St. Joseph Health, St. Mary

Fiscal Year 2016 COMMUNITY BENEFIT REPORT

PROGRESS ON FY15 - FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT

St. Joseph Health
St. Mary

TABLE OF CONTENTS

[1] Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.

EXECUTIVE SUMMARY

Our Mission
To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision
We bring people together to provide compassionate care, promote health improvement and create healthy communities.

Our Values
The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

INTRODUCTION
Who We Are and Why We Exist

As a ministry founded by the Sisters of St. Joseph of Orange, St. Joseph Health, St. Mary lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out "the Dear Neighbors" and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

St. Joseph Health, St. Mary has been meeting the health and quality of life needs of the local community for over 60 years. Serving the communities of Adelanto, Apple Valley, Hesperia and Victorville, St. Joseph Health, St. Mary is an acute care hospital that provides quality care in the areas of 24 hour emergency services, comprehensive cardiac programs, outpatient surgery pavilion, pediatric care, physical, occupational and speech therapy, senior programs, community clinics and mobile health services, chest pain emergency center, open heart surgery program, Level II neonatal intensive care, diagnostic imaging services, diabetes education services, physical referral services, robotic-assisted surgery program and wound care and hyperbaric medicine. With over 1,500 employees committed to realizing the mission, St. Joseph Health, St. Mary is one of the largest employers in the region.

Strategic Direction

As we move into the future, St. Joseph Health, St. Mary is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY14-18) St. Joseph Health, St. Mary are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

Community Benefit Investment

St Joseph Health, St. Mary invested $18,081,168 in community benefit in FY 2016 (FY16). For FY16, St. Joseph Health, St. Mary had an unpaid cost of Medicare of $13,245,067.

Overview of Community Health Needs and Assets Assessment

In response to unmet health-related needs identified from a 2014 Community Health Needs Assessment, St. Joseph Health, St. Mary's FY15-FY17 Community Benefit Plan focuses on four programs for the broader and underserved disadvantaged members of the surrounding community. There are:

1. **Expanding health access to vulnerable populations** which addresses marked shortages of health services including primary and specialty care across the hospital's service areas. Additionally, access to care issues has been prioritized by each of the southern California SJH hospitals operating in Orange and San Bernardino counties and a regional assessment continues. The hospital's health assessment reports access concerns by 41.5% of respondents, an increase over 38.4% reported in 2007 and significantly higher than the 37.7% reported nationally.

   Access issues are exacerbated by San Bernardino County's only safety net hospital located 45 miles from the community. Chronic conditions including poverty and mental illness often impair people from accessing care. Access issues include, but are not limited to: lack of transportation, health insurance and cost related issues, the shortage of health care professionals particularly primary care providers who are bilingual and gaps in health services provided locally.

   Communities within the hospital's service area are designated by Health and Human Services' Health Resources Services Administration (HRSA) as Medically Underserved Areas (MUA) and Medical Health Professional Shortage Areas (HPSA) for primary care and mental health.

In response St. Joseph Health, St. Mary is:

- Developing its primary and specialty network of outpatient services and expanding health services while partnering to improve transportation and navigation of the local health system;

- Partnering with community clinics and physicians to expand access. The hospital works with partners and improve healthcare access for all residents including those living in eight (8) neighborhoods identified as the regions' poorest;

- Leading or supporting health insurance enrollment efforts implementing Covered California with the assistance of hospital staff, local insurance agents and Medi-Cal offices and enrollers employed by San Bernardino County's Community Clinic Association;

- Improving hospital sponsored community clinic services providing primary and specialty care to the uninsured, low income and undocumented while also implementing integration of care with St. Joseph Health and St. Mary High Desert Medical Group and advocacy with San Bernardino County Public Health, San Bernardino County Community Clinic Association.

2. **Expanding Diabetes Services** addresses a chronic condition impacting 15.3% of the community. The hospital has consolidated its diabetes program offering expanded care to hospital and community clinic patients as well as patients referred by physicians of St. Mary High Desert Primary Care offices. Additionally, the hospital diabetes program is now collaborating in a regional diabetes initiative involving experts at hospital in Orange County.
The hospital's program is:

- Expanding referrals to physicians providing specialized services at St. Mary High Desert Primary Care and its regional network of care;

- Recruiting and training health partners on diabetes care in poorer communities by reaching families at churches, schools, senior centers, apartment complexes; and

- Conducting advocacy and grant development that increases awareness and resources on nutrition and physical activity and public screenings for pre-diabetes.

3. **Improving Mental Health Care** where 18.4% of residents self-reported their mental health as either fair or poor a 3.9% increase over 2007 significantly higher than the national rate of 11.7%. The hospital's service area is federally listed as a Health Professions Shortage Area for mental health providers. In response the hospital is:

    - Building a local mental health collaborative that areas addresses existing mental health programs while highlighting gaps in care that need resources and policy;

    - Partnering with county behavioral health programs. The hospital partners with mental health providers providing low cost psychiatry care and provides a grant so mental health counseling can be completed as part of an addiction recovery program;

    - Providing behavioral counseling to patients of its community clinic programs while assessing regional opportunities developing inpatient and outpatient programs;

    - Conducting advocacy efforts targeting policy and bringing mental health resources to the community.

4. **Addressing Obesity and Nutrition** since 37% and 33% of residents are identified as either overweight or obese. The hospital is:

    - Expanding its obesity and Healthy City campaigns in schools, churches and at community settings including pre-school programs and include adult care settings;

    - Implementing with San Bernardino County Public Health a Communities of Excellence campaign expanding neighborhood access to fresh fruits and vegetables and improving street safety, active transportation and development of physical activity resources;

    - Expand partnerships with physicians referring overweight and obese patients for medical nutrition counseling. Nutrition counseling will continue to target changing underlying family behaviors with food and play/recreation while achieving weight loss and,

    - Increase health eating education in schools, workplaces and churches as part of broad programs targeting employee and community wellness while continuing nutrition counseling at its clinics.

Due to the fast pace at which the community and health care industry change, St. Joseph Health, St. Mary anticipates that implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the St. Joseph Health, St. Mary Community Health Needs Assessment (CHNA).

On an annual basis St. Joseph Health, St. Mary evaluates its CB Plan, specifically its strategies Due to the fast pace at which the community and health care industry change, St. Joseph Health, St. Mary anticipates that implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the St. Joseph Health, St. Mary Community Health Needs Assessment (CHNA). On an annual basis St. Joseph Health, St. Mary evaluates its CB Plan and makes adjustments as needed to achieve its goals/outcome measures, and to adapt to changes in resource availability.

Community Plan Priorities/Implementation Strategies

In FY16 the hospital implemented the following strategies addressing priorities as developed in its FY15-FY17 Community Benefit Implementation Plan.

