



Quantified Ventures drives transformational health, social, and environmental impact by providing consulting services, developing projects and partnerships, and structuring innovative financial transactions

- **Health and Human Services Group**
Assembles purposeful partnerships to develop investible solutions that build community capacity to address human and social needs by **moving capital to services that produce measurable improvements** in population health, enhance health equity, and lower costs at scale
- **Environment and Resilience Group**
Leverages innovative financing to fill capital gaps for critical infrastructure and economic development projects that **deliver environmental improvement, accelerate conservation, build resilience, and spur economic revitalization**

QV Creates Deal Flow of Investable SDOH Solutions Operated by Non-profit Community Organizations

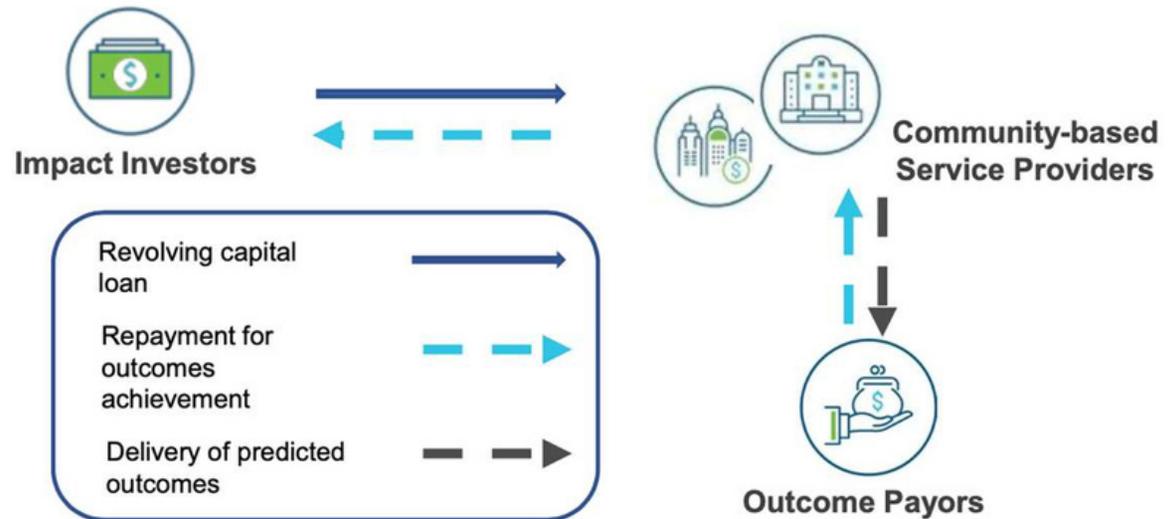


The Problems We're Working to Solve

- **Increasing demand for CBO services** to address health-related social needs
- **Lack of viable earned-revenue models** for CBO services
- **Harder & more costly for CBOs** (non-profits generally) to access capital relative to other sectors
- Debt investment capital **tends to favor “bricks and mortar”** opportunities

Quantified Ventures

- ✓ *Evaluates markets and strategic opportunities*
- ✓ *Identifies, vets, and optimizes candidate solutions*
- ✓ *Aligns and coordinates multi-sector partners*
- ✓ *Selects and values key performance metrics*
- ✓ *Designs new revenue models and delivers new sources of capital*



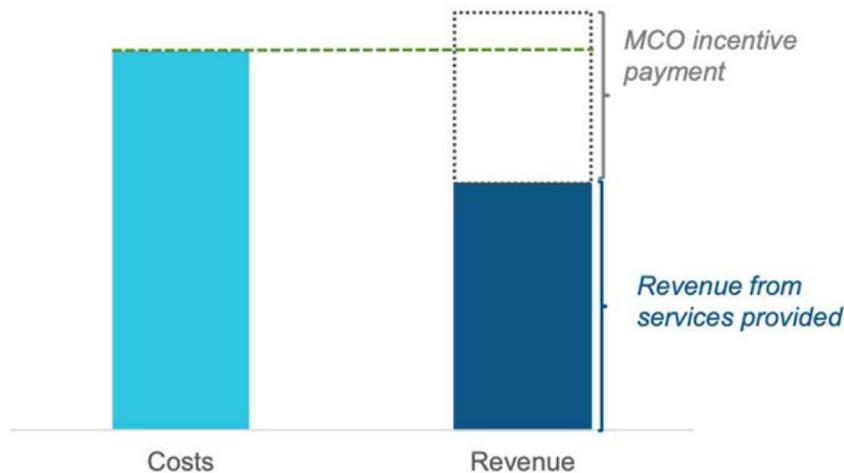
The Benefits of This Approach

- Links financial results and **project costs** to proven outcomes
- Engages diverse and **new stakeholders**
- **Redistributes** program performance and financial **risk**
- Establishes new operating and **accountability** structures

Most CBOs Lack Viable Earned Revenue Models

Value-based payment models represent important opportunities for earned-revenue growth

While variable based on specific program models and geographies, many CBO services operate at a loss



Revenue cushion allows CBO to scale services and ensure high quality necessary to meet MCO-required outcomes.

QV develops payment models that create earned-revenue opportunities for CBOs to cover operating costs+



Estimate the Funding Gap. What level of revenue is supporting program operations and how does that compare to **actual** expenses, either for:

1. start-up expenses, and/or
2. ongoing operations



Define Mutually Prioritized Outcomes. If the CBO generates member or population-based outcomes that are meaningful to the payer, these trigger an incentive payment (“bonus”) when achieved.



Design Value Based Contract Terms. Maintain some FFS reimbursement **AND** provide a mechanism for the CBO to earn performance-based payments if targets are met (with a mutually agreed upon reporting, assessment, and payment schedule).

CBOs Have to Work (a lot) Harder to Access Capital

- While philanthropic sources and grants can offer financial support, they typically lack the adequate and sustained capital needed to fund CBOs over the long-term
- In absence of a dependable source of ongoing revenue, providers are locked out of traditional capital markets, which limits their ability to expand capacity in response to community need



Non-profits – which typically use grants – spent 5x as much to raise capital compared to traditional debt markets



Sources: Jason Saul, The End of Fundraising; U.S. GTIO:GOV (March 2023)

Case Example:

Bringing Detroit a Best-in-Class Medical Respite Facility to Better Serve Individuals Experiencing Homelessness

The Quantified Ventures team assembled the partners and developed the performance-based financing model to support Neighborhood Service Organization's launch of Detroit's most comprehensive medical respite program

Medical Respite Program Model:

Hospital/ER



Medical Respite



Housing Support



Permanent supportive housing



Temporary housing, other social services



Respite services include:

- Clinical care
- Case management
- Room and board
- Peer support

Impact:

165

Individuals experiencing homelessness served annually

\$1.2 M

Healthcare costs savings from reduced avoidable hospital visits and stable housing

Performance-based Financing Model:



Case Example: Developed the outcomes-based financing structure to scale Family Focused Recovery programs in Priority Humana Markets

Project Goal:

- Build capacity among Volunteers of America (VOA) affiliates in priority Humana markets to initiate and/or scale Family Focused Recovery (FFR) programs for pregnant and parenting women with substance use disorder.
- FFR provides comprehensive and integrated maternity and behavioral health care to pregnant, postpartum, parenting women with SUD in a residential setting.

Payment Outcomes:

- For the Mother: Avoidance of re-entry into intensive SUD treatment
- For the baby: Reduced occurrence and intensity of NICU treatment

Scaling Geographies: Kentucky, Louisiana, Ohio, Oklahoma (others pending)

