2022

COMMUNITY BENEFIT REPORT/

PROGRESS ON 2021-2023 COMMUNITY HEALTH IMPROVEMENT PLAN

Providence St. Joseph Hospital

Orange, California

To provide feedback on this CB Report or obtain a printed copy free of charge, please email Cecilia Bustamante Pixa at Cecilia.Bustamante-Pixa@stjoe.org

Providence

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Orange County through Providence St. Joseph Hospital. SJO is an acute-care hospital with 465 licensed beds, founded in 1929 and located in Orange, California. The hospital's service area is the entirety of Central Orange County, including 2,590,000 people.

Providence St. Joseph Hospital 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 vulnerable. In FY22, the hospital provided $77,209,505 Community Benefit in response to unmet needs. 2021-2023 Providence St. Joseph Hospital Community Health Improvement Plan Priorities

As a result of the findings of our 2021 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence St. Joseph Hospital will focus on the following areas for its 2021-2023 Community Benefit efforts:

PRIORITY 1 MENTAL HEALTH

Improved system to access mental health and substance use services to ensure that patients receive care at the appropriate level of care and not in the Emergency Department, reduced mental health stigma in the community and increase in resources for youth.

2022 Accomplishments

- 649 patients received medication assistance in the ED through the MAT program
- Over 24,800 individuals are active on the Each Mind Matters/Promise to Talk social media site.
- The Santa Ana Unified School District and Work2 Be Well signed an MOU and are due to begin implementation July 2022. Four High Schools are participating in the Work2BeWell Program.

PRIORITY 2 ACCESS TO CARE

Increasing health care access as well as other resources for areas that have the biggest challenges.

2022 Accomplishments

- Provided access to 21,011 medical, dental, vision, and behavioral health service visits
- Increase in the number of prenatal care visits at La Amistad FQHC by 57
- Integrated 10,364 virtual visits at La Amistad to reduce barriers

PRIORITY 3 HOMELESSNESS & HOUSING

Social determinants of health, like housing, have a substantial impact on health behaviors and health outcomes. Addressing housing instability, housing affordability, and preventing homelessness will improve health in the communities we serve.

2022 Accomplishments

- All 34 Orange County Cities have committed to either promote affordable housing, adopt inclusionary housing ordinances or implement policies or programs that will produce affordable housing.
- The Homeless Navigator Program provided support to 708 individuals
- Currently, there are 3 housing projects totaling 120 units in process

Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in 52 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

Providence across five western states:

- Alaska
- Montana
- Oregon
- Northern California
- Southern California
- Washington

The Providence affiliate family includes:

- Covenant Health in West Texas
- Facey Medical Foundation in Los Angeles, CA.
- Kadlec in Southeast Washington
- Pacific Medical Centers in Seattle, WA.
- Swedish Health Services in Seattle, WA.

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

Our Mission	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Providence St. Joseph Hospital is an acute care hospital founded in 1929 and located in Orange, California. The hospital has 465 licensed beds, a staff of more than 3,100, and professional relationships with more than 1,000 local physicians. Major programs and services offered to the community include the following: cardiac care, stroke/neuro, orthopedics, rehabilitation, oncology, emergency medicine and obstetrics.

Our Commitment to Community

Providence St. Joseph Hospital dedicates resources to improve the health and quality of life for the communities we serve. During Fiscal Year 2022 (July 1, 2021 – June 30, 2022), Providence St. Joseph Hospital provided $77,209,505 in Community Benefit[1] in response to unmet needs and to improve the health and well-being of those we serve in Central Orange County. For FY22, Providence St. Joseph Hospital had an unpaid cost of Medicare of $58,508,736.

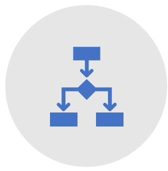
Health Equity

At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

[1] Per federal reporting and guidelines from the Catholic Health Association.

Figure 1. Best Practices for Centering Equity in the CHIP



Address root causes of inequities by utilizing evidence-based and leading practices

Explicitly state goal of reducing health disparities and social inequities

Reflect our values of justice and dignity

Leverage community strengths

Community Benefit Governance

Providence St. Joseph Hospital (SJO) demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The Director of Community Health Investment is responsible for coordinating implementation of State and Federal 501r requirements.

A charter approved in 2007 and revised in 2020 established the formation of the SJO Community Health Committee. The role of the Community Health 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 Health 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 (CHNA) and Community Health Improvement Plan (CHIP), and overseeing and directing the Community Benefit (CB) activities.

