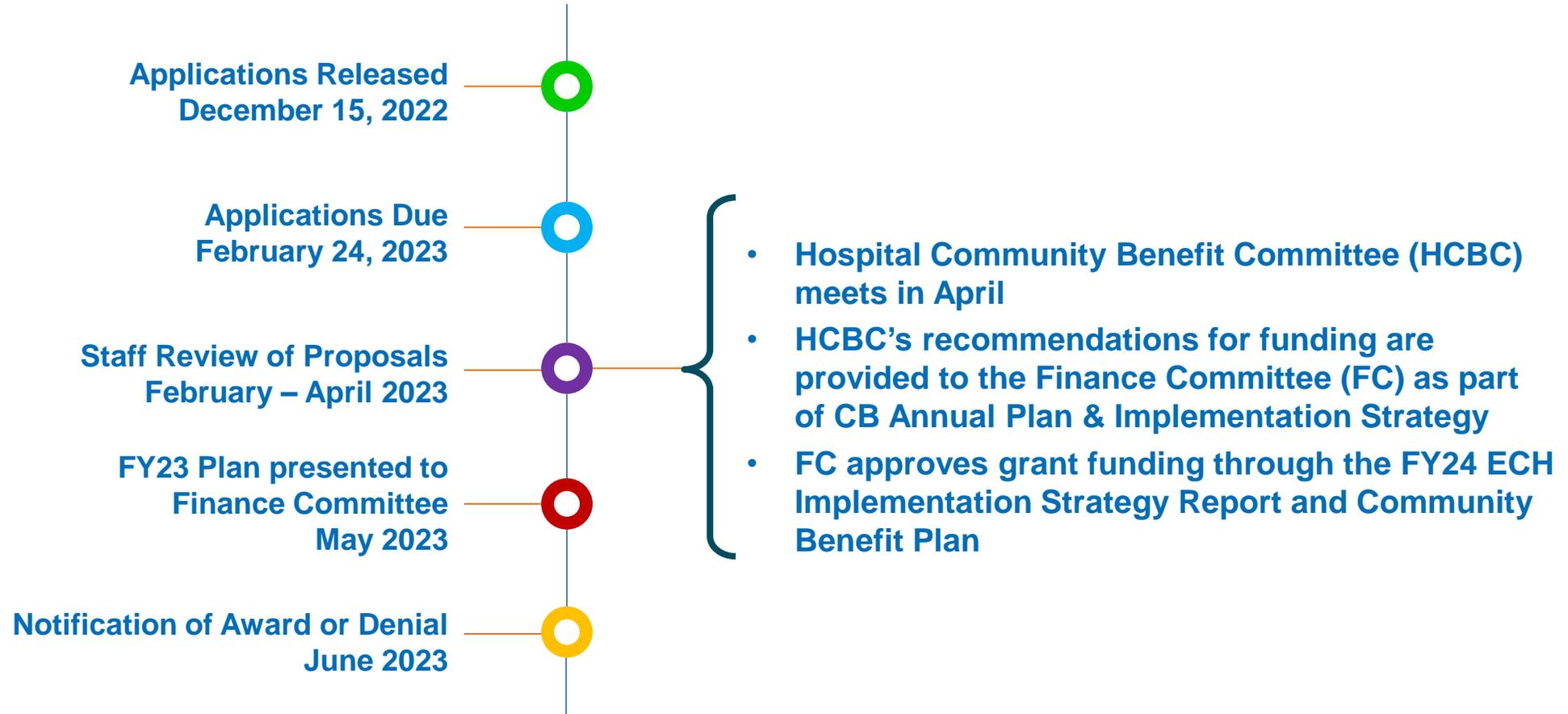
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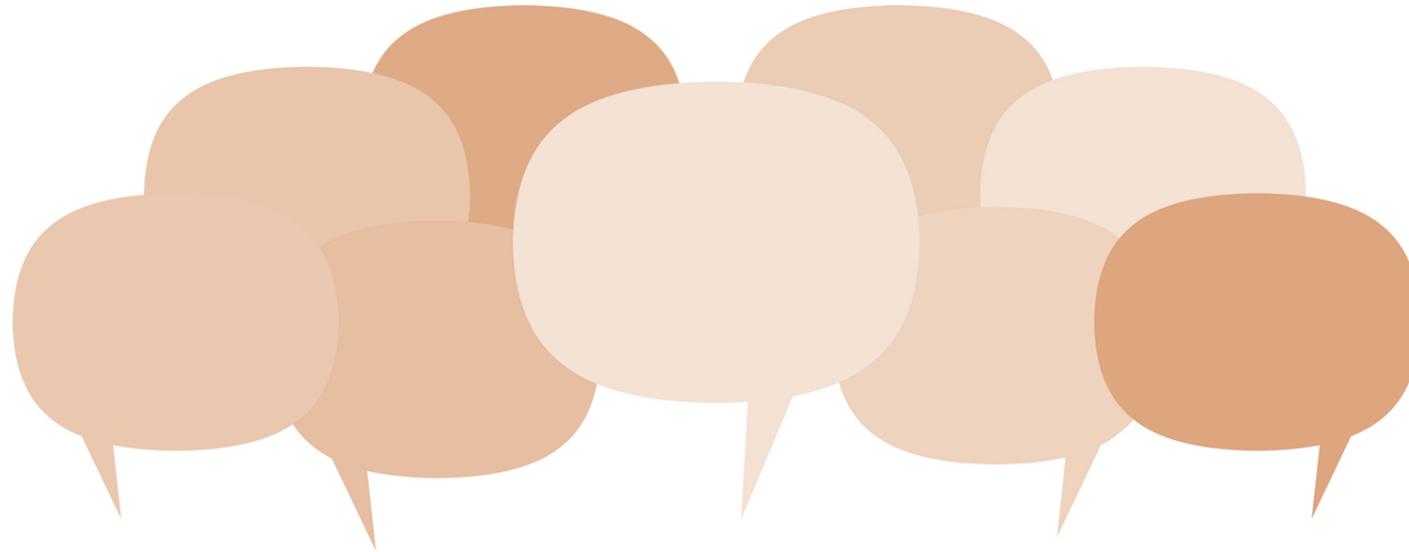
FY2023 Progress Update: El Camino Health External Communications Plan (cont'd)