- **Expanding Access to Care to the poor**
  - Provided a total of 28,764 clinical encounters including 2,826 encounters provided with mobile medical services for primary and specialty care
  - Secured a second mobile medical to expand care in FY17

- **Expanding Diabetes Care to the poor**
  - Provided 2,126 total clinical encounters for diabetes care
  - 75 patients managing uncontrolled diabetes through education and counseling
  - Expanded partnership with specialty care and Centers of Excellence programs

- **Improving Mental Health**
  - Provided 2,299 total clinical encounters providing mental health care
  - Identified one policy change proposing tele-psychiatry for Emergency room care
  - Counseling for depression and PTSD now part of local addiction recovery program

- **Decreasing Obesity**
  - Provided 5,289 total encounters for obesity including physical activity and weight loss campaigns
  - Eleven faith based partners providing fruits and vegetables to the poor as part of health promotion effort addressing spiritual, mental and physical needs of community

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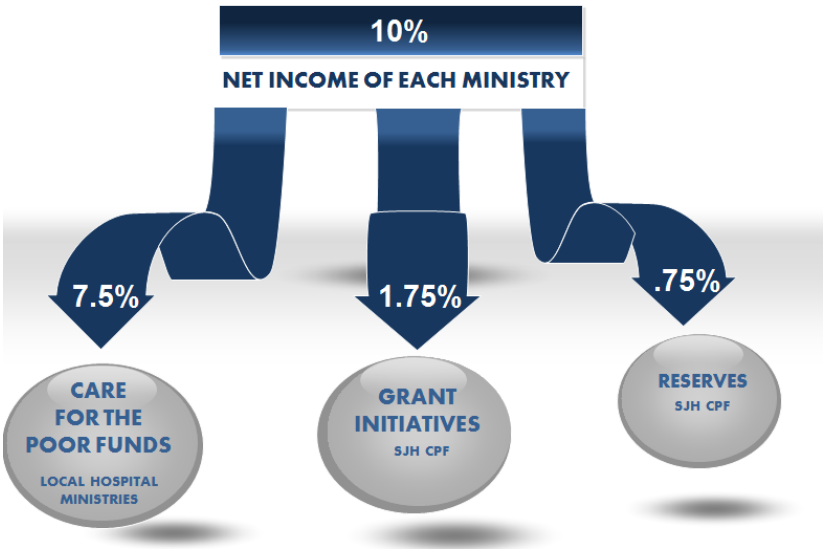
ORGANIZATIONAL COMMITMENT

Community Benefit Governance Structure

St. Joseph Health, St. Mary dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved.

In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Figure 1. Fund distribution



Each year St. Joseph Health, St. Mary allocates 10% of its net income (net unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. (See Figure 1). 7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, St. Joseph Health, St. Mary will endorse local non-profit organization partners to apply for funding through the St. Joseph Health Community Partnership Fund. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals' service areas and provide reports on how they are impacting the community.

Community Benefit Governance and Management Structure

St. Joseph Health, St. Mary further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Director of Healthy Communities are

responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management Team provides orientation for all new Hospital employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the Community Benefit Committee at St. Joseph Health, St. Mary. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes six members of the Board of Trustees and seven community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets quarterly.

Roles and Responsibilities

Senior Leadership

A. CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with "Advancing the State of the Art of Community Benefit" (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CBC serve as 'board level champions'.
- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit (CB) Department

B. Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
C. Manages data collection, program tracking tools and evaluation.

D. Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
E. Coordinates with clinical departments to reduce inappropriate ER utilization.
F. Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community

G. Partnership to implement and sustain collaborative activities.
H. Formal links with community partners.
I. Provide community input to identify community health issues.
J. Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

PLANNING FOR THE UNINSURED AND UNDERINSURED

Patient Financial Assistance Program

The St. Joseph Health (SJH) Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that insurance does not cover. In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment.

At St. Joseph Health, St. Mary, our commitment is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. This is why we have a Financial Assistance Program for eligible patients. In FY16, St. Joseph Health, St. Mary ministry, provided $2,165,374 free (charity care) and discounted care and 6,612 encounters.

For information on our Financial Assistance Program click:

http://www.stmaryapplevalley.com/Patients-Visitors/For-Patients/Billing-and-Payment/Patient-Financial-Assistance.aspx

Medi-Cal (Medicaid)

St. Joseph Health, St. Mary provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY16, St. Joseph Health, St. Mary ministry, provided $10,079,268 in Medicaid shortfall.

COMMUNITY

Defining the Community

St. Joseph Health, St. Mary provides the Victor Valley and Barstow communities with access to advanced care. The facility is the only St. Joseph Health hospital operating in San Bernardino County. The hospital's service area extends from Highway 58 and the 15 freeway in the north, Highway 395 and the 15 freeway in the south, unincorporated communities including Lucerne Valley in the east and unincorporated communities of El Mirage in the west. Our Hospital Total Service Area includes the cities of Adelanto, Apple Valley, Barstow, Hesperia Oro Grande and Victorville and several smaller unincorporated communities including Helendale, Lucerne Valley, Oak Hills, Phelan, Snowline communities and Wrightwood. This includes a population of approximately 430,000 people, an increase of 2.3% from the prior assessment. A full copy of the CHNA can be found at www.stmaryapplevalley.com.

The SJH St. Mary Community Benefit Service Area is defined as serving the Victor Valley region of San Bernardino County with a total population of 430,795 as reported by 2010 U.S Census Data. The larger communities of Apple Valley, Hesperia and Victorville comprise the hospital's primary service area and the smaller communities of Adelanto, Barstow, Helendale, Lucerne Valley, Oro Grande, Phelan and Oak Hills and Wrightwood make-up the hospital's secondary service area.

The hospital's primary and secondary service areas currently serve residents of three (3) of San Bernardino county's five (5) supervisory districts. The region is 90% desert and the largest nearest metropolitan area, the City of San Bernardino, is 40 miles away. The service area is noted as having significantly higher percentages of indigent and uninsured populations when compared with both state and national levels. Additionally, residents suffer from heart disease, diabetes, adult obesity and stroke at levels well above California and national benchmarks.

Over 90% of the hospital's community benefit area has been identified as "High Need" from scoring and aggregating socioeconomic indicators (e.g. income, race, family size) contributing to health disparities. Areas within the hospital's primary and secondary service areas are listed as Medically Underserved Areas including the community of Barstow and Adelanto. Additionally, the region is listed as a Medical Health Professional Shortage Area for mental health. With some exceptions, these health and social conditions are largely homogenous across San Bernardino County. For this reason nonprofit hospitals in San Bernardino are reporting similar increases in chronic diseases and overwhelmed safety net providers.

A detailed look at major population centers served by the hospital follows including a map depicting the hospital's primary and secondary service follows on the next pages.

