



St. Joseph Health, Mission Hospital
Fiscal Year 2014 COMMUNITY BENEFIT REPORT
PROGRESS ON FY12 - FY14 CB PLAN/IMPLEMENTATION STRATEGY REPORT

Revised June 2015

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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.

Who We Are and What We Exist

St. Joseph Health, Mission Hospital is an acute care hospital founded in 1971 and located in Mission Viejo, CA. We became a member of the St. Joseph Health System in 1994. Our facility has 522 licensed beds, 232 of which are currently available. Mission Hospital has two campuses in South Orange County. We have been serving the greater needs of the community for more than 40 years, improving the quality of life in the communities we serve. Mission Hospital in Mission Viejo, the region's only designated trauma center, offers 24-hour emergency care and specialized services for imaging, heart, stroke, maternity, and women's wellness needs. Mission Hospital Laguna Beach offers 24-hour emergency, intensive and medical-surgical care, as well as the South County's only behavioral health services, including hospital-based chemical and pain medication dependency treatment. CHOC Children's at Mission Hospital in Mission Viejo is the only dedicated pediatric hospital in South Orange County. We are the only hospital to twice earn the Ernest A. Codman Award for Excellence in quality healthcare presented by The Joint Commission for our Traumatic Brain Injury protocol and Rapid Response Nursing Team, and recently earned Magnet® recognition from the American Nurses Credentialing Center. A member of the St. Joseph Health System, we are one of 14 not-for-profit hospitals sponsored by the St. Joseph Health Ministry. For more information, visit mission4health.com.

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 St. Joseph Health, Mission Hospital has a Patient Financial Assistance Program (FAP) that provides free or discounted services to eligible patients. In FY 14, Mission Hospital, provided \$6,529,904 in charity care and 9,963 encounters.

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Community Benefit is the cornerstone of who we are as a ministry of the Sisters of St. Joseph of Orange. We serve the dear neighbor and provide much needed services to our most vulnerable communities through our programs such as financial assistance and initiatives that are specifically designed for our low-income residents. We also provide programs for the broader community to improve health and quality of life.

Overview of Community Needs and Assets Assessment

Our health needs and assets assessment conducted every three years (this report reflects the assessment completed in FY11 that supports our FY12-14 Plan) encompasses a multi-faceted approach to obtaining and understanding the dynamic health needs of our community. We utilized telephone surveys, stakeholder panels, and resident focus groups to obtain feedback from a wide variety of residents as well as a discernment process to understand leading community priorities in the areas of community health and quality of life. We partnered with residents and local agencies, school districts and city officials to create community benefit plans that help to meet the needs of our local communities.

Community Plan Priorities/Implementation Strategies

Listed in alphabetical order are our community benefit priorities for FY12-FY14 and select accomplishments from this fiscal year:

- ***Increasing Support for Affordable Homes:*** *The focus of this initiative was to increase public support for affordable homes in South Orange County, with a special focus on the cities of Lake Forest, San Clemente, Dana Point, San Juan Capistrano and Mission Viejo². This year, the South Orange County Alliance for Housing our Communities Coalition (SOCAHOC) focused on implementing a social marketing campaign to raise awareness and educate local residents about how affordable homes can benefit the community.*
- ***Reducing the Prevalence of Childhood Obesity:*** *Our goal was to reduce the prevalence of childhood obesity in South Orange County, focusing primarily on youth aged 3-11 years of age. Our focus this year was to continue efforts in local elementary schools and increase environmental change to create healthy communities.*

² In FY13, the Affordable Homes Initiative was revised from its original focus of "Increasing Affordable Homes" due to economic decline beginning in 2010, elimination of Redevelopment Funds at the municipal level and reduction in partner agency resources.

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- ***Increasing Clinical Effectiveness of Depression Services:*** Our goal was to increase the clinical effectiveness of mental health (specifically depression) services provided through our Family Resource Centers (FRCs) by having 85% of participants demonstrate a clinically significant change in their depression assessment score at end of treatment. In FY14, we achieved 81%, just short of our 3-year goal. We hosted nine mental health interns at the FRCs, increasing the capacity of service to low-income residents. Of the participants who completed treatment, 97% achieved a clinically significant reduction.
- ***Preventing Youth Alcohol & Substance Use in Laguna Beach:*** The three-year goal for this initiative was to reduce the use of alcohol or other substances among 9th Graders in Laguna Beach. In FY12, we witnessed a 9% reduction in Laguna Beach 9th Graders who reported using alcohol within the last 30 days. FY14 focused primarily on creating parent engagement by implementing the Raising Thriving Kids program in collaboration with Laguna Beach Unified School District and the Boys & Girls Club of Laguna Beach.