- **Community Connections Newsletter:**
 - 3 issues published to date
 - 1,517 unique views across newsletters (cumulative)
 - 4,989 opens across newsletters (cumulative)
 - 35.6% average open rate (above industry standard of good: >20%)
 - 9% average click-through rate (above industry standard of good: >3%)
- **Social Media Activity:**
 - 15 Community Partnerships posts through January 2023
 - 48,793 impressions across platforms 7.84% average engagement rate (ECH average is 4.2% for Facebook and 9.58% for LinkedIn)
- **Annual Report:**
 - 40.32% open rate (above industry standard of good: >20%)
 - 7.95% click-through rate (above industry standard of good: >3%)

FY2024 Grant Review Timeline & Process



Discussion



Appendix A: ECH FY2023 Midyear Grant Performance Summary

Performance of the Five Largest Grants:

Agency	Awarded Amount	Metric Performance	Performance Narrative
Gardner Family Health Network	\$254,500	100%	Gardner met all of its metrics for the Down With Diabetes program, providing bilingual medical assistant/ health coaches and bilingual registered dietitian/ certified diabetes educator facilitate diabetes management program for underserved teens and adults. Serving more than 2,000 individuals, this program is helping at-risk patients improve biometrics, reduce body weight and reduce HbA1c. The program exceeded the number of patients they expected to serve as a result of a recruitment push to ensure eligible patients understood they could participate in the program. The high number of participants resulted in several targets being exceeded. Patients are showing that they understand the importance of making healthy lifestyle changes and recognizing that losing weight helps lower the risk of diabetes or control diabetes and other chronic conditions.
Campbell Union School District	\$215,000	100%	Campbell Union School District (CUSD)'s School Nurse Program met all of its midyear metrics, serving 2,095 students in the first half of the year. This was more than anticipated due to conducting mandated vision screenings earlier in the year than planned. The 'number of individuals receiving health screenings' metric was also exceeded as they had many students with IEPs needing vision and hearing screenings. This school health services program continues to provide essential services successfully, such as achieving 72% for 'Students out of compliance with required immunizations who become compliant'.
Pacific Clinics (at Campbell Union High School District)	\$210,000	100%	Pacific Clinics met all of its metrics for the continuation of the Addiction Prevention Services and mental health services at Campbell Union High School District. This program served 650 high school students, more than 100 with 245 hours of counseling sessions and other prevention services to the larger group of students. Almost 25% of the school district's population are eligible for free/reduced lunch, are in foster care and are English learners. Students are both referred and self-refer to services. The school district and agency staff have observed an increase in students with crisis needs and counselors provide risk assessments, stabilize, and connect students to services.

West Valley Community Services	\$184,500	100%	West Valley's Community Access to Resources and Education (CARE) program met all of its midyear metrics, providing critical services and multilingual case management to families and individuals living at or below the 275% federal poverty level. CARE also works with individuals and families who are homeless or at imminent risk of losing housing. CARE provided flu clinics, hearing screenings, emotional health workshops, food services and food deliveries to clients who are homebound. As the primary community service agency for Cupertino, Saratoga, West San Jose, Los Gatos and Monte Serena, West Valley continues to do outreach with schools and other community partners.
El Camino Health: Food Pharmacy	\$148,500	12%	This new Staff Innovation Grant experienced significant delays in the referral process to start the program. Related, as a new ECH initiative, more program planning and ramp up time was needed than expected. Consequently, none of the midyear metrics were met. A key challenge to meeting volume metrics was that of the patients referred after hospitalization, too many were high acuity with conditions or circumstances too complex for program participation. For the outcome metrics, no patients had completed the intervention by Dec 31 in order to collect data due to the delay in starting referrals. Adjustments have been made to expand the referral base to outpatient and make program offerings more flexible to match patient needs.

Community Benefit FY23 Midyear Grant Metrics Dashboard

- This dashboard reflects FY23 midyear and prior year grant performance
- Grants are organized by five priority areas: Healthcare Access & Delivery, Behavioral Health, Diabetes & Obesity, Chronic Conditions, and Economic Stability; Small Grants (\leq \$30k) are in the second section)
- FY23 Metric Data: Columns X - AA
- Historical performance: Columns D - W

Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																							
			FY21 6-month Target <i>Column D</i>	FY21 6-month Actual <i>Column E</i>	FY21 % 6-month Metrics Met <i>Column F</i>	FY21 Yearend Target <i>Column I</i>	FY21 Yearend Actual <i>Column J</i>	FY21 % Yearend Metrics Met <i>Column L</i>	FY22 6-month Target <i>Column N</i>	FY22 6-month Actual <i>Column O</i>	FY22 % 6-month Metrics Met <i>Column Q</i>	FY22 Yearend Target <i>Column S</i>	FY22 Yearend Actual <i>Column T</i>	FY22 % Yearend Metrics Met <i>Column V</i>	FY23 6-month Target <i>Column X</i>	FY23 6-month Actual <i>Column Y</i>	FY23 % 6-month Metrics Met <i>Column AA</i>									
Asian Americans for Community Involvement (AACI) FY23 Approved: \$100,000 FY22 Approved: \$100,000 FY22 Spent: \$97,637 FY21 Approved: \$85,000 FY21 Spent: \$85,000	Individuals served	350	359	●	700	895	●	210	185	●	420	533	●	210	424	●										
	Services provided	500	830	●	1000	1,885	●	800	592	●	1600	1,251	●	800	1,222	●										
	Number of health screenings	-	-		-	-		-	-		-	-		210	411	●										
	Patients screened for depression with a positive result who are offered integrated behavioral health services	40%	44%	●	80%	74%	●	80%	92%	●	80%	88%	●	80%	84%	●										
	Patients who rate their telehealth appointment experience as "good" or "excellent".	-	-		-	-		-	-		-	-		70%	95%	●										
	Patients who rate their MA as "excellent" or "good" for their courteousness and professionalism and would recommend AACI's Health Center to their family and friends	-	-		-	-		90%	96%	●	90%	98%	●	90%	92%	●										
Bay Area Community Health FY23 Approved: \$50,000	Individuals served	-	-		-	-		-	-		-	-		70	9	●										
	Services provided	-	-		-	-		-	-		-	-		270	20	●										
	Number of health screenings	-	-		-	-		-	-		-	-		70	17	●										
	Clients who improved their overall wellness, positive outlook, and sense of connectedness to others and environment.	-	-		-	-		-	-		-	-		75%	0%	●										
	Clients who increased their knowledge of key physical and mental issues such as healthy eating, cognitive development, increased activity, and adequate sleep.	-	-		-	-		-	-		-	-		75%	0%	●										
	Clients who increased their knowledge of healthy activities	-	-		-	-		-	-		-	-		75%	0%	●										
Cambrian School District School Nurse Program 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	Individuals served	1,400	1,051	●	2,700	2,668	●	1,200	1,000	●	3,000	2,995	●	800	400	●										
	Services provided	-	-		-	-		1,000	466	●	1,500	1,447	●	1,400	400	●										
	Number of individuals receiving health screenings	-	-		-	-		1,000	466	●	1,500	1,447	●	700	423	●										
	Students out of compliance with required immunizations who become compliant	5%	85%	●	30%	134%	●	50%	0%	●	90%	95%	●	50%	96%	●										
	Students with a failed health screening who saw a healthcare provider	-	-		-	-		10%	0%	●	25%	31%	●	50%	10%	●										
Campbell Union School District School Nurse Program 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	Individuals served	2,000	2,030	●	3,850	3,863	●	2,000	2,248	●	3,850	4,092	●	1,500	2,095	●										
	Services provided	-	-		-	-		-	-		-	-		2,000	2,552	●										
	Number of individuals receiving health screenings	-	-		-	-		-	-		-	-		1,000	1,207	●										
	Students with a failed health screening who saw a healthcare provider.	-	-		-	-		-	-		-	-		N/A	N/A											
	Students out of compliance with required immunizations who become compliant	10%	68%	●	18%	91%	●	68%	100%	●	88%	86%	●	70%	72%	●										
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	Individuals served	600	654	●	1,300	1,295	●	2,025	1,879	●	4,050	3,964	●	385	441	●										
	Services provided	-	-		-	-		-	-		-	-		720	441	●										
	Number of individuals receiving health screenings	-	-		-	-		-	-		-	-		385	0	●										
	Students with a failed health screening who saw a healthcare provider	-	-		-	-		25%	30%	●	35%	32%	●	50%	40%	●										
	Students out of compliance with required immunizations who become compliant	25%	37%	●	50%	65%	●	35%	70%	●	50%	73%	●	50%	30%	●										
Health Mobile Dental Services FY23 Approved: \$75,000 FY22 Approved: \$55,000 FY22 Spent: \$55,000 FY21 Approved: \$75,000 FY21 Spent: \$75,000	Individuals served	45	25	●	200	193	●	50	52	●	135	136	●	100	95	●										
	Services provided	270	165	●	1,200	1,205	●	150	158	●	500	505	●	300	315	●										
	Number of patients reporting improved oral health after service	-	-		-	-		-	-		-	-		90	95	●										
	Patients who report increased knowledge about their oral health	90%	90%	●	90%	89%	●	85%	85%	●	85%	85%	●	85%	95%	●										
	Patients who report no pain after their first visit	90%	90%	●	90%	90%	●	90%	90%	●	90%	90%	●	90%	95%	●										



Healthcare Access & Delivery (Including Oral Health)