Apple Valley - has 69,135 residents as reported by the 2010 Census. The town is the home community to SJH. St. Mary. The Town is 73.5 square miles at an elevation of 2,946 feet with

23,598 households with 69% White, 29.2% Hispanic and 9.1% Black and 2.9% Asian. Approximately 31% of residents are between the ages of 0-19 years just higher than the county average and residents aged 50 to 85 years (a total of 35%) make up a higher percentage of residents than reported at the county and state level.

The senior community has a high prevalence of adult obesity, problems accessing specialty care, diabetes and physical limitations. Asian household income is reported at $86,719 which is higher than county and state levels. Median household income is $56,547 which is higher than the county but lower than the state level. Hispanics and Blacks suffer unemployment rates of 17.0% and 20.9% respectively, nearly double the 9% rate for White residents.

The Town of Apple Valley was the first community to start a Healthy City campaign. The hospital and its physician partners provide education services to the town's senior population from a Senior Select center located in the community. This program reports the largest membership in the region offering weekly educational, health promotion and social programs to its members. The Town sponsors health events including weight loss challenges, programs providing free eye glasses and supports a summer meals program offered at Phoenix Academy School. In FY16 the town started early work on an employee wellness program.

The hospital operates a fixed community clinic and a mobile medical service providing weekly care to Apple Valley's uninsured and/or low income. The mobile medical program serves neighborhoods in Apple Valley and in FY17 plans to expand to a second location by adding a second mobile unit.

Victorville - The state of California's 50th largest city has a 2010 US Census reported population of 115,903. The city is approximately 74 square miles in size at an elevation of 2,726 ft. Demographic data reports 47.8% of residents are Hispanic with White 28.3% followed by Blacks at 16%. Over 30% of residents are between the ages of 0 to 19 years of age which as a percentage is larger than reported at the county level.

Economic data reports the median income in Victorville is $52, 983 (among African American families just $44,767) with poverty highest (30%) in African American families followed by Hispanic (16%) and White (9%). The city has formed a "Healthy Victorville" campaign in partnership with county public health, SJH, St. Mary, Desert Valley Hospital, Kaiser and Victor Global Medical Center in a collaborative effort to promote health and improve neighborhoods with safer streets and access to parks, recreation and healthy foods. The city loans park facilities to the hospital and residents for health education and free ZUMBA programs.

The hospital provides a weekly medical clinic serving the poor living in old town Victorville while also supporting community partners providing food, housing, utility assistance, youth services and domestic violence care.
The hospital also assisted the opening of a non-profit clinic named Mission City which is currently providing some behavioral health services. Additionally, Molina Health has opened a primary care clinic serving low income patients. Both clinics expand access to care in this low income community of old-town Victorville which has been identified by the hospital has one of the poorest using a hardship index.

Hesperia - has 90,173 residents as reported by the 2010 Census. The city is 73 square miles at an elevation of 3,186 feet. The city has no hospital and residents are dependent on accessing acute care at Victorville and Apple Valley hospitals 10 to 15 miles away. There are a reported 26,431 households with 21.9% of black families living in poverty followed by 20.9% for Hispanic and 9.6% for White families. These poverty rates are higher than county and state levels. Household income is $51,676, (lower than county and state levels) with Hispanic family income reported at $42,897, Black at $49,185 and White at $61,795.

An estimated 35.8% of residents are between the ages of 0-19 years of age a higher percentage than reported at the county and state level. The percentage of students who are reported as overweight/obese is 41% slightly higher than the county and state ratings of 39.3% and 38% respectively. Hesperia has formed a "Healthy Hesperia" campaign that includes city representatives, public health, SJH St. Mary and representatives from the school and park and recreation districts. The hospital operates a community clinic serving the poor and located near the city's poorest neighborhood. City leaders are advocating health and fitness including sponsoring city-wide weight loss challenges and exercise events.

Adelanto – has 31,765 residents as reported by the 2010 Census. The city is 56 square miles and at an elevation of 2,871 feet with 58.3% Hispanic, 43% White 20% Black. There are 7,809 households. Over 40% of residents are between the ages of 0 to 19 years several percentage points higher than county and state levels and conversely, fewer residents are aged 50 years and older than what is reported at county and state levels.

The community is designated as Medically Underserved by HRSA. Median household income is $41,475 with Black families earning the lowest - only $28,310, which is almost half the county and state rate for Black households. Unemployment is 15.75% and as high as 28.8% for households of two or more races. The city has few employers, or college, very few retailers generating sales tax revenue, with several prisons in operation.

Only 11.5% of residents are reported to have attained college degrees, significantly less than the county and state levels. The hospital works closely with city leaders who formed a Healthy City

campaign. This campaign includes city, hospital and nonprofit representatives as well as local school leaders. The city loans facilities allowing the hospital and residents to receive health education, clinical screenings and free ZUMBA programs.

The hospital operates a community clinic serving the poorest neighborhoods identified by the hospital's needs assessment process. Services include primary care, education, counseling, nutrition and maternal child care. Additionally, the hospital awards grants to partners serving persons experiencing a variety of economic, health and social crisis. The community has no Urgent Care or specialty care providers. San Bernardino County operates a community clinic and a Women, Infant and Children office provides services. The hospital is deeply involved with health and community partners to improve the quality of life in the city.

Barstow - has 22,639 residents as reported by the 2010 Census. The city is located midway between Los Angeles and Las Vegas and is 41 square miles in size at an elevation of 2,178 feet. There are 8,085 households with 52% White, 42% Hispanic and 14% Black. Economic data indicates 27% of families live below the federal poverty level with the highest levels reported in households with young children. Black families have the highest rates of poverty at 29.2% followed by Hispanic at 23% and Whites at 16.9%. The city is 31 miles east of St. Joseph Health, St. Mary. Barstow has a 30-bed hospital providing its residents 24 hour Emergency Room services, as well as OB and respiratory care. Patients with specialty care needs travel 40 miles to St. Joseph Health, St. Mary for treatment or, must travel an additional 45 miles to access care at the county's safety net hospital Arrowhead Regional Medical Center. Barstow is supported with a public health clinic offering some primary and behavioral health services, immunizations and health education.