The Community Health Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes 15 members of the Board of Trustees and 10 community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Health Committee generally meets quarterly.

Roles and Responsibilities

Senior Leadership

• Chief Executive and senior leaders including the hospital’s Chief Mission Integration Officer, are directly accountable for CB performance.

Community Health Committee (CHC)

• CHC 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 CHC serve as 'board level champions.'

• The Committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Health (CH) Department

• Manages CB efforts and coordination between CH and Finance departments on reporting and planning.

• Manage data collection, program tracking tools and evaluation.

• Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.

• Coordinates with clinical departments to reduce inappropriate ER utilization.

• Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community

• Partnership to implement and sustain collaborative activities.

• Formal links with community partners.

• Provide community input to identify community health issues.

• 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

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence St. Joseph Hospital has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Providence St. Joseph Hospital informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they

may be eligible. For information on our Financial Assistance Program click https://www.providence.org/obp/ca. In FY22, Providence St. Joseph Hospital provided $7,560,561 free (charity care) and discounted care and 9,874 encounters.

Medi-Cal (Medicaid)

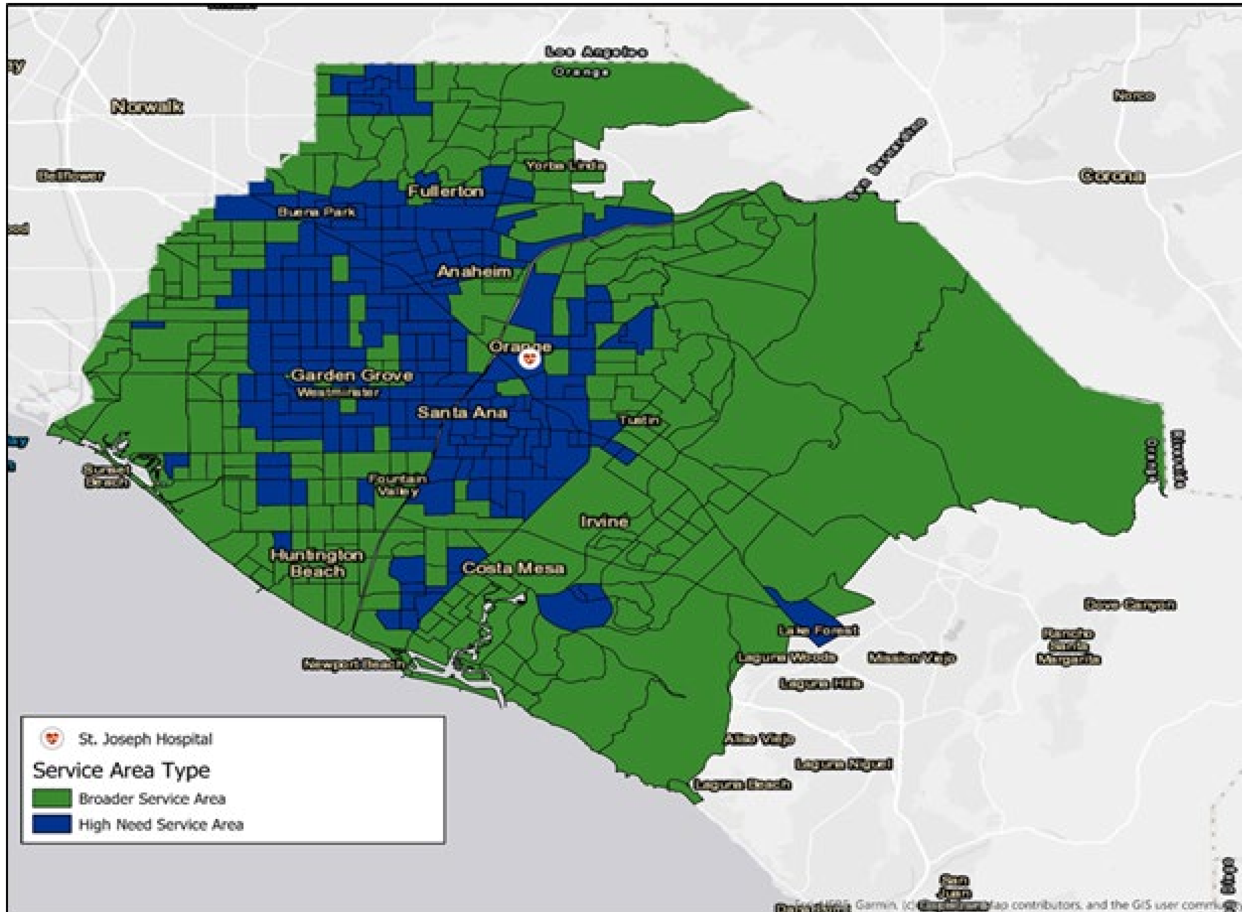
Providence St. Joseph Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY22, Providence St. Joseph Hospital provided $61,555,918 in Medicaid shortfall.