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>	Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																								
			FY21 6-month Target <i>Column D</i>	FY21 6-month Actual <i>Column E</i>	FY21 % 6-month Metrics Met <i>Column G</i>	FY21 Yearend Target <i>Column I</i>	FY21 Yearend Actual <i>Column J</i>	FY21 % Yearend Metrics Met <i>Column L</i>	FY22 6-month Target <i>Column N</i>	FY22 6-month Actual <i>Column O</i>	FY22 % 6-month Metrics Met <i>Column Q</i>	FY22 Yearend Target <i>Column S</i>	FY22 Yearend Actual <i>Column T</i>	FY22 % Yearend Metrics Met <i>Column V</i>	FY23 6-month Target <i>Column X</i>	FY23 6-month Actual <i>Column Y</i>	FY23 % 6-month Metrics Met <i>Column AA</i>										
<p>Healthcare Access & Delivery (Including Oral Health)</p>	Healthier Kids Foundation <i>Dental & Hearing Screening/Referrals</i> 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	Individuals served	175	103	●		526	627	●		350	552	●		700	1221	●		410	608	●						
		Number of health screenings	-	-			-	-			-	-			-	-			410	250	●						
		Of children dental screened who received a referral, the percent that received and completed appropriate dental services	60%	75%	●	80%	●	62%	86%	●	100%	●	65%	40%	●	91%	●	65%	60%	●	98%	●	65%	88%	●	92%	●
		Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services	N/A	N/A			30%	71%	●			30%	76%	●			30%	58%	●			30%	67%	●			
		Of children My HealthFirst Wellness screened who received a referral, the percent that received and completed appropriate mental health services.	-	-			-	-			-	-				-	-			20%	87%	●					
	Mt. Pleasant School District <i>School Nurse Program</i> 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	Individuals served	600	625	●		1,900	1,992	●		600	1,677	●		2,100	1,925	●		600	820	●						
		Services provided	-	-			-	-			-	-			-	-			800	820	●						
		Number individuals receiving health screenings	-	-		88%	●	-	-		100%	●	-	-		86%	●	-	-		95%	●	450	731	●	87%	●
		Students out of compliance with required immunizations who become compliant	-	-			-	-			-	-				-	-			50%	18%	●					
		Students receiving follow up medical care after a failed screening	-	-			-	-			30%	28%	●			40%	37%	●		50%	64%	●					
	Santa Clara County Public Health <i>Better Health Pharmacy</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	Individuals served	2,000	1,937	●		3,000	2,906	●		2,100	1,813	●		3,200	2,843	●		2,100	2,270	●						
		Number of prescriptions dispensed	14,000	17,485	●		28,000	34,601	●		16,000	16,895	●		30,000	34,628	●		17,000	19,751	●						
		Patients who report that they are very satisfied with the quality of service	97%	100%	●	99%	●	97%	100%	●	97%	●	97%	92%	●	94%	●	97%	100%	●	98%	●	97%	100%	●	100%	●
		Patients who reported that they are very satisfied with the time waited for services	97%	96%	●		97%	87%	●		97%	92%	●		97%	100%	●		97%	100%	●		97%	100%	●		
		Patients who reported that they are very satisfied with the time waited for medication information	97%	96%	●		97%	93%	●		97%	92%	●		97%	100%	●		97%	100%	●		97%	100%	●		
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	Individuals served	31	30	●		62	65	●		32	35	●		62	64	●		30	62	●							
	Services provided	240	287	●		475	491	●		255	268	●		475	486	●		255	349	●							
	Clients were informed about resources	N/A	N/A		99%	●	90%	100%	●	100%	●	90%	100%	●	100%	●	100%	●	90%	100%	●	100%	●	100%	●		
	Clients are able to prepare simple meal and move within their home	N/A	N/A			85%	100%	●			85%	100%	●			85%	96%	●			85%	93%	●				
	Clients are able to read printed material	N/A	N/A			70%	75%	●			70%	100%	●			70%	100%	●			70%	91%	●				
<p>Behavioral Health (Including Domestic Violence Trauma)</p>	ACT for Mental Health FY23 Approved: \$40,000 FY22 Approved: \$60,000 FY22 Spent: \$60,000	Individuals served	-	-			-	-			15	21	●		40	59	●		20	38	●						
		Services provided	-	-			-	-			230	146	●		620	420	●		315	187	●						
		Number of behavioral health screenings	-	-		New Program in FY22	-	-		New Program in FY22	-	-			-	-		60%	●	60%	●	20	45	●	52%	●	
		Participants who rate Satisfied or Very satisfied on the Post-Counseling Satisfaction/Progress Questionnaire.	-	-			-	-			-	-			-	-			90%	0%	●						
		Participants demonstrating statistically Significant Improvement from pre-to-post evaluation times on Perceived Stress Scale (PSS).	-	-			-	-			N/A	N/A			60%	43%	●		60%	0%	●						
	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	Individuals served	90	131	●		240	429	●		131	115	●		312	541	●		60	66	●						
		Services provided	-	-			-	-			-	-			-	-			900	259	●						
		Hours of counseling sessions	500	1,132	●	100%	●	1,000	1,622	●	91%	●	700	560	●	84%	●	2,003	4,090	●	94%	●	450	183	●	56%	●
		Individual Therapy: Students who stay at the same score or improve from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire.	-	-			-	-		●		-	-			-	-			N/A	N/A						
		Group Therapy: Students who stay at the same score or improve from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire.	-	-			-	-		●		-	-			-	-			N/A	N/A						
	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	Individuals served	40	62	●		80	78	●		50	53	●		80	80	●		40	50	●						
		Services provided	-	-			-	-			-	-			-	-			160	500	●						
		Hours of training	-	-		100%	●	-	-		99%	●	-	-		-	-		99%	●	2,000	2,220	●	100%	●		
		High school seniors who will graduate high school with a CASA supporting them through the transition	N/A	N/A			80%	87%	●			N/A	N/A			85%	80%	●		N/A	N/A						
		CASAs who will report providing educational support to their child	-	-			-	-			-	-			-	-			N/A	N/A							