Hospital Total Service Area

The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients. The Hospital Total Service Area is the comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70% of discharges (excluding normal newborns)
- SSA: 71%-85% of discharges (draw rates per ZIP code are considered and PSA/SSA are modified accordingly)
- Includes ZIP codes for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients resides. The PSA is comprised of Apple Valley, and portions of Hesperia and

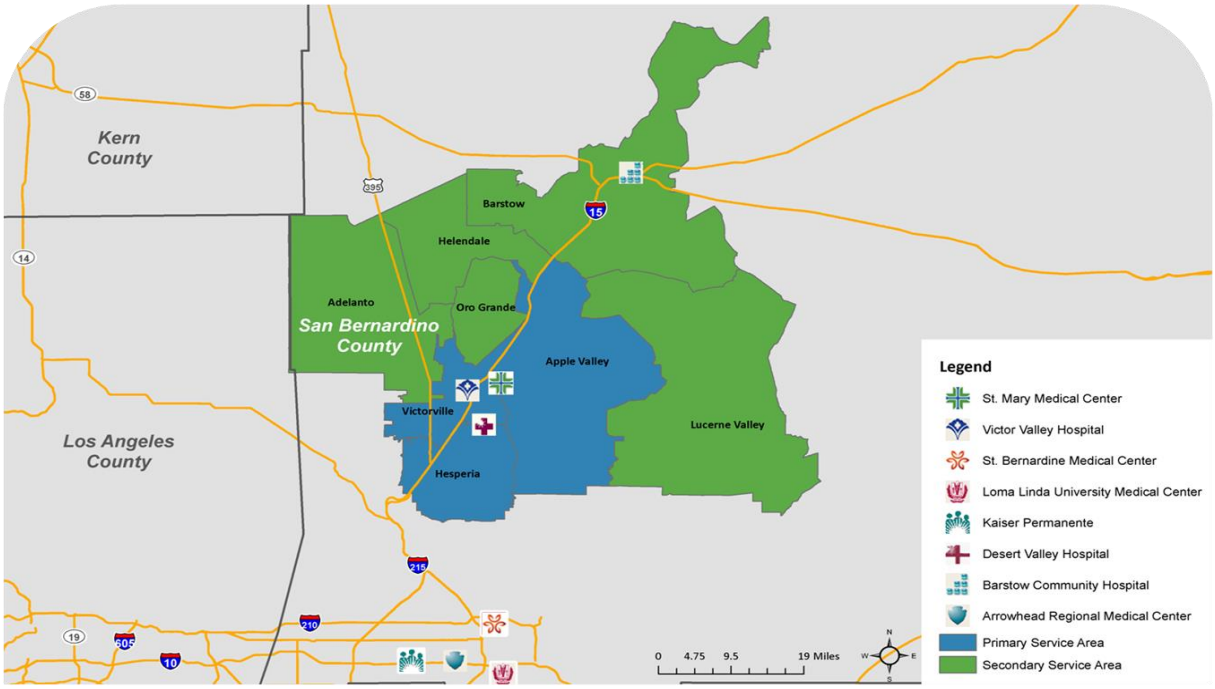
Victorville. The SSA is comprised of census tracks in Hesperia and western Victorville, the cities of Adelanto and Barstow and the unincorporated communities of Helendale, Lucerne Valley, Phelan, Pinon Hills, Snowline and Wrightwood.

Table 1. Cities and ZIP codes

Cities	ZIP codes
Adelanto	92301
Apple Valley	92307, 92308
Barstow	92311
Helendale	92342
Hesperia	92344
Lucerne Valley	92356
Oro Grande	92368
Victorville	92392, 92394, 92395

Figure 1 (below) depicts the Hospital's PSA and SSA. It shows the location of the Hospital as well as the other hospitals serving the community.

Figure 1. St. Joseph Health, St. Mary Hospital Total Service Area



Community Need Index (Zip Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

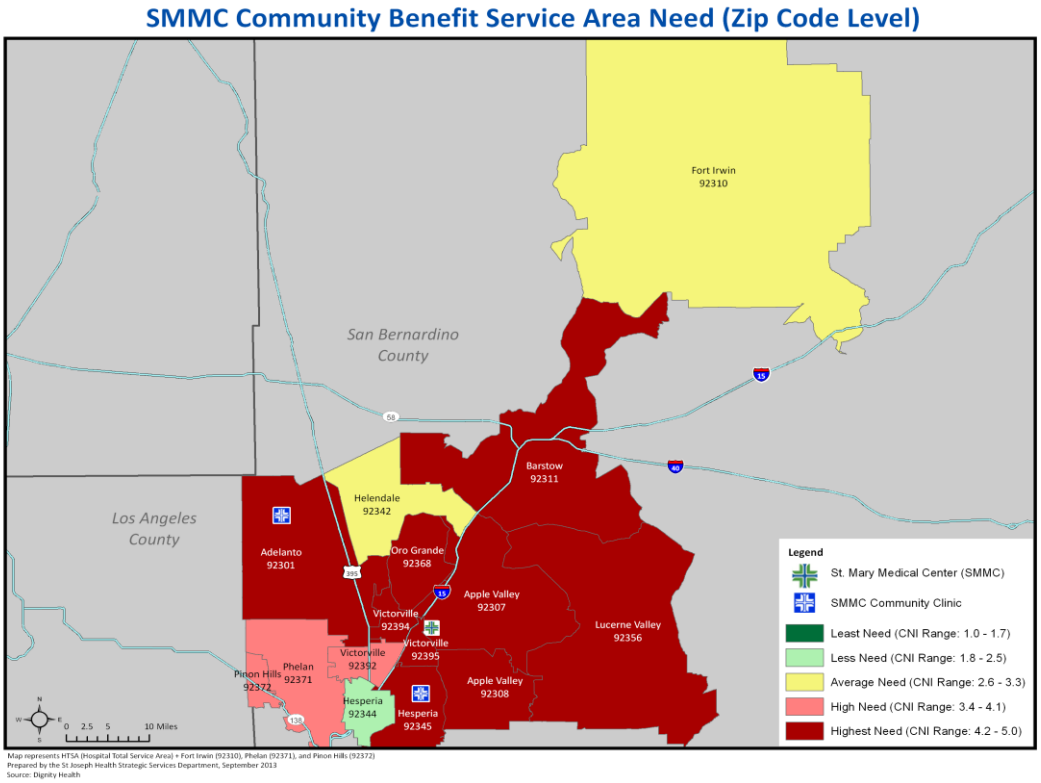
- Income Barriers (elder poverty, child poverty and single parent poverty);
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (insurance, unemployed and uninsured);
- Housing Barriers (housing, renting percentage).

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (*Ref (Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8.)* The CNI is used to a draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, ZIPCODES: 92307, 92308, 92301, 92311, 92356, 92345, 92368 and 92394 on the CNI map (depicted below) is scored Highest Need (Red color) with a CNI Range Score of 4.2 – 5.0 making it a High Need community.

Figure 2 (below) depicts the Community Need Index for the ***hospital's geographic service area based on national need***. The map shows the location of the hospital in Apple Valley and three hospital-run community clinics located in Adelanto, Apple Valley and Hesperia. Additionally, the hospital operates a mobile medical clinic serving poorer neighborhoods in Apple Valley and old town Victorville. Finally, the hospital hosts a Catholic Charities office serving persons in crisis. In 2015 this office received 3,785 referrals for assistance with utility and food assistance the top crisis needs.