OUR COMMUNITY

Description of Community Served

Providence St. Joseph Hospital's service area is Central Orange County and includes a population of approximately 2,590,000 people.

Figure 2. Providence St. Joseph Hospital's Total Service Area



Of the over 2,590,000 permanent residents of Central Orange County, roughly 47% live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of $52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Of the over 2,590,000 permanent residents in the total service area, the male-to-female distribution is roughly equal across geographies.

The high need service area has a higher percentage of people under 34 years of age, 61.5%, compared to 47.4% in the broader community.

POPULATION BY RACE AND ETHNICITY

Individuals identifying as Hispanic had a higher percentage living in high need service areas, 59.1% versus the broader service area, 19.9%. The same was noted for individuals identifying as "other" race, 28.5% versus 7.0%.

People identifying as Asian and white were less likely to live in high need census tracts. For Asians, 19.9% lived in high need service areas and 26.5% in the broader service area. For whites, 44% lived in high need service areas, and 58.9% in the broader community.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Orange County Service Area

Indicator	Broader Service Area	High Need Service Area	Orange County
Median Income Data Source: American Community Survey Year: 2019	$101,892	$60,065	$88,453
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	23.7%	32.2%	28.0%

The high need service area's median household income is approximately $40,000 ***less than*** that of the broader service area, and $28,000 ***less than*** the Orange County overall.

Severe housing cost burden is defined as households that spend 50% or more of their income on housing costs. A greater proportion of renter households are severely housing burdened in the high need service area (one out of every three households, 32.2%) in comparison to the broader service area (one out of every four households, 23.7%).

Full demographic and socioeconomic information for the service area can be found in the 2021 CHNA for Providence St. Joseph Hospital.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Improving the health of our communities is foundational to our Mission and deeply rooted in our heritage and purpose. Our Mission calls us to be steadfast in serving all, with a special focus on our most economically poor and vulnerable neighbors. This core belief drives the programs we build, investments we make, and strategies we implement.

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities. The 2021 CHNA was approved by the SJO Community Health Committee on April 6, 2021.

Significant Community Health Needs Prioritized

Through a collaborative process engaging Community Health Committee members and the Director of Community Health Investment, the hospital worked from a list of the seventeen (17) health and social needs identified by data from the Orange County Health Improvement Partnership, 2019 Kaiser Permanente CHNA, 2019 University California, Irvine Medical Center CHNA, CalOptima Member Survey, morbidity and mortality data; and hospital-level data. Staff developed a point system to assign each of the seventeen (17) identified needs to gain perspective and develop a hierarchy of which top needs have the potential to offer the highest impact in the High Desert. Each need was listed, and assessed based on the following:

- Trend over time (Getting “Worse” or “Better”)
- Impact on low-income or communities of color (“Very High” to “Very Low”)
- Are “High Need Areas” worse off than state averages? (“Yes” or “No”)
- Opportunity for Impact (“Low” to “Very High”)
- Alignment with System Priorities (“Yes” or “No”)
- Community Vital Signs Priority (“Yes” or “No”)
- Attorney General Requirement (“Yes” or “No”)

Based upon the scoring system and discussion, SJO’s Community Health Committee identified the following priorities:

PRIORITY 1: MENTAL HEALTH

Improve systems to access mental health and substance use services to ensure that patients receive care at the appropriate level of care and not in the Emergency Department, reduce mental health stigma in the community and increase resources for youth.

PRIORITY 2: HEALTH CARE ACCESS

Increase health care access as well as other resources for areas that have the biggest challenges.

PRIORITY 3: HOMELESSNESS AND HOUSING

Social determinants of health, like housing, have a substantial impact on health behaviors and health outcomes. Addressing housing instability, housing affordability, and preventing homelessness will improve health in the communities we serve.

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 continuing our Mission partnering with like-minded partners that count with the capacity and expertise to address the needs of Orange County Residents by funding other non-profits through our Care for the Poor program managed by Providence St. Joseph Hospital.

Furthermore, Providence St. Joseph Hospital will endorse local non-profit organization partners to apply for funding through the St. Joseph Community Partnership Fund. Organizations that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout SJO's service areas.