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>	Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																							
			FY21 6-month Target <i>Column D</i>	FY21 6-month Actual <i>Column E</i>	FY21 % 6-month Metrics Met <i>Column G</i>	FY21 Yearend Target <i>Column I</i>	FY21 Yearend Actual <i>Column J</i>	FY21 % Yearend Metrics Met <i>Column L</i>	FY22 6-month Target <i>Column N</i>	FY22 6-month Actual <i>Column O</i>	FY22 % 6-month Metrics Met <i>Column Q</i>	FY22 Yearend Target <i>Column S</i>	FY22 Yearend Actual <i>Column T</i>	FY22 % Yearend Metrics Met <i>Column V</i>	FY23 6-month Target <i>Column X</i>	FY23 6-month Actual <i>Column Y</i>	FY23 % 6-month Metrics Met <i>Column AA</i>									
	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	Individuals served	63	92	●		157	181	●		68	75	●		160	175	●		80	573	●					
		Individuals served through counseling	-	-			-	-			-	-			-	-			55	135	●					
		Services provided	-	-			-	-			-	-			-	-			1200	1,221	●					
		Hours of counseling sessions	730	963	●	100%	1,750	2,046	●	100%	705	801	●	100%	1,605	1,801	●	99%	300	609	●	100%				
		Students who improved by at least 3 points from pre-test to post test on the Strengths and Difficulties Questionnaire and Impact Assessment	N/A	N/A			50%	61%	●		N/A	N/A			50%	89%	●		N/A	N/A						
		Improvement on treatment plan goals	60%	76%	●		80%	86%	●		60%	64%	●		80%	77%	●		60%	66%	●					
	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	Individuals served	90	118	●		120	159	●		90	91	●		120	103	●		56	48	●					
		Services provided	350	430	●		850	951	●		800	824	●		2,050	1,758	●		632	870	●					
		Number of care management sessions	-	-		100%	-	-		99%	-	-		86%	-	-		88%	111	450	●	77%				
		Clients that demonstrate a 5-point score reduction on the PHQ-9	-	-			-	-			20%	13%	●		20%	27%	●		20%	0%	●					
	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	Individuals served	55	60	●		160	171	●		75	78	●		160	190	●		75	148	●					
		Hours of counseling sessions	120	132	●	100%	375	361	●	98%	100	105	●	100%	350	420	●	98%	100	180	●	100%				
		Clients reporting improved mood & function	N/A	N/A			85%	81%	●		N/A	N/A			85%	79%	●		N/A	N/A						
		Clients report understanding of behavioral health issues	N/A	N/A			75%	75%	●		N/A	N/A			75%	71%	●		N/A	N/A						
	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	Individuals served	380	467	●		775	1,065	●		380	462	●		775	806	●		400	350	●					
		Individuals served through counseling (group and/or individual sessions)	-	-			-	-			-	-			-	-			75	63	●					
		Services provided	-	-			-	-			-	-			-	-			500	566	●					
		Hours of counseling sessions	425	271	●	66%	850	1,025	●	76%	425	530	●	99%	850	980	●	94%	125	180	●	93%				
		Students who improved by at least 3 points from pre-test to post test on the Strengths and Difficulties Questionnaire and Impact Assessment	N/A	N/A			50%	10%	●		N/A	N/A			80%	50%	●		N/A	N/A						
		Parents who participate in Parent Education Seminar will increase their self-reported readiness to support their student's mental health needs.	40%	86%	●		80%	102%	●		80%	75%	●		80%	80%	●		N/A	N/A						
	Momentum for Mental Health FY23 Approved: \$40,000 FY22 Approved: \$46,000 FY22 Spent: \$46,000 FY21 Approved: \$51,000 FY21 Spent: \$51,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000	Individuals served	16	17	●		25	28	●		17	25	●		24	25	●		15	19	●					
		Services provided	165	231	●		350	532	●		220	209	●		334	370	●		200	187	●					
		Number of care management sessions	-	-			-	-			-	-			-	-			100	102	●					
		Patients who report a reduction of 2 points or more in PHQ-9 measure severity of depression	-	-		99%	-	-		97%	-	-		98%	-	-		100%	75%	100%	●	97%				
Patients who report a reduction of 2 points or more in GAD-7 measure severity of anxiety		-	-			-	-			-	-			-	-			75%	67%	●						
Next Door Solutions <i>Domestic Violence Services</i> 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	Individuals served	73	73	●		146	141	●		69	91	●		137	164	●		70	67	●						
	Services provided	251	336	●		521	726	●		267	323	●		594	694	●		300	277	●						
	Hours of case management sessions	-	-			-	-			-	-			-	-			350	59	●						
	Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety	80%	0%	●	73%	80%	92%	●	95%	90%	96%	●	100%	90%	97%	●	100%	90%	90%	●	80%					
	Support Groups clients completing the Support Group Evaluation Survey will respond that they can better manage stress when it occurs.	-	-			-	-			-	-			-	-			80%	90%	●						
	Clients engaged in Self-Sufficiency Case Management during the grant period will maintain the level of self-sufficiency	55%	50%	●		55%	46%	●		75%	75%	●		75%	80%	●		68%	52%	●						