INTRODUCTION

Who We Are and Why We Exist

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Community Benefit Governance Structure

Our priority is to engage the oversight committees of Community Benefit in the work we do throughout the year. The Community Benefit Committee is comprised of eight (8) community members and three (3) Board of Trustee members. Our Chief Financial Officer and Vice President of Mission Integration also participate in this committee. With three (3) trustee members actively engaged in the Community Benefit Committee, the Board of Trustees were well informed of the initiatives and areas of focus. In addition, the Board of Trustees received the FY13 Community Benefit Annual Report and Health Needs Assessment Report. Several committee members had been involved with our Community Benefit initiatives. This enabled the committee to become more familiar with the work being conducted in the community, provided a unique and valued perspective to the hospital staff, and offered rich feedback to the committee when discussions arose.

A large focus in FY14 was the planning and implementation of the FY14 Health Needs Assessment. Several committee members participated in an HNA Advisory Committee and

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helped provide feedback and guidance throughout the process. Regular updates were provided to the entire committee to keep them informed and solicit feedback in planning and selecting priority areas for the FY15-17 Community Benefit Plan.

Patient Financial Assistance Program

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 St. Joseph Health, Mission Hospital has a Patient Financial Assistance Program (FAP) that provides free or discounted services to eligible patients. In FY 14, Mission Hospital, provided \$6,529,904 in charity care and 9,963 encounters.

One way St. Joseph Health, Mission 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.

Community

Defining the Community

Mission Hospital provides south Orange County communities with access to advanced care and advanced caring through two convenient locations, Mission Viejo and Laguna Beach. (The Laguna Beach campus was purchased in July 2009.) Our hospital's service area extends from the junction of the 405 and 5 freeways in the north to Camp Pendleton in the south. Geographically, South County is bordered by the Pacific Ocean to the west, the Santa Ana Mountains to



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the north and east, and the marine base Camp Pendleton to the south. Our Primary Service Area includes the cities of Mission Viejo, Laguna Beach, Laguna Niguel, San Juan Capistrano, San Clemente, Rancho Santa Margarita, Lake Forest, Laguna Hills, Dana Point, Ladera Ranch, Trabuco Canyon, Capistrano Beach and Aliso Viejo. This includes a population of approximately 623,000 people, an increase of 4% from the prior assessment. Mission Hospital's Secondary Service area includes Laguna Woods, Irvine, Foothill Ranch and Silverado.

South Orange County is a relatively affluent community with a median household income of \$92,124 compared to the Orange County median household income of \$58,605 (US Census Quick Facts). The average household size is 2.70 compared to the Orange County wide household size of 3.00.

Demographically, the area is primarily Caucasian (78%), with the Hispanic population growing to 19.2%.

Community Served

Community Benefit is characterized as programs or activities that promote health and healing in response to identified community needs. In order to accurately define community need, we use two tools provided by St. Joseph Health System. The first tool, The Community Need Index (CNI) was developed by Catholic Healthcare West (CHW) and Solucient (an information products company). CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers). Barriers include: Income; elder poverty, child poverty and single parent poverty; Culture, non-Caucasian limited English; Education, % of population without High School diploma; Insurance, unemployed and uninsured; and Housing, renting percentage.

CNI demonstrates need at the zip-code level where each zip is assigned a score from 1 (low need) to 5 (high need) for each barrier. For barriers with more than one measure, the average of the measures is used as the barrier score. Once each zip code is assigned a score from 1 to 5 for each of the five barriers, the average score is calculated to yield the CNI.

Color-Coded Maps

- **Red- Highest Need (CNI scores: 4.2-5)**
- **Pink- High Need (CNI scores: 3.4-4.1)**
- **Yellow- Average Need (CNI scores: 2.6-3.3)**
- **Light Green- Less Need (CNI Scores: 1.8-2.5)**
- **Dark Green- Least Need (CNI Scores: 1-1.7)**

The second tool, Intercity Hardship Index (IHI) was developed by the Urban & Metropolitan Studies Program at the Nelson A. Rockefeller Institute of Government. IHI aggregates six socioeconomic indicators that contribute to health disparities:

- Income level: Per capita Income
- Crowded Housing: % of Households with 7+ people
- Unemployment: % of those 16 and over without employment
- Education: % of those 25 and over without a High School diploma
- Poverty: % of people living below the Federal Poverty Level
- Dependency: % of the population under 18 years and over 64 years



In addition, we further distinguished local data at the block group level within each city.

In general, Mission's service area reflects a high degree of health and quality of life. However, isolated areas of need have been identified in the cities of San Clemente, San Juan Capistrano, Dana Point, Laguna Beach, and Lake Forest.

Although needs were identified in all of these areas, a decision was made to primarily focus on the cities of San Clemente, San Juan Capistrano, Laguna Beach and Lake Forest based on hospital resources and partnerships and in an effort to show significant outcomes at the end of this three-year plan. This decision was made in partnership with Community Benefit Department Staff, the hospital's Executive Team and the Community Benefit Committee in FY12.

COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

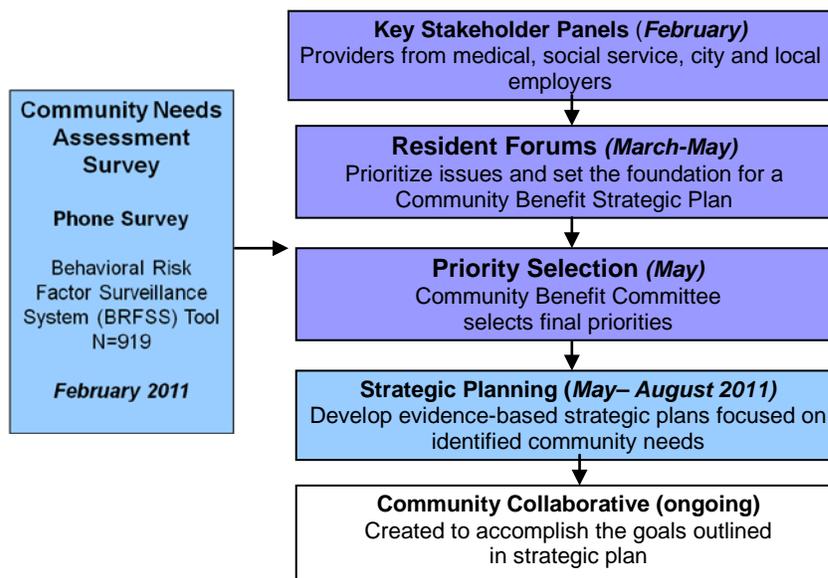
METHODOLOGY

Analytic Methods Used

Mission Hospital conducted its Community Health Needs Assessment in the cities of San Clemente, San Juan Capistrano and Lake Forest between February and May 2011 (Laguna Beach needs assessment was conducted in 2010 just after purchasing South Coast Medical Center in July 2009).

The chart to the right visually describes our

process used in conducting the needs assessment and creating the strategic plans that respond to the community needs. The following information will focus on our survey conducted in 2011. See Appendix 5 for complete information regarding the Laguna Beach survey and its results.

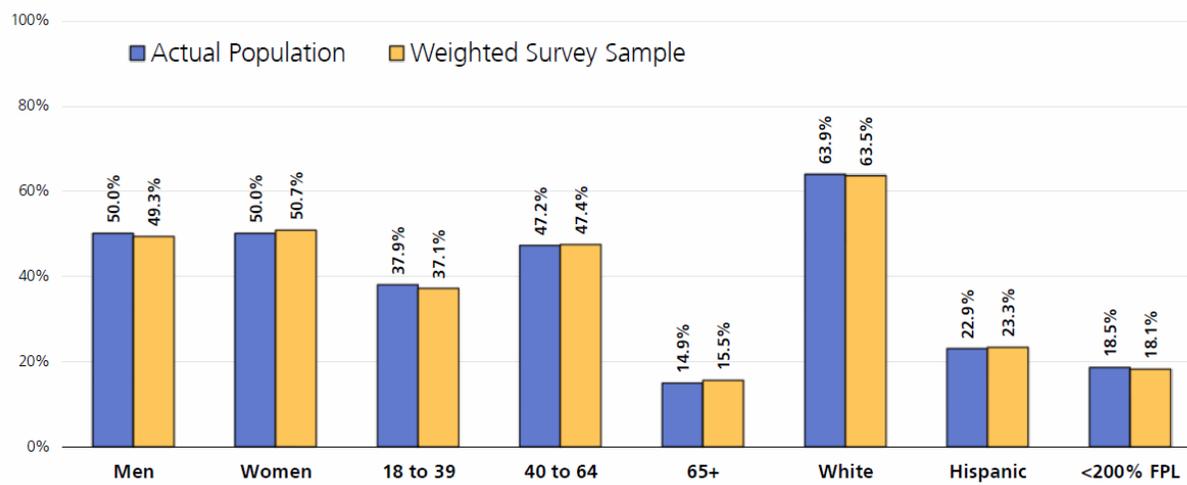


Telephone Survey

Mission Hospital contracted with Professional Research Consultants (PRC) to conduct a telephone survey of 146 questions focused on issues such as general health, chronic disease, injury and violence, health risks, preventive care, access to healthcare services and broad community issues between January and April 2011. The survey was modeled after the Centers for Disease Control's (CDC) Behavioral Risk Factor Surveillance System, which enables us to benchmark local results to statewide and national data. PRC completed 919 random phone interviews with adults from San Clemente (n: 326), San Juan Capistrano (n: 300) and Lake Forest (n: 293). These three cities had the largest concentration of residents with high need. Sample size was demographically representative of each of the communities. Validity of results is at a 95% confidence level (and 95% when looking at city-specific data).