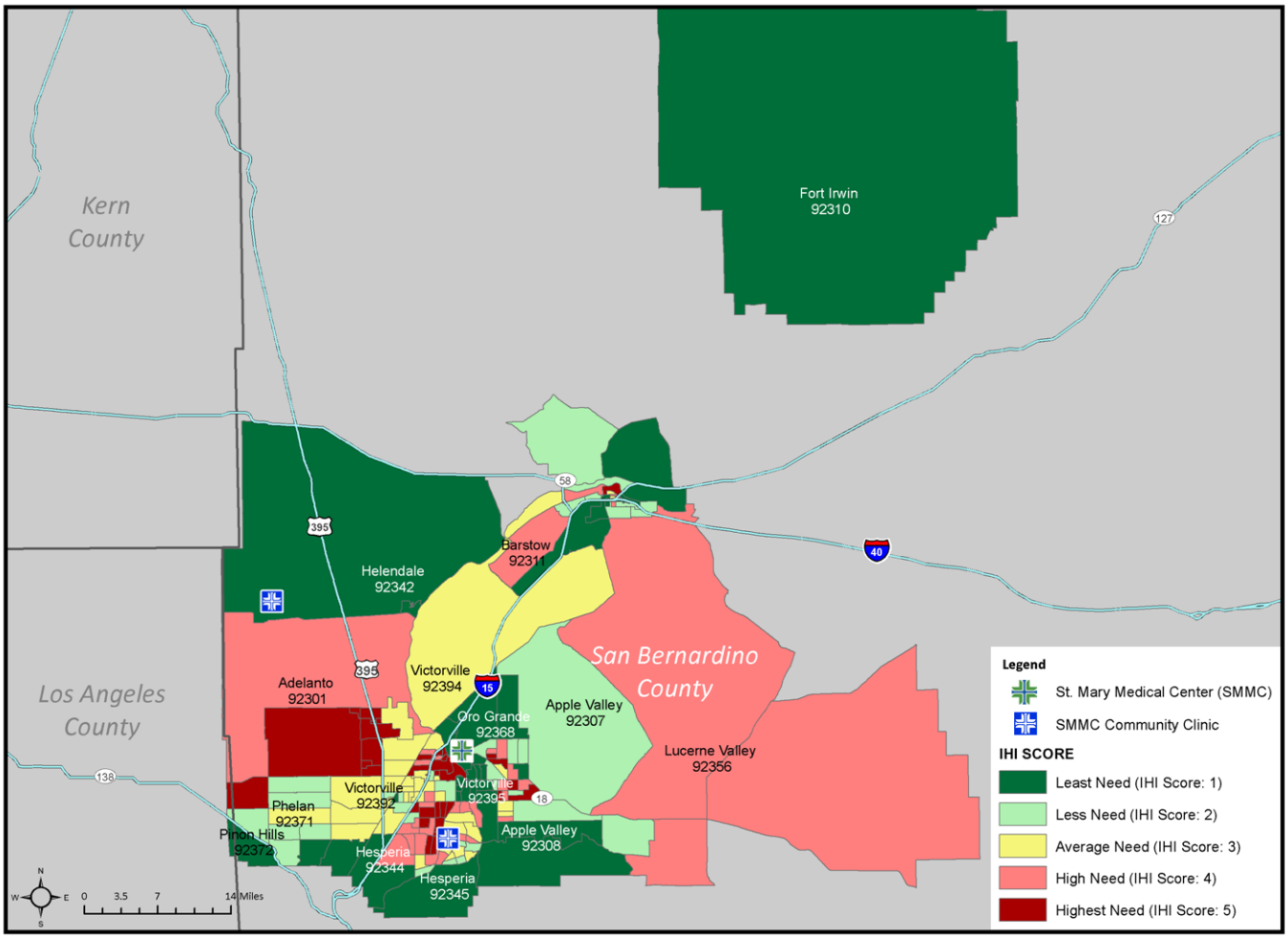
Figure 2. St. Joseph Health, St. Mary Community



Need Index (Zip Code Level)

Figure 3 below depicts highest need communities at the block group levels identifying census tracks in Adelanto, Apple Valley, Hesperia and Victorville. These highest need block groups are identified in red and have been scored a 5 for highest need.

Figure 3. St. Joseph Health, St. Mary Community Need Index (Block Group Level)



Map Represents HTSA (Hospital Total Service Area) + Fort Irwin (92310), Phelan (92371), and Pinon Hills (92372)
Prepared by the St Joseph Health Strategic Services Department, September 2013

COMMUNITY HEALTH NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The hospital's FY15-FY17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment (CHNA) and is guided by the following five core principles:

- Disproportionate Unmet Health-Related Needs: Seek to accommodate the needs of communities with disproportionate unmet health-related needs.

- Primary Prevention: Address the underlying causes of persistent health problems.
- Seamless Continuum of Care: Emphasis evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- Build Community Capacity: Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

The St. Mary Community Benefit Committee held special sessions to review, and prioritize results of the CHNA. Results of the CHNA for the hospital's service area were provided in addition to health results for the region. Committee members selected a key list of health issues that were discussed with community stakeholders including, but not limited to: public health and behavioral health, residents living in DUHN communities; leaders of local non-profit organizations and community benefit staff from other non-profit hospitals.

Community feedback was provided to the committee during its meeting to prioritize the seven health issues to four. To facilitate the committee reviewing and prioritizing health conditions, an 11 point matrix criteria was used which included but was not limited to: scope and seriousness of the problem, effectiveness of interventions, time commitment, implications for not proceeding and economic feasibility and likelihood of sustainability. Initial strategies were developed for each of the four initiatives. Clinical targets providing encounters to uninsured and underinsured were established. Each quarter the performance of each priority initiative (Access to Care, Diabetes, Mental Health and Obesity) was discussed at the hospital's Community Benefit meetings. These discussions included ways to innovate the programs to expand services, obtain new resources and develop new community partnerships.

St. Joseph Health, St, Mary anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the St. Joseph Health, St. Mary CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by St. Joseph Health, St. Mary in the enclosed CB Plan/Implementation Strategy.

Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry service area.