Community Benefit Dashboard Notes

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

Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																							
			FY21 6-month Target <i>Column D</i>	FY21 6-month Actual <i>Column E</i>	FY21 6-month Metrics Met <i>Column G</i>	FY21 % <i>Column H</i>	FY21 Yearend Target <i>Column I</i>	FY21 Yearend Actual <i>Column J</i>	FY21 % <i>Column L</i>	FY21 % <i>Column M</i>	FY22 6-month Target <i>Column N</i>	FY22 6-month Actual <i>Column O</i>	FY22 6-month Metrics Met <i>Column Q</i>	FY22 % <i>Column R</i>	FY22 % <i>Column S</i>	FY22 Yearend Target <i>Column T</i>	FY22 Yearend Actual <i>Column U</i>	FY22 % <i>Column V</i>	FY22 % <i>Column W</i>	FY23 6-month Target <i>Column X</i>	FY23 6-month Actual <i>Column Y</i>	FY23 6-month Metrics Met <i>Column AA</i>	FY23 % <i>Column AB</i>			
<p>Behavioral Health (Including Domestic Violence/Trauma)</p>	<p>Pacific Clinics <i>(Formerly Uplift Family Services)</i> School-based Mental Health Counseling</p> <p>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</p>	Individuals served	500	552	●	100%	1,650	1,289	●	94%	500	818	●	100%	1,250	1,250	●	100%	625	650	●	100%				
		Individuals served through counseling	-	-	●		-	-	●		-	-	●		-	-	●		100%	100	108	●				
		Services provided	-	-	●		-	-	●		-	-	●		-	-	●		100%	625	677	●				
		Hours of counseling sessions	582	642	●		1,345	1,284	●		570	605	●		1,190	1,190	●		100%	250	245	●				
		Students who decrease high risk behaviors among students served who have high risk behaviors	N/A	N/A	●		60%	56%	●		N/A	N/A	●		60%	87%	●		100%	N/A	N/A	●				
		Students who increase coping skills among students served with trauma, depressions, anxiety and/or anger	N/A	N/A	●		80%	80%	●		N/A	N/A	●		80%	98%	●		100%	N/A	N/A	●				
<p>African American Community Services Agency (AACSA) Screening/Referrals and Nutrition Education for Families</p> <p>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</p>	Individuals served	130	281	●	98%	260	383	●	100%	100	372	●	96%	200	414	●	97%	200	228	●	90%					
	Services provided	300	365	●		600	628	●		380	290	●		660	555	●		97%	300	255	●					
	Number of behavioral health screenings	100	108	●		200	300	●		80	262	●		160	414	●		97%	200	115	●					
	Psychiatry patients not hospitalized in a 12 month program.	85%	88%	●		90%	93%	●		85%	95%	●		90%	98%	●		97%	85%	85%	●					
	Psychiatry patients that attend scheduled follow up appointments.	60%	68%	●		75%	90%	●		60%	95%	●		75%	95%	●		97%	60%	80%	●					
	Patients screened for depression that attend scheduled follow up appointments with a psychiatrist.	45%	39%	●		55%	55%	●		45%	95%	●		55%	95%	●		97%	45%	45%	●					
<p>Diabetes & Obesity</p>	<p>El Camino Health: Food Pharmacy</p> <p>FY23 Approved: \$150,000</p>	Individuals served	100	624	●	100%	396	468	●	100%	300	434	●	100%	787	1,537	●	100%	350	358	●	68%				
		Services provided	150	770	●		515	544	●		400	550	●		856	3,897	●		100%	700	528	●				
		Number of individuals reporting increased physical activity	-	-	●		-	-	●		-	-	●		-	-	●		100%	80	22	●				
		Parents who took Parent Workshop classes who report they better understand how to support their child's healthy development.	N/A	N/A	●		65%	65%	●		N/A	N/A	●		65%	65%	●		100%	N/A	N/A	●				
		Participants in exercise classes who discovered a fitness modality that would support a healthy lifestyle.	-	-	●		-	-	●		-	-	●		-	-	●		100%	N/A	N/A	●				
		Individuals receiving food vouchers	-	-	●		-	-	●		-	-	●		-	-	●		100%	55	15	●				
<p>Gardner Family Health Network Prediabetes and Diabetes</p> <p>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</p>	<p>El Camino Health: Food Pharmacy</p> <p>FY23 Approved: \$150,000</p>	Individuals receiving education and/or registered dietician services	-	-	●	New Program in FY23	-	-	●	New Program in FY23	-	-	●	New Program in FY23	-	-	●	New Program in FY23	25	5	●	12%				
		Number of individuals who report improved self-management	-	-	●		-	-	●		-	-	●		-	-	●		100%	15	0	●				
		Nutrition Services - Number of participants with a positive BMI change of 1 or more points	-	-	●		-	-	●		-	-	●		-	-	●		100%	7	0	●				
		Individuals served	730	752	●	93%	1,370	1,105	●	95%	700	1,052	●	100%	1,320	1,407	●	100%	800	2,013	●	100%				
		Services provided	1,300	1,375	●		2,650	3,429	●		1,690	2,486	●		3,385	4,541	●		100%	1,900	3,399	●				
		Number of individuals with one or more improved biometrics	-	-	●		-	-	●		-	-	●		-	-	●		100%	320	877	●				
<p>GoNoodle Youth Movement & Mindfulness</p> <p>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</p>	<p>Indian Health Center Youth Diabetes & Obesity</p> <p>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</p>	Patients demonstrating a reduction in body weight	40%	46%	●		40%	47%	●		40%	51%	●		40%	48%	●		40%	51%	●					
		Adult patients who experience weight loss of at least 5%	-	-	●		-	-	●		-	-	●		-	-	●		100%	4%	5%	●				
		Enrolled patients demonstrating a reduction of at least 0.1%HbA1c	40%	29%	●		40%	51%	●		40%	40%	●		30%	45%	●		100%	40%	44%	●				
		Individuals served	38,250	44,218	●	100%	38,250	91,181	●	60%	72,820	135,175	●	100%	88,129	186,506	●	100%	30,400	39,961	●	57%				
		Services provided	-	-	●		-	-	●		-	-	●		-	-	●		100%	66,640	55,642	●				
		Schools served	184	198	●		184	184	●		204	274	●		261	274	●		100%	126	182	●				
<p>Indian Health Center Youth Diabetes & Obesity</p> <p>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</p>	<p>Indian Health Center Youth Diabetes & Obesity</p> <p>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</p>	Number of individuals reporting increased physical activity	-	-	●		-	-	●		-	-	●		-	-	●		30,400	0	●					
		Teacher reports GoNoodle has had a positive impact on my students' physical health.	-	-	●		-	-	●		75%	75%	●		75%	75%	●		100%	75%	0%	●				
		Individuals served	125	140	●	99%	230	208	●	98%	150	126	●	86%	210	193	●	94%	150	143	●	70%				
		Services provided	400	383	●		800	834	●		500	295	●		835	639	●		100%	500	384	●				
		Number of individuals with one or more improved biometrics	-	-	●		-	-	●		-	-	●		-	-	●		100%	45	39	●				
		Healthy Futures Program Participant that decrease BMI Percentile	20%	40%	●		30%	39%	●		25%	38%	●		35%	55%	●		100%	30%	27%	●				
Pre-diabetic and diabetic that are in the Healthy Futures Program that are engaged in care coordination	-	-	●		-	-	●		-	-	●		-	-	●		100%	40%	0%	●						