Population & Sample Characteristics

(Overall, 2011)



Sources:
 • Census 2000, Summary File 3 (SF 3). US Census Bureau.
 • 2011 PRC Community Health Survey, Professional Research Consultants, Inc.

Key Stakeholder Panels

Two panels of key stakeholders were held in San Clemente and San Juan Capistrano to obtain input from local service providers from a cross-section of disciplines who provide services to local residents. A total of 40 people participated in these two panels and representation included the medical field, education, faith-based groups, local resident leaders, non-profit agencies and county-funded programs.

Community/Resident Forums

Once the PRC surveys were complete, six community forums were conducted with residents in the cities of San Juan Capistrano, San Clemente, and Lake Forest. There were a total of 63 participants across all forums, with each forum ranging in size from 2 to 21 and averaging 10 participants. The majority of participants were women (n = 54). Participants were all adults, mainly residents and a few stakeholders (e.g., service providers, city employees, and hospital employees). The English language forums included mostly stakeholders and to a lesser extent included residents, while the Spanish language forums included mostly residents. Each forum lasted about one and a half hours. Participants identified priority issues. The results aggregated across the forums indicate that the four priority health and quality of life issues perceived by the participants are as follows:

1. Obesity
2. Lack of health insurance
3. Stress and anxiety

4. Access to affordable homes

Other health and quality of life issues included cardiovascular risk, dental services, alcohol and substance abuse, and job training for youth. There were similarities among all forums, such as the perception that the role of economic hardship contributes to poor health and quality of life. There was a notable difference between the English language and Spanish language forums, however, in that the Spanish language forum participants believed unauthorized immigration status is a determinant to health disparity and quality of life.

For the full report, please visit our website at www.mission4health.com

St. Joseph Health, Mission Hospital 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, Mission Hospital CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by St. Joseph Health, Mission Hospital in the enclosed Community Benefit 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
<i>Residents with incomes under 300% of Federal Poverty Level (across all three cities)</i>	<ul style="list-style-type: none"> • 27% report chronic depression (vs. 15% general population) • Diabetes rates higher • Lesser ability to obtain fresh fruits/vegetables at an affordable price (45% vs. 7%) • Higher rates of overweight/obesity • Less leisure time (21% vs. 10%) • Lack of health insurance (40%) 	

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DUHN Population Group or Community	Key Community Needs	Key Community Assets
	<p><i>vs. 10%)</i></p> <ul style="list-style-type: none"> • <i>65% have usual source of primary care (vs. 85%)</i> • <i>66% Housing >1 family in one home compared to general pop</i> • <i>23% have no education beyond high school (vs. 10%)</i> • <i>46% have not achieved their educational/career goals</i> • <i>Only 61% have educational goals for their child to include college (a 30% difference compared to general pop)</i> 	
<p><i>San Juan Capistrano high-need neighborhoods</i></p>	<ul style="list-style-type: none"> • <i>Higher rates of obesity (30% vs. 14% general pop)</i> • <i>Transportation a significant barrier (15% vs. 4% general pop)</i> • <i>Usual source of primary care much lower (51% vs. 85% general pop)</i> • <i>Low availability of fresh produce at an affordable price</i> • <i>Experienced symptoms of chronic depression (27% vs. 12% general pop)</i> 	<ul style="list-style-type: none"> • <i>Camino Health Center</i> • <i>Mission Basilica</i> • <i>CHEC Family Resource Center</i> • <i>Boys & Girls Club</i> • <i>San Juan Capistrano Senior & Community Center</i> • <i>CUSD Adult School</i> • <i>Kinoshita Farms</i> • <i>Ecology Center</i>
<p><i>San Clemente high-need neighborhoods</i></p>	<ul style="list-style-type: none"> • <i>Higher skin cancer rates</i> • <i>Significantly higher rates of domestic violence (15% vs. 7% general pop)</i> • <i>Transportation a significant barrier</i> • <i>36% share housing costs (vs. 10% general pop)</i> • <i>Higher rates of binge drinking</i> 	<ul style="list-style-type: none"> • <i>Saddleback Hospital</i> • <i>San Clemente Senior Center</i> • <i>Boys & Girls Club</i> • <i>San Clemente Community Center</i> • <i>Mary Erickson Housing</i> • <i>San Clemente Community Resource Center</i> • <i>Family Assistance Ministry</i>