DUHN Group and Key Community Needs and Assets Summary Table

DUHN Population Group or Community	Key Community Needs	Key Community Assets
Undocumented residents	Accessing affordable primary and specialty care, obtaining health insurance, bilingual service providers, jobs, assistance helping children enter college	St. Joseph Health and community health clinics, San Bernardino County community health clinics located in Adelanto and Hesperia San Bernardino County Community Clinic Association Community Health Action Network Inland Empire Health Plan Molina Health clinics in Adelanto and Victorville
Low income residents with unstable transportation	Comprehensive public and private transportation resources	Victor Valley Transit Authority and its subsidized health and social transport programs, private transit programs, Victor Community Services Council Transport programs for disabled offered by Inland Empire Health Plan and Molina Health
Low income residents with chronic care and specialty care needs	Lack of affordable specialty care including laboratory, radiology, mental health, ability to pay for medicine and co-pays for dental and health services. Availability of health providers serving poor	St. Joseph Health clinics Arrowhead Regional Medical Center, San Bernardino County Public Health and Behavioral Health community clinics in Adelanto and Hesperia, Mission City mental health clinic in Victorville, San Bernardino County 24 hr. crisis in Victorville

DUHN Population Group or Community	Key Community Needs	Key Community Assets
Adelanto 3 block groups 9,594 persons 82% poverty	Living in a federally designated Medically Underserved Area, no economic development/urban renewal, too few health providers, jobs, after school programs, lack of parks and recreation programs, lack of college and GED programs, issues with crime and street safety, over reliance on prison and marijuana tax revenues to fund city programs	St. Mary community clinic, San Bernardino County public health clinic, Molina Health clinic, Woman, Infant and Child (WIC) office, Adelanto School District, Healthy Adelanto, residents of Communities of Excellence campaign, City of Adelanto staff and code enforcement/public safety officer, Victor Union High School District, Stater Bros., High Desert Outreach, San Bernardino County Public Health Nutrition program, El Sol Promotes De Salud, Christ the Good Shepard Catholic Church, Adelanto Chamber of Commerce, Maverick's Stadium, Adelanto Senior Center, Richardson Park, Charlie Glasper Center, San Bernardino County library, San Bernardino County Pre-schools services Head Start program, Desert Garden Apartments, Adelanto pool, Adelanto youth sports programs (baseball, football and soccer), First 5 of San Bernardino, San Bernardino County Department of Behavioral Health

DUHN Population Group or Community	Key Community Needs	Key Community Assets
Apple Valley 1 block group 1,093 persons 62% poverty	Economic development employment, health services and education, GED, ESL college education, health insurance, mental health services, substance abuse, job training	Town of Apple Valley, St. Mary Medical Center, Choice Medical Group, St. Mary High Desert Medical Group, Healthy Apple Valley campaign, residents of the Apple Valley Communities of Excellence campaign, Apple Valley Unified School District, The Paul Swick Family Resource Center and community garden, Squash For Friends community garden, Apple Valley Park and Recreation programs, Apple Valley Chamber of Commerce, Ascension Lutheran Church and their health ministry, Our Lady of the Desert Church, Church of the Valley, Broken Heart Ministries church and food program, Food Forward, St. Timothy's Church and program serving the poor.
Hesperia 1 block group 2,077 persons 54% poverty	Access to health services economic development, employers offering jobs, improved access specialty care services including mental health and dental care for the poor	Hesperia City government, Hesperia unified school district, Cottonwood elementary school's student health program, Hesperia chamber, Healthy Hesperia campaign, Community Health Action Network, Happy-Healthy Kids, residents of Hesperia communities of excellence campaign, San Bernardino County public health clinic, Hesperia Park and Recreation District, St. Mary community health clinic, St. Mary High Desert Medical Group, Oasis Community Church, Holy Family Church, Rose of Sharon, World Faith Vision Church, Tabernacle of Praise Church, Food Forward.

DUHN Population Group or Community	Key Community Needs	Key Community Assets
Victorville (old-town) 3 block groups 3,730 persons 69% poverty	Economic redevelopment, employers offering jobs, access to health and dental services for the poor, especially bilingual, programs assisting youth to attend college, health insurance for the undocumented, programs addressing chronic homelessness and chronic mental health disorders, community revitalization	Azusa Pacific University nursing program, City of Victorville, old town residents (organized to improve community), Institute for Public Strategies, Victor Global Medical Center, Desert Valley Hospital, Victor School Districts, Victor Valley Chamber, Victor Rotary, Victor Valley College, County Public Health County Government Mission City Clinic Lords Table, Victor Rescue Mission, Healthy Victorville campaign, St. Mary Medical Center's mobile health program, Burning Bush Baptist Church, Mission City clinic, Molina clinic, St. Joan of Arc Catholic Church, Friendly Temple Church, San Bernardino County Department of Behavioral Health, Valley Star Community Services – High Desert Walk-in Center, Family Assist, St. John of God outpatient recovery programs and counseling, St. John of God's food and utility assistance program, High Desert Church.

PRIORITY COMMUNITY HEALTH NEEDS

The 400,000 residents of the Victor valley are served by community benefit programs operated locally by SJH. St. Mary. Additionally, Kaiser Permanente awards grant funds to High Desert entities and San Bernardino County public health has been expanding health programs at two Federally Qualified Health Centers in Adelanto and Hesperia respectively. Finally, St. Mary works regionally with community benefit staff at four Orange County hospitals. This regional work includes the sharing of resources and best practices including addressing disparities and programs including access to care and behavioral health. The table below lists the four health priorities selected by SJH. St. Mary. The Victor valley region is located in the secondary service area of Kaiser's Fontana CA hospital. A ranking of health need by that hospital has been provided.

Priority Issues in St. Joseph Health, St. Mary FY15-FY17 Community Benefit Plan

Significant Health Issue	2012% increase over 2007 baseline within Hospital's service area	Ranking by SJH, St. Mary CHNA	Ranking by Kaiser Fontana CHNA
Obesity	6.6% increase to 35%	1*	7
Diabetes	3.9% increase to 15.3%	2*	4
Mental Health	3.9% increase to 16.4%	3**	2
Access to Care	3.1% increase of self-report problems accessing care	4	3***

Notes:
*Addresses heart disease, hypertension and high cholesterol which also increased from 2007 levels
**Addresses depression and community requests for additional mental health providers
***Kaiser Permanente Fontana, CA CHNA ranked economic instability as 1 and Health Access 3.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through community benefit programs and by funding other non-profits through our ***Care for the Program*** managed by the St. Joseph Health, St. Mary. In FY16 the hospital provided $800,000 in program funds providing services to the poor.

Furthermore, St. Joseph Health, St. Mary will endorse local non-profit organization partners to apply for funding through the St. Joseph Health, Community Partnership Fund. Organizations that receive funding provide specific services, resources to meet the identified needs of underserved communities through St. Joseph Health communities.

The following community health needs identified in the ministry CHNA will not be addressed and an explanation is provided below:

- **Homelessness Services:** The hospital does not directly address homelessness; however it partners with local shelters and agencies providing this care. The hospital has staff on the boards of local programs operating the High Desert Homeless Shelter and a Better Way

Domestic Violence shelter. In FY16 hospital leadership assisted in processing a short-term loan enabling the homeless shelter to complete $15,900 in facility upgrades.