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● 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>	Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																							
			FY21 6-month Target <i>Column D</i>	FY21 6-month Actual <i>Column E</i>	FY21 6-month Metrics Met <i>Column G</i>	FY21 Yearend Target <i>Column I</i>	FY21 Yearend Actual <i>Column J</i>	FY21 Yearend Metrics Met <i>Column L</i>	FY22 6-month Target <i>Column N</i>	FY22 6-month Actual <i>Column O</i>	FY22 6-month Metrics Met <i>Column Q</i>	FY22 Yearend Target <i>Column S</i>	FY22 Yearend Actual <i>Column T</i>	FY22 Yearend Metrics Met <i>Column V</i>	FY23 6-month Target <i>Column X</i>	FY23 6-month Actual <i>Column Y</i>	FY23 6-month Metrics Met <i>Column AA</i>									
Diabetes & Obesity	Playworks <i>Physical Activity & Anti-bullying</i> 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	Individuals served	1,950	N/A		1,950	404		1,500	445		1,500	1,940		950	950										
		Services provided	-	-		-	-		-	-		-	-		1,900	1,900										
		Teacher/administrators reporting that Playworks positively impacts classroom climate	N/A	N/A	N/A	95%	0%	4%	N/A	N/A	30%	95%	0%	20%	N/A	N/A	100%									
		Teachers reporting that overall engagement increased attentiveness and participation in class	N/A	N/A		90%	0%		N/A	N/A		91%	0%		N/A	N/A										
		Teacher/administrators who agree that Playworks helps increase physical movement	N/A	N/A		91%	0%		N/A	N/A		92%	0%		N/A	N/A										
	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	Individuals served	45	49		100	115		70	81		150	152		35	38										
		Services provided	243	264		518	585		330	362		700	700		175	189										
		Number of individuals with one or more improved biometrics (BMI, weight, and/or A1c)	-	-	98%	-	-	94%	-	-	98%	-	-	98%	20	0	83%									
		Change in levels of physical activity	21%	20%		21%	20%		21%	20%		21%	20%		21%	21%										
		Change in average levels of vegetable consumption	20%	19%		20%	20%		20%	18%		20%	18%		20%	19%										
		Change in average cholesterol ratio	6%	6%		7%	6%		6%	6%		6%	6%		6%	6%										
	Valley Verde <i>Nutrition access/education for low-income households</i> 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	Individuals served	120	163		280	312		136	113		252	196		140	127										
		Services provided	200	142		500	1,182		198	644		446	506		250	419										
		Number of participants reporting increased consumption of fruits and vegetables	-	-	86%	-	-	100%	-	-	85%	-	-	88%	120	44	84%									
		Participants report increased food security for themselves and their families by at least one unit of measurement, as measured by pre- and post-program surveys.	-	-		-	-		80%	69%		80%	68%		80%	75%										
Participants report an increase by at least one unit of measurement in their knowledge of nutrition and healthy cooking, as measured by pre- and post-program surveys.		N/A	N/A		80%	95%		80%	56%		80%	71%		80%	93%											
West Valley Community Services <i>Social Work Case Management</i> 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	Individuals served	75	75		150	163		163	184		326	377		180	183											
	Services provided	-	-		-	-		-	-		-	-		180	183											
	Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A	100%	90%	91%	100%	N/A	N/A	100%	90%	84%	94%	N/A	N/A	100%										
	Program participants who will improve on the health domain through supportive services using the health risk assessment	-	-		-	-		-	-		-	-		N/A	N/A											
	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%		N/A	N/A											
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	Individuals served	40	37		80	96		60	74		130	139		95	60											
	Services provided	-	-		-	-		-	-		-	-		360	240											
	Number of individuals who report improved self-management	-	-	98%	-	-	100%	-	-	93%	-	-	100%	55	50	85%										
	CCC Participants will improve BP by 7mm	30%	56%		30%	56%		35%	32%		35%	36%		35%	45%											
	CCC Participants will measure 8 BP readings within 4 months	50%	53%		50%	100%		55%	50%		55%	56%		60%	55%											
	CCC Participants will adopt health behaviors to improve BP by self-reporting increased fruit and vegetable consumption	30%	35%		30%	59%		35%	32%		35%	49%		35%	46%											
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	Individuals served	100	87		350	622		100	890		330	2,310		130	173											
	Services provided	-	-		-	-		-	-		-	-		130	173											
	Number of individuals who report improved self-management	-	-	87%	-	-	67%	-	-	100%	-	-	100%	20	25	100%										
	Parents, teachers, and childcare providers trained who have an increase knowledge/skills/confidence in managing all aspects of asthma	N/A	N/A		50%	72%		50%	83%		50%	63%		60%	68%											
	Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by comparison of assessments and re-assessments of respiratory hazards using the EPA's best-practice environmental checklist	N/A	N/A		50%	0%		50%	100%		50%	75%		50%	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.

Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																							
			FY21 6-month Target <i>Column D</i>	FY21 6-month Actual <i>Column E</i>	FY21 % 6-month Metrics Met <i>Column G</i>	FY21 Yearend Target <i>Column I</i>	FY21 Yearend Actual <i>Column J</i>	FY21 % Yearend Metrics Met <i>Column L</i>	FY22 6-month Target <i>Column N</i>	FY22 6-month Actual <i>Column O</i>	FY22 % 6-month Metrics Met <i>Column Q</i>	FY22 Yearend Target <i>Column S</i>	FY22 Yearend Actual <i>Column T</i>	FY22 % Yearend Metrics Met <i>Column V</i>	FY23 6-month Target <i>Column X</i>	FY23 6-month Actual <i>Column Y</i>	FY23 % 6-month Metrics Met <i>Column AA</i>									
<p>Chronic Conditions (Other than Diabetes & Obesity)</p>	<p>Latinas Contra Cancer</p> <p>FY23 Approved: \$40,000 FY22 Approved: \$35,000 FY22 Spent: \$35,000 FY21 Approved: \$25,000 FY21 Spent: \$25,000</p>	Individuals served	60	71	●	214	224	●	120	123	●	300	300	●	175	209	●									
		Duplicate education and patient navigation sessions (services provided)	122	165	●	458	464	●	332	303	●	745	812	●	750	849	●									
		Number of participants adhering to treatment plan	-	-		-	-		-	-		-	-		130	104	●									
		Clients showing an increased understanding of key cancer prevention and health messages.	70%	92%	●	70%	90%	●	70%	95%	●	70%	98%	●	70%	90%	●									
		Navigation clients showing a better understanding of their health status, options, and care plan.	90%	86%	●	90%	97%	●	90%	98%	●	90%	91%	●	90%	100%	●									
		Health navigation participants reporting overall satisfaction with those services.	85%	96%	●	85%	97%	●	85%	100%	●	85%	100%	●	85%	100%	●									
<p>Economic Stability (Including Food Insecurity, Housing & Homelessness)</p>	<p>El Camino Health: DEI</p> <p>FY23 Approved: \$35,000</p>	Individuals served	-	-		-	-		-	-		-	-		2	1	●									
		Services provided (hours of internship: 10 20-hour weeks x 5 interns)	-	-		-	-		-	-		-	-		400	400	●									
		Interns reporting they have at least two new healthcare professions contacts they feel comfortable remaining in touch with to help advance their desired career path.	-	-		-	-		-	-		-	-		80%	100%	●									
		Interns reporting they gained insight for career path.	-	-		-	-		-	-		-	-		80%	100%	●									
<p>West Valley Community Services <i>Social Work Case Management for Older Adults</i></p> <p>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</p>	<p>West Valley Community Services <i>Social Work Case Management for Older Adults</i></p>	Individuals served	35	35	●	45	83	●	30	32	●	60	69	●	30	33	●									
		Services provided	150	250	●	300	449	●	160	199	●	320	367	●	30	33	●									
		Number of participants showing improvement in Self-sufficiency matrix score	-	-		-	-		-	-		-	-		25	0	●									
		Case managed clients who increased in three of the 18 domains measured by the Self-Sufficiency Index	N/A	N/A		91%	96%	●	N/A	N/A		92%	90%	●	N/A	N/A										
		Clients who report a 1-point increase in the food domain in the self-sufficiency matrix indicate food insecurity was decreased due to utilizing the food pantry at least once a week	-	-		-	-		-	-		-	-		N/A	N/A										