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DUHN Population Group or Community	Key Community Needs	Key Community Assets
		<ul style="list-style-type: none"> • Henderson House • iHope
<i>Laguna Beach</i>	<ul style="list-style-type: none"> • 85% of residents rate the availability of affordable housing as “fair” or “poor” (US=50%). • Higher rates of senior population and isolated seniors • High rate of homeless 	<ul style="list-style-type: none"> • Laguna Beach Community Clinic • Laguna Beach Senior & Community Center • Boys & Girls Club of Laguna Beach • Laguna Beach Community Coalition • Laguna Resource Center • Mission Hospital Laguna Beach • Alternative Sleeping Location (ASL Homeless Shelter) • Friendship Shelter • Helping Hands Worldwide
<i>Laguna Beach Homeless Population</i>	<ul style="list-style-type: none"> • 51% of unsheltered homeless report health is fair/poor (vs. 8% general pop) • 54% report limitation in physical, mental or emotional problem (vs. 24% general pop) • 17% diagnosed with heart disease (vs. 5% general pop) • Fair/Poor mental health rated by 35% (vs. 8% general pop) • Chronic depression experienced by 62% (vs. 24% general pop) • 46% had drinking/drug problem (vs. 2% general pop) • 1% have no form of health insurance, including 	<ul style="list-style-type: none"> • Same as above

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DUHN Population Group or Community	Key Community Needs	Key Community Assets
	<p><i>government sponsored programs (vs. 13% general pop)</i></p> <ul style="list-style-type: none"> • <i>The #1 need identified by the homeless during interviews was jobs/job skills</i> 	
<i>Lake Forest high-need neighborhoods</i>	<ul style="list-style-type: none"> • <i>Higher rates of poor mental health (18% vs. 6% general pop)</i> • <i>Much lower consumption of fresh fruits/vegetables (20% lower than general pop)</i> • <i>More fast food consumption compared to general population</i> • <i>21% unable to purchase needed prescription medication due to cost (vs. 10% general population)</i> 	<ul style="list-style-type: none"> • <i>Lake Forest Community Center</i> • <i>South Orange County Family Resource Center</i> • <i>PEACE Center at Saddleback Church</i> • <i>Women, Infant & Children's Clinic (WIC)</i>

PRIORITY COMMUNITY HEALTH NEEDS

Figure 1 describes the community health needs identified through the SJH, Mission Hospital CHNA. Those needs that the hospital does not plan to address are noted³.

Figure 1.

Health Needs Identified through CHNA	Plan to Address
Access to Healthcare	
Lack of insurance & insurance instability	Yes
Having a "medical home"	Yes
Transportation (a priority issue identified in the key informant panels)	Yes
Heart Disease & Stroke	
High cholesterol	No

³ A number of community health needs are already addressed by other organizations and will not be addressed in the implementation plan report.

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Health Needs Identified through CHNA	Plan to Address
Housing	
Affordable housing	Yes
Homeless programs and shelters	Yes
Immunizations	
Influenza/pneumonia vaccination	Yes
Physical Activity	
Use of parks/recreational facilities	Yes
Mental Health	
Service availability and access were priority issues identified in the key informant panels	Yes
Substance Abuse	
Alcohol use	Yes

How We Are Addressing Prioritized Needs (listed in Figure 1):

Lack of Insurance & Insurance Stability: Mission Hospital was instrumental in the development of the Children’s Health Initiative of Orange County (CHIOC), which helps enroll low income children in appropriate health insurance programs. We support CHIOC through a partnership with our Family Resource Centers (FRCs). CHIOC and the FRCs work closely to enroll children and adults into available programs.

Establishing a Medical Home: This need is addressed through our support of Camino Health Center, south Orange County’s only community clinic. Camino Health Center was purchased by the Sisters of St. Joseph of Orange in 1994 in conjunction with the purchase of Mission Hospital. The hospital has financially supported Camino annually with a contribution that ranges from \$1.6 - \$1.9 million through its Care for the Poor funds. While Camino became a free-standing non-profit in 2010 to expand its services as a Federally Qualified Health Center, Mission Hospital continues to support the Center with a significant financial contribution and shared services agreements.

Transportation: South Orange County has challenging public transportation systems that do not meet the needs of many demographics. To respond to this need, Mission Hospital has partnered with Age Well Senior Services, the south Orange County contractor for Non Emergency Medical Transportation Services for the elderly. With this partnership, seniors 60 and older are able to arrange for free transportation to both of Mission Hospital’s campuses in Mission Viejo or Laguna Beach to obtain needed

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medical services. There are no limits to the number of rides available to a senior and a companion may ride along free of charge. With the vast health care services offered at both campuses, seniors gain access to needed medical attention without having to worry about transportation.

Use of parks/recreational facilities: See “Addressing Needs of the Community: FY12 – FY14 Key Community Initiatives” section. Use of parks and recreational facilities aligns with our Childhood Obesity Initiative.

Affordable Housing: See “Addressing Needs of the Community: FY12 – FY14 Key Community Initiatives” section. Mission Hospital is addressing Affordable Housing through a key community benefit initiative.

Influenza/pneumonia vaccination: We continue to provide vaccinations to south Orange County residents during the fall/winter months, with a specific focus on reaching those without health insurance or access to medical care. In FY14, we provided vaccinations to over 1773 individuals.