Where possible, the hospital assists with grant support. Additionally, the hospital provides advocacy to the San Bernardino County Department of Behavioral Health's office of homeless services and the county's interagency taskforce addressing homelessness. A county-wide collaborative effort is underway to obtain mental health funding (proposed under AB 1618) to provide affordable housing to a target population of homeless who are mentally ill. Interested healthcare partners include the hospital, Kaiser Permanente and the county's major managed Medi-Cal provider: Inland Empire Health Plan (IEHP).

- **Transportation**: The hospital does not provide the public free or discounted transportation with the exception of operating a mobile bus transporting patients to the hospital's community clinics on a case-by-case basis. Additionally, the hospital subsidizes transportation on a case-by-case basis for patients discharged to home or transferred for follow-on care.

  The hospital does partner with local agencies including the Victor Valley Transportation Authority (VVTA) and Victor Community Services Council (VCSC). Both partners offer programs assisting poor seniors and the disabled to access health and social services. VCSC routinely transports patients to the hospital's wound care program. Additionally, VVTA donates buses to programs providing transportation to the poor and now reimburses persons for transporting patients to their health appointments.

COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

The hospital's FY15-FY17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment (CHNA) and is guided by the following five core principles:

• Disproportionate Unmet Health-Related Needs: Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
• Primary Prevention: Address the underlying causes of persistent health problem.
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• Build Community Capacity: Target charitable resources to mobilize and build the capacity of existing community assets.
• Collaborative Governance: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

The St. Mary Community Benefit Committee held special sessions to review, and prioritize results of the CHNA. Results of the CHNA for the hospital's service area were provided in addition to health results for the region. Committee members selected a key list of health issues that were discussed with community stakeholders including, but not limited to: public health and behavioral health, residents living in DUHN communities; leaders of local non-profit organizations and community benefit staff from other non-profit hospitals. Community feedback was provided to the committee during its meeting to prioritize the seven health issues to four. To facilitate the committee reviewing and prioritizing health conditions, an 11 point 25 criteria matrix was used. The matrix criteria included: scope and seriousness of the problem, effectiveness of interventions, time commitment, implications for not proceeding and economic feasibility and likelihood of sustainability. Initial strategies were developed for each of the four initiatives. A target of clinical encounters to uninsured and underinsured is established as a Tracker goal and reported quarterly to the region. This goal of caring for the poor is listed among other key goals including finance, quality and patient satisfaction.

St. Joseph Health, St. Mary
FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Initiative: Access to Care: FY14 CHNA reports 41.5% of residents report barriers accessing medical care

Goal (anticipated impact): Increase the number of low income and uninsured patients receiving appropriate medical care

Outcome Measure	Baseline	FY16 Target	FY16 Result
Increase access to low income persons seeking medical care	41,811	30,000	28, 764

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Improve clinic efficiency caring for patients	Implement new Electronic Medical Record and Billing system in clinics	No electronic medical records in community clinics	Implement All Scripts electronic medical record (EMR) system in fixed clinics. This EMR allows referral of patients from St. Mary High Desert Medical group to community clinics needing specialized care (diabetes, and medical nutrition therapy	All Scripts system implemented. Systems to install new billing systems underway
Conduct Covered California enrollment campaigns at hospital, in community	Conduct Covered California enrollment campaigns at hospital, in clinics and in community	Enrolled 2,422 in FY15	Enroll 2,500 persons. Support enroll campaigns Participate in IE-CHI advocacy	Hospital enrolls **2,449** persons. County clinic association and 3 local agents and local United Way assisting as part of IE-CHI

Improve referral of patients to community clinics and physicians providing care	Establish referral relationships between hospital clinics and physician offices of St. Mary High Desert Medical group	No referrals	Physician Group and community clinics refer patients and use All Scripts as single EMR.	Patient referrals (especially for Diabetes care) take place using single EMR. Hospital's community clinic establishes referral relationship with SJH programs in Orange County at St. Jude and Orange. Representative of St. Mary High Desert Medical joins hospital's CB committee

Key Community Partners: *Covered California, San Bernardino County Community Clinic Association, Armstrong Insurance, Fath Insurance, Inland Empire Health Plan and Inland Empire Covered Health Initiative; St. Joseph Health, St. Mary High Desert Medical Group, St. Joan of Arc Catholic Church/Lords Table, James Woody Recreation Center, United Way High Desert office.*

FY16 Accomplishments:

- Hospital re-opens Hesperia community clinic and secures second mobile unit to be placed into service in FY17.
- Hospital starts construction building urgent care on campus to provide appropriate care to patients using emergency room for primary care conditions. Expected to open by end of FY17.
- Patient referrals between St. Mary High Desert Medical Group and community clinics established.
- Public education campaign distinguishing how to use Urgent Cares vs. Hospital Emergency Rooms continues.
- All Scripps electronic medical record system implemented at clinics.
- Enrollment of uninsured declines at hospital as community partners conduct campaigns under Covered California and Managed Medi-Cal (IEHP or Molina).
- Assessment of additional DUHN neighborhoods (to be served by second mobile van) identifies additional Apple Valley neighborhood

St. Joseph Health, St. Mary
FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Initiative: FY CHNA shows a marked increase in diabetes prevalence to a reported 15.3%.

Goal (anticipated impact): Improve clinical outcomes among patients with diabetes who receive ongoing care at hospital clinics and from physician offices

Outcome Measure	Baseline	FY16 Target	FY16 Result
Percentage of diabetic patients whose HA1c levels are less than 7%, less than 8, less than or equal to 9% or greater than 9%	90	90	75

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Increase screening for diabetes with patients seeking care in the clinics	# of patients	1,842 persons	1,800	1,414
Coordinate care securing a medical home for patients admitted to St. Mary with diabetes	# of patients	0	0	0
Develop options for improving access to low income patients to screening for retinopathy	# of partners	2	3	2

Key Community Partners: St. Mary High Desert Medical Group, Communities of Excellence campaigns in Adelanto and Apple Valley, St Jude and Hoag Medical Centers, American Diabetes Association

FY16 Accomplishments:

- Expansion of program education into community facilities including churches and senior centers
- Regional collaboration with diabetes programs operating at St. Jude and Hoag Medical Center
- Developing a Diabetes registry (to identify and target patients using ER for care) with SJH experts

St. Joseph Health, St. Mary
FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Initiative: FY14 CHNA reports increases in self-reported depression at 13.5% and self-reported fair to poor mental health at 18%

Goal (anticipated impact): Improve clinical outcomes for patients with mental health conditions at community clinics and physician offices

Outcome Measure	Baseline	FY16 Target	FY16 Result
The number of system and program changes resulting in increased access to mental health services	0	1	1 (draft and proposed) Tele-psychiatry policy