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

- **Obesity/Food Insecurity/Nutrition**: While not identified as a priority in the CHNA, SJO will continue to support the Move More, Eat Healthy Initiative as part of the health equity/racial disparities priority. This initiative also addresses food insecurity and nutrition. SJO donates unused food as part of our efforts to address food insecurity.
- **Economic Issues**: While SJO has not selected economic issues as a top priority, the majority of its community benefit programs are targeted to the low-income population. SJO partners with Orange County Community Action Partnership, the county's anti-poverty agency on several initiatives as well as the Intersections Initiative of Central Orange County, a collaborative addressing workforce in low-income areas. SJO has a policy of a just living wage and in that way serves as a role model for other organizations in the community.
- **Safety**: The declining crime rate has not made this a priority, but SJO participates in local collaboratives that focus on the needs of at-risk youth with a goal to reduce gang involvement and crime.
- **Diabetes**: SJO will continue to work with the OC Health Improvement Partnership which is addressing diabetes in Orange County.
- **Early Childhood Development**: While this did not make the top priorities, the Director, Community Health Investment participates in the Santa Ana Early Learning Initiative which is addressing this issue.
- **Environment/Climate:** Providence St. Joseph Health has committed to being carbon negative by 2030. This effort will involve all hospital staff.
- **Aging Population**: While this is not one of the selected priorities, St. Joseph Hospital partners with the Southern California Council on Aging. Over the past two years, St. Joseph Hospital has funded a program that provides isolated, low-income older adults in central Orange County with social service resources and referrals, mental health services, and a volunteer visiting program.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

Providence St. Joseph Hospital developed a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners, considering resources, community capacity, and core competencies.

The 2021-2023 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2021 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

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

Addressing the Needs of the Community: 2021-2023 Key Community Benefit Initiatives and Evaluation Plan

2022 Accomplishments

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH & SUBTANCE USE

Initiative Name

Mental Health and Substance Use

Population Served

Communities living in central Orange County

Long-Term Goal(s)/ Vision

Improved systems to access mental health and substance use services to ensure that patients receive care at the appropriate level of care and not in the Emergency Department; reduced mental health stigma in the community and increase resources for youth.

Table 2. Strategies and Strategy Measures for Addressing Mental Health

Strategy	Population Served	Strategy Measure	Baseline	FY22 Accomplishments
1. Participate in the Be Well Clinical Campus Steering Committee and ensure strong referral protocols are in place to reduce inappropriate ED visits for mental health and substance use and to decrease ED length of stay.	Patients with mental health and substance use disorders	% reduction in ED visits for mental health and substance use	TBD	SJO has not been able to successfully establish a referral process with BeWell residential rehabilitation program. SJO continues to participate in meetings with BeWell to design a seamless referral process to decrease avoidable ED visits. Our experience is that we have needed to have regular communication on the challenges with referrals with BeWell leadership. It would be beneficial if the Institute could have a point person with BeWell who the hospitals can report their challenges to and who can check in with them. Another key issue is continued utilization of local law enforcement agencies to care for intoxicated individuals what would appear to be appropriate for the BeWell Sobering Station. Also not resolved is EMS being able to bring ambulance patients directly to BeWell. We have had challenges with them not accepting patients with SUD issues to their sobering unit because of the length of stay (LOS) in the ED.
2. Implement MAT Program in	Patients with opioid disorder	# of patients receiving MAT services in ED	5	649

Emergency Department				
3. Adapt Each Mind Matters Campaign/Promise to Talk in response to COVID-19	Low-income Latinas and their households and Vietnamese community	# of residents active on the EMM/PTT social media site	12,898 FY20	24,806
4. Implement Work2BeWell Program	Middle and High School Students	# of schools engaged in Work2Be Well in Central Orange County	0	SAUSD signed MOU to begin July 2022. 4 High Schools engaged
5. Partner with mental health organizations to advocate for mental health legislation	Persons with mental illness and substance use	# of bills passed	TBD	With leadership from Providence, and hospitals across the state, the legislature took action to address critical behavioral health needs. A $15 billion behavioral health package was approved with investments that include infrastructure and capacity building, housing and crisis support, and significant workforce incentive programs.

Evidence Based Sources

Preventing Drug Use among Children and Adolescents (In Brief) Prevention Principles

https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/prevention-principles

https://theathenaforum.org/CSAPprinciples

Resource Commitment

$250,000 to $300,000 per year for Each Mind Matters and other mental health strategies.