Mental Health: Service availability and access were priority issues identified in the key informant panels. In FY12, we initiated a mental health intern program through our two Family Resource Centers (FRCs) to increase capacity and availability to services. FY14 doubled the number of interns providing services to a total of eight. Many of these interns are bilingual in Spanish enabling us to fill a gap in the south county community.

Alcohol Use: See “Addressing Needs of the Community: FY12 – FY14 Key Community Initiatives” section. Mission Hospital is addressing alcohol use through its Youth Alcohol & Substance Use Prevention initiative.

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 programs through our Care for the Poor Program.

Furthermore, St. Joseph Health, Mission Hospital 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,

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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:

Homeless programs and shelters: During the 2010 Health Needs Assessment conducted in Laguna Beach, California, the homeless were a unique high need community that required specific, ongoing support. Mission Hospital partnered with the City of Laguna Beach to establish the Alternative Sleeping Location (ASL), an overnight shelter for the city's homeless. Since that time, we have provided one nutritionally balanced meal to each person staying the night at the shelter to ensure they received one meal each day. A key need identified by the homeless was the need for job skills and steady work. Although we have partnered with local agencies such as the Friendship Shelter to address this need, resources limit the effectiveness to address such a large issue. And while we are limited in directly addressing the issue of homelessness, we have partnered with several organizations that serve the homeless, including Pathways of Hope, Collete's Home, The Friendship Shelter and the Illumination Foundation.

High Cholesterol: While we do not currently have a specific program to address high cholesterol needs in the community, we do support the local non-profit chapter of the American Heart Association through their annual American Heart Association Heart Walk to raise awareness and educate the public about heart disease. Our employees form teams to walk in the event and personally raise dollars and awareness throughout the community.

St. Joseph Health, Mission Hospital FY12 – FY14 Community Benefit Plan/Implementation Strategies and Evaluation Plan FY14 Accomplishments

Initiative: Affordable Homes

Description: Our goal is to increase public support for affordable homes development in South Orange County, with a special focus on the cities of Lake Forest, San Clemente, Dana Point, San Juan Capistrano and Mission Viejo. The strategies focus on strengthening coalition participation in promoting Affordable Homes and raising awareness and educating the public on the importance and benefit of Affordable Homes in the community.

Key Community Partners: The following partnering agencies collaborate together to form the South Orange County Alliance for Housing our Communities (SOCAHOC):

- Affordable Housing Clearing House
- City of Dana Point, Economic Development Office
- City of Lake Forest, Housing and Redevelopment Agency
- City of Mission Viejo, Planning Office
- City of San Juan Capistrano, Housing and Advisory Board
- Community Action Partnership of Orange County
- Families Forward
- Family Assistance Ministries
- Friendship Shelter
- Habitat for Humanity of OC
- HOMES, Inc.
- Jamboree Housing
- Kennedy Commission
- Mission Hospital
- National Community Renaissance
- NeighborWorks OC
- OC Association of Relators
- OC Housing Trust
- San Clemente Collaborative
- St. Joseph Health
- United Way Orange County
- Urban Land Institute

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Goal (Anticipated Impact⁴): Increase Public Support for Affordable Homes in South Orange County

Target Population (Scope): The initiative addresses South Orange County households (Lake Forest, Mission Viejo, San Juan Capistrano, Dana Point and San Clemente) earning less than 20% of the area median income in need of access to affordable homes to avoid expending more than 30% of their gross income on housing costs.

How will we measure success? Outcome Measure:

Reduce the percentage of Lake Forest residents who feel the community is not supportive of affordable homes.

Three-Year Target: Reduce FY 11 baseline of 39.7% by 2 percentage point to 37.7%

Strategy 1: Strengthen South Orange County Alliance for Housing our Communities (SOCAHOC) participation in promoting Affordable Homes

Strategy Measure 1: Number of sectors actively involved in promoting Affordable Homes

Strategy 2: Raise awareness and educate the public on the importance and benefit of Affordable Homes in the community

Strategy Measure 2: Number of unique outreach efforts completed

FY14 Accomplishments:

Mission Hospital led the full implementation of the South Orange County Alliance for Housing Our Communities (SOCAHOC) Strategic plan. SOCAHOC achieved the goal of increasing public support for affordable homes developments in South Orange County. The percentage of Lake Forest residents who feel the community is not supportive of affordable homes was reduced by 12.5% from 39.9% in 2011 to 27.5% in 2014.

We strengthened SOCAHOC participation in promoting Affordable Homes by maintaining the active involvement of seven (7) sectors representing the local government, non-profit developers, major employers, advocacy groups, philanthropy/lending groups, service providers, and local community leaders. A total of 25 individuals from 17 organizations participated in at least three (3) SOCAHOC sponsored events over FY14.