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Partner with mental health providers to access opportunities for improving services and determining advocacy action	# of partners providing care and advocacy	5 partners	5 partners	8 partners
Partner to improve services in a regional effort with SJH health ministries of southern CA	Regional advocacy developed	Approval to form	Include assessment of region as part of regional plan	Assessment underway
Develop and implement a mental health advocacy plan	Plan developed	Execute plan	Execute plan with advocacy on policy	Draft policy identified

Key Community Partners: St. Joseph Health, San Bernardino County Department of Behavioral Health, Catholic Diocese of Riverside and San Bernardino counties, Ascension Lutheran Church, Hospital Association of Southern California, California Hospital Association, St. Joan of Arc Catholic Church, St. John of God Healthcare Services, Victor Counseling, Victor Community Support Services, National Alliance on Mental Illness (NAMI) San Bernardino and Pomona offices

FY16 Accomplishments:

- HASC leads hospital, county public health and law enforcement meetings on 5150 and chronically ill patients
- Hospital selects tele-psychiatry technology for Emergency Room use and 5150 patient care
- NAMI pilots providing Family-to-Family and Peer-to-Peer support groups
- City of Victorville approves location to build 16 bed residential crisis treatment facility by end of 2017
- SJH starts High Desert assessment of mental health resources for planning inpatient and outpatient services
- St, John of God Healthcare improves mental health status of patients in addiction recovery program
- 2,299 clinical encounters provided for counseling, grief, trauma and family education by hospital and partners
- Hospital provides faith leaders with Mental Health First Aid and ASIST Suicide Prevention education

St. Joseph Health, St. Mary
FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan
FY16 Accomplishments

Initiative: FY14 CHNA reports an increase in the prevalence of adult overweight and obesity to 37% and 33% respectively

Goal (anticipated impact): Body mass index measures in adults and children

Outcome Measure	Baseline	FY16 Target	FY16 Result
Body Mass Index	121 # of persons losing weight	150 (adults and children)	45 adults

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Partner with schools to identify at-risk children/families	# of school partners	13 schools	Identify new initiative and school partners	Identified SQORD and school partners to implement FY17
Counseling sessions provided for nutrition	# of sessions	678 sessions	900	605
Community change that increases access to healthy foods and exercise in low income neighborhoods	# of physical improvements	2 changes	3 changes	4 changes

Key Community Partners: Healthy Adelanto, Healthy Apple Valley, Healthy Hesperia and Healthy Victorville campaigns, Community Health Action Network, San Bernardino County Department of Public Health, eleven local food programs providing the poor fruit and vegetables, Azusa Pacific Nursing program, Happy-Healthy Kids, Cottonwood Elementary School, Kaiser Permanente, Community Action Partnership of San Bernardino County

FY16 Accomplishments:

- 5, 289 total encounters providing nutrition, ZUMBA® exercise and Body Mass Index measures
- Free weekly ZUMBA as regular programs offered in Healthy Adelanto and Healthy Victorville health promotion campaigns
- Identification of new child obesity initiative (SQORD-Happy Healthy Kids) to pilot in FY17
- Two residents leading ZUMBA fitness programs with improvements in self-reported health status reported
- One new public fitness circuit installed in Hesperia's central park
- Eleven faith partners teaching nutrition and providing fruits and vegetables to poor from Food Forward

FY16 Other Community Benefit Program Accomplishments

Initiative (community need being addressed):	Program	Description (insert Target for)	FY16 Accomplishments
Access To Care	Transportation of patients upon discharge or to attend appointments at community clinic	No Target	1,046 persons provided transportation
Access to Care	Homeless Assistance	No Target	15 persons provided clinical encounters
Health Education & Chronic Disease management	Cardiovascular and Stroke Support Groups	No Target	1,133 clinical encounters
Health Education & Chronic Disease management	Wound Care	No Target	38 persons educated
Health Education	Breast Cancer Support Group English and Spanish	No Target	104 persons

FY16 Community Benefit Investment

In FY16 St. Joseph Health, St. Mary invested a total of $800,000 in Care for the Poor dollars serving the needs of the poor. In FY16, Medicaid shortfall was $45,613,478, however, when hospital fee was accounted for it was $10,079,268.

FY16 COMMUNITY BENEFIT INVESTMENT
ST JOSEPH HEALTH, ST. MARY
(ending June 30, 2016)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services[2]	Net Benefit
Medical Care Services for Vulnerable[3] Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	$2,165,374
	Unpaid cost of Medicaid[4]	$10,079,268
	Unpaid cost of other means-tested government programs	$0
Other benefits for Vulnerable Populations	Community Benefit Operations	$0
	Community Health Improvements Services	$119,952
	Cash and in-kind contributions for community benefit	$596,147
	Community Building	$12,117
	Subsidized Health Services	$4,080,395
	Total Community Benefit for the Vulnerable	***$17,053,253***
Other benefits for the Broader Community	Community Benefit Operations	$330,727
	Community Health Improvements Services	$202,321
	Cash and in-kind contributions for community benefit	$44,973
	Community Building	$78,887
	Subsidized Health Services	$0
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	$371,007
	Total Community Benefit for the Broader Community	***$1,027,915***
	TOTAL COMMUNITY BENEFIT *(excluding Medicare)*	$18,081,168
Medical Care Services for the Broader Community	Unpaid cost to Medicare[5] ***(not included in CB total)***	$13,245,067

[2] Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
[3] CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.
[4] Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.
[5] Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

Telling Our Community Benefit Story: Non-Financial[6] Summary of Accomplishments

Hospital CEO and leadership advocate for improving care to seriously ill patients

- Advocacy brings together hospitals, county health and law enforcement officials to address mental health crisis and homeless;

- President and CEO, COO, VP of Nursing and VP of Mission addressing gaps in local mental health care in partnership with faith leaders, San Bernardino County Department of Behavioral Health and National Alliance for Mental Illness (NAMI).

Adelanto – community cleanups, advocacy, health promotion, weight loss

- Cleanup of 50 tons of debris in the city creating safer and healthier communities;

- Donated senior center allows hospital clinicians to teach on diabetes and nutrition;

- Hospital employee facilitates residents becoming ZUMBA® instructors

Apple Valley, Hesperia and Victorville increase poor's access to fruits and vegetables

- Hospital advocacy leads to thousands of pounds of donated fruits and vegetables serving the poor through a partnership with eleven faith based food programs.

Addressing the needs of children, the poor and those in recovery

- Hospital leader works with local children in Make A wish Foundation

- Hospital directors as board members of region's only substance recovery program

- Hospital directors as board members of local hot meal program serving the poor.

Addressing crime, poverty and homelessness in old-town Victorville

- Hospital and partners organize residents and city leaders to revitalize neighborhood with grant funds provided by St. Joseph Health Community Partnership Fund

[6] Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.