Key Community Partners

Be Well OC; St. Joseph Emergency Medical Group; St. Jude Medical Center; Mission Hospital; PSJH Work2Be Well; Westbound Communications; Orange County Mental Health; St. Jude Neighborhood Health Centers; Santa Ana Unified School District.

2022 Accomplishments:

SJO has experienced challenges in helping to establish a referral process with BeWell to ensure appropriate use of ED visits for the target population. SJO continues to participate in meetings with BeWell to design a seamless referral process to decrease avoidable ED visits. Our experience is that we have needed to have regular communication on the challenges with referrals with BeWell leadership. It would be beneficial if the Institute could have a point person with Be Well who the hospitals can report their challenges to and who can check in with them. The key issues that have not been resolved are EMS being able to bring ambulance patients directly to BeWell, which needs advocacy also from HASC and SJO to the County and whether they need a medical detox program there to better serve our clients. We have had challenges in them not accepting patients with SUD issues to their sobering unit because of the length of stay (LOS) in the ED.

The MAT program was fully implemented in the Hospital's Emergency Department in 2020, serving 649 patients. The MAT (Medication Assisted Treatment) program is intended to serve individuals struggling with opioid addiction or substance abuse disorder. It focuses primarily on psychotherapy assisted by psychiatric prescribed medication designed to alleviate withdrawal symptoms and cravings. Similarly, La Amistad offers services to a Chemical Addiction Specialist. In FY22, there were 154 encounters with patients (ED and Inpatients). The program had a significant decrease in one year due to the provider being on LOA (Leave of Absence) for several months. SJO then hired someone to do this work and only Spanish speaking patients were being referred to the provider at La Amistad. As a result of the decrease in demand the position has been reduced to .2 FTE (approx. 8hrs/wk).

Each Mind Matters campaign was adapted to address the mental health issues created by COVID-19 and pivoted to virtual communication. Promise to Talk acquired 9.5M impressions across all social media and web platforms during FY22, a 7% increase over the previous year. The year ended with 81,186 total encounters and 3,442 total promises, a 26% increase from the prior year. During Mental Health Awareness Month in May 2022, our in-person Día Del Niño outreach event brought in over 550 promises to talk, encouraging open conversations to reduce the stigma surrounding mental health. Promise To Talk marked its return to in-person outreach through its partnership with The Lime Truck, which provided lunch to over 400 Día Del Niño attendees. In May, we also launched the Green Bench OC campaign, where we painted 10 park benches in Orange County lime green with the goal of symbolizing a place to talk to someone about mental health. This campaign allows us to continue having important conversations with members of the community and create interest around the stigma reduction movement. The campaign's social media resounded strongly with the community and performed extremely well, seeing a 30% increase in monthly growth during May. Our annual survey of 600+ residents provide further information about the effectiveness of the program. This year, respondents' overall willingness to talk about mental health with a friend, neighbor or family member remained flat at

95%, which is an exceptionally strong rating. Just like last year, 95% of respondents either ‘agree’ or ‘somewhat agree’ that open conversations about mental illness are healthy.

The Santa Ana Unified School District and Work2BeWell signed the MOU and began implementation July 2022. Four High Schools are participating in Work2BeWell Program.

In FY22, St. Joseph Hospital’s Women’s Services Postpartum Depression Program served 993 unique women and referred a total of 3,340 encounters/sessions.

Finally, with leadership from Providence, and hospitals across the state, the legislature took action to address critical behavioral health needs. A $15 billion behavioral health package was approved with investments that include infrastructure and capacity building, housing and crisis support, and significant workforce incentive programs.

Community Assistance, Recovery, and Empowerment (CARE) Court Program: Authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. **Read SB 1338.**

Medi-Cal mental health benefits: Assembly Bill 1019 will require a Medi-Cal managed care plan, no later than January 1, 2025, to conduct annual outreach and education for its enrollees regarding the mental health benefits that are covered by the Medi-Cal managed care plan. The bill would require a Medi-Cal managed care plan to also conduct annual outreach and education to inform primary care providers regarding those mental health benefits. **Read AB 1019.**

Advance health care directives: mental health treatment: The Health Care Decisions Law, authorizes an adult having capacity to give an individual health care instruction. Current law authorizes the individual instruction to be limited to take effect only if a specified condition arises. Current law authorizes a written advance health care directive to include the individual’s nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration if protective proceedings for the individual’s person or estate are thereafter commenced. **Read AB 2288.**

COMMUNITY NEED ADDRESSED #2: ACCESS TO CARE

Initiative Name

Access to Care Health Care

Population Served

Uninsured and underinsured communities in Central Orange County.