⁴ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

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Mission Hospital led the implementation of a SOCAHOC public education campaign to raise awareness and to educate residents on the importance and benefits of Affordable Homes in South Orange County. The campaign contributed to the 12.5% increase in resident support from target population (72% Lake Forest residents) over the estimated 60% reported in the FY11 Community Health Assessment. The campaign developed 17 media messages and products, completed 18 unique outreach efforts, and had 258, 553 impressions (estimation of the number of times a message is seen or heard via campaign media.)

SOCAHOC organized the Housing Community Forum: “Outlook and Opportunities in Developing Healthy, Competitive and Sustainable Communities” at Soka University in Aliso Viejo, CA. It had the participation of 8 panelists and more than 70 individuals.

St. Joseph Health, Mission Hospital FY12 – FY14 Community Benefit Plan/Implementation Strategies and Evaluation Plan FY14 Accomplishments

Initiative: Decreasing Childhood Obesity

Description: Our goal is to reduce childhood obesity in underserved children ages 3-11. Three strategies guide us in achieving this goal: Increase healthy practices by families around eating and physical activity; increase implementation of wellness policies at elementary schools; and increase access to healthy foods and physical activities in underserved neighborhoods.

Key Community Partners:

- Boys and Girls Club of San Juan Capistrano
- Boys and Girls Club of Aliso Viejo
- Boys and Girls Club of Laguna Beach
- South County YMCA
- Local City Representation
- County of Orange Health Care Agency
- Network for a Healthy California
- Fit2BeKids
- Dr. Riba's Health Club
- CalOptima
- NeighborWorks OC
- San Clemente Community Resource Center
- Camino Health Center
- CREER
- Capistrano Unified School District
- Saddleback Valley Unified School District
- Community Action Partnership of OC
- Nutrition and Physical Activity Collaborative of Orange County
- Alliance for a Healthy OC
- Orange County Sheriff's Department
- Coastal Properties
- University of California Cooperative Extension
- Latino Health Access

Goal (Anticipated Impact⁵): To reduce the prevalence of obesity in underserved children ages 3-11 as measured by the percentage of 5th graders with a BMI percentile $\geq 85\%$ in selected schools.

Target Population (Scope): Underserved children ages 3-11.

How will we measure success? Outcome Measure: Reduce the percent of 5th Grade students with a Body Mass Index (BMI) of $\geq 85^{\text{th}}$ percentile at targeted schools.

⁵ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

FY14 Community Benefit Report

The work in the schools included creation of a committee at each school who used the ENACT (Environmental Nutrition and Activity Community Tool) to determine each school’s “score” in providing a healthy environment. A minimum acceptable score was determined by the Task Force and each school was challenged with improving their scores. The results were as follows:

Elementary School Assessment Scores For nutrition and activity programs & policies			
Schools	Baseline Scores	FY14 Scores	Change
Kinoshita	2.7	3.2	+0.5
Marblehead	2.8	3.3	+0.5
San Juan	2.7	2.9	+0.2
Olivewood	3.0	3.3	+0.3
Del Obispo	2.8	2.7	-0.1
Viejo	2.8	3.7	+0.9
Las Palmas	2.6	3.0	+0.4
Glen Yermo	2.4	2.1	-0.3

With all the work that was collectively done in the 8 schools, a review of the 2013 CA Fitnessgram indicated a 4.5% reduction in the prevalence of obesity among 5th graders as compared to 2010 Fitnessgram results. This marks a tremendous success over a 3 year period of time working in these specific schools.

Strategy 3 – Built Environment – After one year of coordinating and planning, Mission Hospital, in conjunction with NeighborWorks OC and Kaboom! (a play equipment distributor), was able to complete the development and construction of a new playground in a San Juan Capistrano neighborhood. The area is densely populated, crime ridden, and has a gang injunction imposed. In an effort to get more children out to play, a resident group was gathered and they went door to door surveying their neighbors to ask what were their perceived barriers

to play. The top two reasons were safety and lack of safe playground equipment. With 180 surveys in hand, a grant was written and awarded for \$15,000 from Kaboom. Mission Hospital committed to the balance of \$35,000 to build the playground. The entire playground was installed by the residents (as required by the Kaboom grant) and was a reeling success from the day it opened.



St. Joseph Health, Mission Hospital

FY12 – FY14 Community Benefit Plan/Implementation Strategies and Evaluation Plan

FY14 Accomplishments

Initiative: Increasing Clinical Effectiveness of Depression Services

Description: Our aim is to increase the clinical effectiveness of mental health services at the Family Resource Centers (FRCs), particularly for clients receiving services that address depression. The strategies focus on increasing medication compliance, increasing the percent of clients who complete treatment, and improving the timeliness of access to mental health services.