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Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																													
			FY21 6-month Target <i>Column D</i>	FY21 6-month Actual <i>Column E</i>	FY21 % 6-month Metrics Met <i>Column G</i>	FY21 Yearend Target <i>Column I</i>	FY21 Yearend Actual <i>Column J</i>	FY21 % Yearend Metrics Met <i>Column L</i>	FY22 6-month Target <i>Column N</i>	FY22 6-month Actual <i>Column O</i>	FY22 % 6-month Metrics Met <i>Column Q</i>	FY22 Yearend Target <i>Column S</i>	FY22 Yearend Actual <i>Column T</i>	FY22 % Yearend Metrics Met <i>Column V</i>	FY23 6-month Target <i>Column X</i>	FY23 6-month Actual <i>Column Y</i>	FY23 % 6-month Metrics Met <i>Column AA</i>															
Small Grants (≤\$30k) continued																																
<p>Diabetes & Obesity</p>	BAWSI Girls Program <i>Physical Activity & Self-esteem Program</i> 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	Individuals served	45	5	●		●	90	11	●		●	45	63	●		●	90	126	●		60	60	●								
		Services provided	-	-					-	-				-	-				-	-			1,020	628	●							
		Number of individuals reporting increased physical activity	-	-					-	-				-	-				-	-			42	22	●							
		Average weekly attendance	80%	70%	●		66%		80%	64%	●		62%		80%	79%	●		92%				80%	81%	●							
		Participants who respond positively to the statement, "I like to exercise".	-	-					-	-					-	-				-	-			60%	75%	●						
		Parents who respond positively to the question, "Does your child want to do more physical activity since joining BAWSI?"	85%	100%	●				85%	80%	●				85%	66%	●			85%	74%	●		70%	79%	●						
<p>Chronic Conditions (Other than Diabetes & Obesity)</p>	Chinese Health Initiative FY22 Approved: \$20,000 FY22 Approved: \$42,000 FY22 Spent: \$42,000	Individuals served	-	-				-	-				98	142	●						210	238	●									
		Services provided	-	-				-	-					225	343	●							450	654	●							
		Number of individuals with one or more improved biometrics (BMI, weight, and/or A1c)	-	-					-	-				-	-								-	-								
		Healthy Lifestyle for Diabetes Prevention participants who report meeting at least two of the following lifestyle recommendations upon program completion (exercise, health eating, sleep and stress reduction)	-	-					-	-					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 are very likely (9-10 rating) to recommend CHI to a friend or colleague	-	-					-	-					-	-								-	-							
<p>Pink Ribbon Girls Cancer Support Program FY23 Approved: \$25,000 FY22 Approved: \$25,000 FY22 Spent: \$25,000</p>	Individuals served	-	-				-	-					24	42	●							60	42	●								
	Services provided	-	-				-	-					490	1,472	●							1,275	1,472	●								
	Number of Participants adhering to treatment plan	-	-				-	-					50%	75%	●			100%	●		50%	75%	●		94%	●						
	Patients who report feeling stronger and well-nourished through treatment	-	-				-	-						80%	86%	●							80%	86%	●							
	Participants who report at least a 50% decrease in feelings of loneliness and isolation	-	-				-	-						35%	65%	●							35%	65%	●							
<p>Catholic Charities of Santa Clara County FY23 Approved: \$30,000</p>	Individuals served	-	-				-	-					-	-								-	-									
	Number of duplicate sessions provided	-	-				-	-					-	-									-	-								
	Number of people served meals	-	-				-	-					-	-									-	-								
	Clients who increased their understanding of how to navigate the social services system	-	-				-	-					-	-									-	-								
	Clients who increased their confidence in their ability to achieve goals toward self-sufficiency and stability.	-	-				-	-					-	-									-	-								
<p>Economic Stability (Including Food Insecurity, Housing & Homelessness)</p>	Downtown Streets Team FY23 Approved: \$30,000 FY22 Approved: \$30,000 FY22 Spent: \$30,000	Individuals served	-	-				-	-				10	80	●							20	103	●								
		Number of housing related case management sessions	-	-				-	-					-	-									-	-							
		Participants who report improved their self-esteem, motivation, and/or hope since joining the program.	-	-				-	-					50%	55%	●			99%	●		75%	97%	●		99%	●					
		Barriers removed related to housing, employment, health, and/or self-sufficiency cumulatively for all unduplicated partners	-	-				-	-					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%	●						
<p>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</p>	Individuals served	5	13	●			17	26	●			5	6	●							24	15	●									
	Services provided	-	-				-	-					-	-									-	-								
	Older adults who report their overall health has improved somewhat or a lot since completed repairs/modifications	N/A	N/A				100%	●	60%	96%	●		100%	●	75%	100%	●		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 a 1 point increase in their ability to move around their home	N/A	N/A					60%	60%	●			65%	100%	●								65%	100%	●							

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