Long-Term Goal(s)/ Vision

Increase the number of primary care, dental care, vision care, and mental health visits to the uninsured and underinsured in Central Orange County

Table 3. Strategies and Strategy Measures for Addressing Access to Care

Strategy	Population Served	Strategy Measure	Pre-Pandemic Baseline	FY22 Accomplishments
1. Expand health services at La Amistad FQHC	Low-income Uninsured or Underinsured, Medi-Cal	% Increase in visits for primary, dental, vision & mental health	22,204	21,011
2. Expand Obstetrics Program at La Amistad FQHC	Pregnant women who have Medi-Cal or are low-income	# patients receiving prenatal care visits at La Amistad FQHC	0	57
3. Integrate virtual visits into clinic operations to reduce barriers to care	Uninsured or Underinsured with low-incomes		0	10,364
4. Provide ED Navigator to prevent avoidable visits	ED and hospital Medi-Cal patients at St. Joseph Hospital		(~pre-COVID-19) 705	1871
5. Expand Transitional Care Clinic	Uninsured/Underinsured hospital patients who need post-hospital care outpatient visits		495	786
6. Advocate to expand Medi-Cal to undocumented populations currently not covered	Undocumented immigrants	Passage of expansion of Medi-Cal eligibility for persons who are undocumented	0	1 expansion policy passed by State Legislature in 2022. By 2024 Medi-Cal eligibility will be open to all age groups.

Evidence Based Sources

County Health Rankings and Roadmap: Access to Care- Policies and Programs that Work

Resource Commitment

$1.4 million in capital and operating support to SJNHC per year and for all access initiatives in 2022 and 2023

Key Community Partners

St. Jude Neighborhood Health Centers

2022 Accomplishment

COVID-19 required that La Amistad Health Center pivot to virtual operations. The dental clinic was most affected by this transition and had a lack of staff returning to work post COVID. St. Jude Neighborhood Health Center (La Amistad) provided 21,011 primary care, dental, vision and mental health visits to the uninsured and underinsured population of Central Orange County. Of the 21,011 total visits, 10,364 were virtual visits. La Amistad hired a bilingual OBGYN to begin providing prenatal care onsite as well as a pediatrician.

The Transitional Care Clinic served approximately 786 patients discharged from the hospital. The Transitional Care Clinic is an expansion of La Amistad. It serves uninsured and underinsured patients who need post-hospital follow-up care outpatient visits Additionally, the clinic provides them with a secure medical home and resources to obtain proper medical insurance along with education and support in accessing appropriate care.

The AED Navigator is a grant funded pilot program that looks at the reasons individuals are presenting to the ED multiple times. The Navigator is a Licensed Clinical Social Worker, who focuses on how to best serve the Medi-Cal patient population, decrease inappropriate visits, and increase education around alternate sites for suitable access to care. In FY22 the AED Navigator served 1,871 individuals in the hospital's Emergency Center to access appropriate health coverage and resources.

COMMUNITY NEED ADDRESSED #3: HOMELESSNESS AND AFFORDABLE HOUSING

Initiative Name

Homelessness and Housing

Population Served

Homeless population and low-income residents in Central Orange County

Long-Term Goal(s)/ Vision

Reduce chronic homelessness, increase the number of affordable housing units and strengthen affordable housing policies in the 2021-2028 housing elements.

Table 4. Strategies and Strategy Measures for Addressing Homelessness and Affordable Housing

Strategy	Population Served	Strategy Measure	Baseline	2022 Accomplishment

1. Train a minimum of 100 additional housing champions in Central Orange County cities	Residents	# of housing champions trained in Central Orange County	151	630 Housing Champions from: Costa Mesa Fountain Valley Garden Grove Huntington Beach Newport Beach Santa Ana Seal Beach Tustin Westminster
2. Engage with housing champions in local city housing element public element to promote stronger policies in the 2021-2028 housing elements that will result in more affordable housing	Resident engagement with Planning and City Council	# of cities with inclusionary housing ordinances and other strong policies promoting affordable housing in Central OC	0	35 cities have commitments to either conduct studies, adopt policies or programs to promote inclusionary housing ordinances, or increase the amount required for ordinances in the housing element.

3. Support the approval of affordable housing projects in the pipeline so that at least 200 new units are built by 2023 in Central Orange County	Advocacy with Planning Commissions and City Councils	# of affordable housing units built by 2023 in Central OC	0	Three projects totaling 120 units are in process.
4. Continue homeless navigation program and implement best practices identified in the region	Chronic homeless	Decrease in administrative/custodial days in homeless patient population	0	356 total days
5. Influence Cal Optima (Cal Aim Program clients) to add additional in lieu services to support the needs of persons experiencing homelessness that are being discharged from the hospital	Cal Optima members who are experiencing homelessness	# of in lieu services provided by Cal Optima for CalAim clients	0	The statutory number in the Cal Aim regulation is 14 in lieu services provided.

Evidence Based Sources

Center for Evidenced Based Solutions on Homelessness: Chronic Homelessness
www.evidenceonhomelessness.com

Evidence Based Interventions to Address Homelessness; Utah State Legislature Issue Brief 2018

Resource Commitment

$405,000 to support this effort and our partners, which include one homeless navigator and grants to partner organizations.

Key Community Partners

The Kennedy Commission; United Way OC; OneOC, Habitat for Humanity

2022 Accomplishment

In FY22, 630 housing champions were trained by our partners OC United Way and OC People for Housing, YIMBY and engaged in housing element work to promote stronger policies that will result in affordable housing.

The Homeless Navigator provided services to 708 individual homeless patients. The greatest challenge has been identifying the appropriate level of care post discharge which impacts the number of custodial days a homeless patient spends in the hospital. From July 2021 to June 2022, we had 356 custodial days for homeless patients. Clients are most often discharged to SNFs (Skilled Nursing Facilities), recuperative care facilities, step-down units, sober living homes, family/friends, and shelters. This provides stabilization and a safe place for patients while bridging other options and community resources. A regional homeless care navigator work group has been convened to share best practices and collect common metrics across the three Providence hospitals in Orange County. In FY22 there were 1,687 (SJO), 767 (St. Jude), 439(Mission), 404 (Mission Laguna) encounters with homeless patients.

The Point in Time Count (conducted by the County) noted that from 2019 to 2022 there was a 16.65% reduction in the number of individuals experiencing chronic homelessness in Orange County.

The statutory number in the Cal Aim regulation is 14 in lieu services provided. Enhanced Care Management (ECM) -Outreach and engagement, comprehensive assessment and care management plan, enhanced care coordination, health promotion, comprehensive transitional care, member and family supports, coordination of and referral to community and social support services. Community Supports include 90-days in recuperative care, short-term post hospitalization housing up to 6 months, day habilitation programs, personal care homemaker services, meals/medically tailored meals, and sobering centers. Flexible wrap-around services, provide as a substitute to, or to avoid, other covered services, such as hospital admissions, skilled nursing facility placement or ED use. Four (4) Community Supports launched on Jan. 1, 2022, Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, Housing Deposits and Recuperative Care. By Jan. 2023, Respite Services, Home Modification, Nursing Facility Transition, Community Transitions to Home, and Asthma Remediation.

Other Community Benefit Programs

Table 5. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)	FY22 Accomplishments
1. Access to Dental Services	La Amistad & Puente a la Salud	Provide fixed and mobile	Low-income	2,848

	Dental Services (SJNHC)	comprehensive dental services for adults and children		
2. Access to Vision Services	Puente a la Salud Vision Services (SJNHC)	Provide mobile vision services for adults and children	Low-income	1,912
3. Access to Health Screening	Taller San Jose Hope Builder Pre-employment Screening Program	Provide pre-employment screening and vaccines to teens and young adults	Low-income	N/A
4. Transportation	Taxi Vouchers	Provide transportation support to ED indigent population	Low-income	1,550
5. Postpartum Services	Post Partum Depression Comprehensive Services	Provide screening and treatment to women	Broader Community	3,340
6. Postpartum Services	Mother/Baby Assessment Center	Provide physical and psycho-social assessment of mother and baby	Broader Community	4,267
7. Food Insecurity	Meals on Wheels	Provide meals to seniors and disabled persons	Broader Community	5,294
8. Access to Maternal Health	Sweet Beginnings	Gestational diabetes nutrition counseling	Low-income	1,249
9. Access to Psycho/Social Services	Senior Visitor Program	Provide psycho-social assessment and services to isolated and vulnerable older adults	Low-income	179 older adults served and provided over 2,026 referrals
10. Access to Mental Health	Counseling at Garfield & Davis Elementary	Provide students with ongoing therapy and crisis support at new	Low-income	20 students (and family members)

	Schools, Santa Ana	school-based Wellness Center		

FY22 COMMUNITY BENEFIT INVESTMENT

In FY22 Providence St. Joseph Hospital invested a total of $77,209,505 in key community benefit programs. $1,085,310 was invested in community health programs for the poor. $7,560,561 in charity care was provided, $61,555,918 in unpaid cost of Medi-Cal, including the Hospital Quality Assurance Fee Program, and $638,058 in community benefits for the broader community. The hospital recognized $54,428,961 income from the Medi-Cal Hospital Quality Assurance Fee program for FY22. The expenses totaled $31,226,182 which resulted in a net gain of $23,202,779. Providence St. Joseph Hospital applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2022 Providence St. Joseph Hospital
(July 1, 2021-June 30, 2022)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	$7,560,561
	Unpaid cost of Medicaid	$61,555,918
	Unpaid other govt. programs	-
Other Benefits for Vulnerable Populations	Community Health Improvement Services	$1,085,310
	Subsidized Health Services	$4,703,656
	Cash and In-Kind Contributions	$1,340,598
	Community Building	-
	Community Benefit Operations	$325,404
	Total Benefits for Vulnerable Populations	$76,571,447
Other Benefits for the Broader Community Populations	Community Health Improvement Services	$64,617
	Subsidized Health Services	-
	Cash and In-Kind Contributions	-
	Community Building	$313,966
	Community Benefit Operations	-
Health Profession Education, Training and Research	Health Professions Education and Research	$259,475
	Total Benefits for the Broader Community	$638,058
	Total Community Benefit	$77,209,505

Medical Care Services for the Broader Community	**Total Medicare shortfall**	$58,508,736

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

In addition to the financial investments made by the hospital, there are non-quantifiable benefits that are provided by the organization. Going out into the community and being of service to those in need is part of the tradition of our founders and is carried out by our staff and physicians every day.

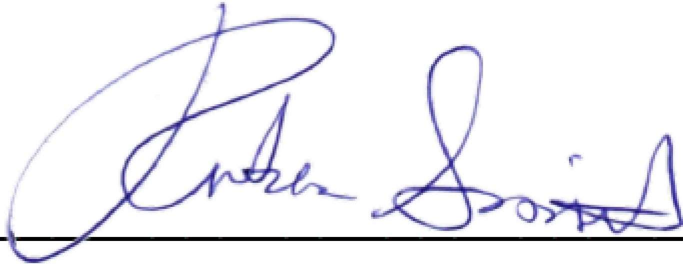
COVID Relief Response: This was again an unprecedented year due to the COVID-19 pandemic. It required many of our programs to pivot their work to provide services virtually. In addition, community benefit time was re-directed to advocacy efforts with our local cities around eviction moratoriums and rental assistance programs.

Community Participations: In addition, hospital leaders serve on the Board of Directors and Advisory Committees of many non-profit organizations, including St. Jude Neighborhood Health Centers (FQHC), The Cambodian Family Community Center, Community Health Initiative of Orange County, Santa Ana Early Learning Initiative, City of Garden Grove Collaborative, and United Cerebral Palsy of Orange County. The hospital participated on the County of Orange Health Care Agency Health Improvement Partnership and Co-Chairs the Health Promotion/Disease Prevention Workgroup.

Smile Makers: Christmas Angels (Adopt-a-Family Program): Every year, St. Joseph Hospital coordinates the Adopt-a-Family Christmas Program. In FY22, the hospital partnered with Council on Aging to provide 83 seniors residing in long term care facilities without friends or family with an individual gift during the 2021 Holiday season. Additionally, 15 military families (58 individuals) from Camp Pendleton, 3 caregivers (5 individuals), and 1 community family (7 individuals) were generously provided with presents and gift cards. This effort was achieved by the participation of 24 departments.

2022 CB REPORT GOVERNANCE APPROVAL

This 2022 Community Benefit Report was adopted by the Community Health Committee of the hospital on October 10, 2022. The final report was made widely available by November 27, 2022.



October 20, 2022

Ruben A. Smith
Chair, St. Joseph Hospital Community Health Committee

Date

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Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in 52 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

Providence across five western states:

- Alaska
- Montana
- Oregon

- Northern California
- Southern California
- Washington

The Providence affiliate family includes:

- Covenant Health in West Texas
- Facey Medical Foundation in Los Angeles, CA.
- Hoag Memorial Hospital Presbyterian in Orange County, CA.
- Kadlec in Southeast Washington
- Pacific Medical Centers in Seattle, WA.
- Swedish Health Services in Seattle, WA.

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.