Key Community Partners: This initiative focuses on the clinical effectiveness of services provided at the FRCs. While we maintain multiple community partnerships through our FRCs, this initiative was focused on Mission Hospital's own mental health service providers and did not include external partners.

Goal (Anticipated Impact⁶): Increase the percentage of clients who improve their Patient Health Questionnaire-9 (PHQ-9) by at least five (5) points.

Target Population (Scope): Clients of the Family Resource Centers receiving mental health counseling for depression (low-income residents of South Orange County who have limited or no access to mental health services).

How will we measure success? Outcome Measure:

Increase the percent of clients who improve their PHQ-9 score by at least five (5) points.

Three-Year Target: 85% of FRC clients who show an improvement of at least 5 points on the PHQ-9 score

Strategy 1: Support the appropriate use of medication

Strategy Measure 1: Increase the percent of those taking medications as prescribed at discharge

Strategy 2: Engage clients in treatment beyond crisis

Strategy Measure 2: Increase the percent of clients who complete treatment plan

⁶ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

Strategy 3: Increase timeliness of interventions

Strategy Measure 3: Decrease the average number of days on wait list (first call to first appointment) each quarter

FY14 Accomplishments:

The goal of the Family Resource Centers' (FRC) Initiative to improve Clinical Outcomes of Depression is to increase the percentage of clients who improve their Patient Health Questionnaire-9 (PHQ-9) by five or more points, which evidence-based research supports as a clinically significant change. In order to be included in this Initiative, client must score a 5 or more on the PHQ-9, indicating at least mild depression. In FY14, 130 clients sought treatment for depression-related symptoms with 66 of them meeting criteria for inclusion in the results (3 or more sessions and an initial PHQ-9 score of greater than 5). An additional 72 clients were treated for broad mental health counseling unrelated to depression. The FRCs provided Life Skills classes (classes designed to provide clients with essential skills around communication, self-empowerment, difficult conversations, etc.) to 254 new clients; mental health workshops to 149 individuals; and individual, group, family or couples counseling to 301 persons.

Eight (8) mental health interns were hosted at our Family Resource Centers over the year enabling us to continue providing mental health services to the community. FY14 results indicated that 80% of our clients saw at least a five (5) point change in their PHQ-9 score. Our target goal for FY12-14 was 85% (FY11 baseline data was 72%). Over the course of the FY12-14 plan, we have come to learn that clients who start with an initial PHQ-9 score of 5 means a client needs to finish their counseling with a final rating of "0" to show clinical improvement. The vast majority of people do not score a 0 on a PHQ-9. The scale itself defines a score of 4 or less to mean that a client may not need treatment for depression. The PHQ-9 rating scale defines a score of 5-9 as mild depression and 10-15 as moderate depression. Therefore, a more accurate reflection of clinical improvement would be to track clients with an initial score of at least 9. Using these criteria, a total of 86% of clients saw at least a 5 point improvement in their PHQ-9 score. We have seen an increase in the severity of depression each year. For FY 14, 42% of the clients seeking treatment for depression had an initial PHQ -9 score of 15 or higher, indicating moderately severe to severe depression. In comparison, during FY 13, only 34% of the clients had an initial score of 15 or higher. While this trend is indicative of the increased challenges faced by our clients, we are seeing a greater percentage of these clients with a clinically significant improvement. In FY 14, of the individuals with an initial score of 15+ and completion of at least 3 sessions (40 clients), 95% of them showed an increase of at least 5 points on the PHQ-9.

51% of clients with treatment plans completed their course of treatment. Measures were taken to address barriers clients faced in accessing and completion of their treatment including offering gas cards, child care, and evening appointments. Despite this, other factors outside of our control such as family and cultural biases, significant financial challenges requiring clients

FY14 Community Benefit Report

to work whenever they could, often led clients to prematurely end their treatment. In the middle of the year, the clinical team was trained in providing clients with a Wellness Recovery Action Plan (WRAP) which provided something tangible for them to have after treatment completed. While this did not specifically increase the length of time people remained in treatment, it provided an evidence-based tool for clients to cope in their day-to-day lives.

Approximately 10% of the clients seen for treatment of depression were taking medication upon discharge. The majority of these clients completed their treatment program. The average length of days a client waited on the wait list was 6.2 days. The target goal in FY14 was 8.2 days from an initial baseline of 37 days. The significant decrease can be attributed to the development of our Life Skills curriculum and expansion of our intern program, providing more opportunities for clients to address their needs.

St. Joseph Health, Mission Hospital FY12 – FY14 Community Benefit Plan/Implementation Strategies and Evaluation Plan FY14 Accomplishments

Initiative: Prevention of Youth Alcohol & Substance use in Laguna Beach

Description: This initiative was developed in FY10 in response to the Laguna Beach Health Needs Assessment. The goal is to reduce the use of alcohol or other substances among 9th Graders in Laguna Beach. Our strategies are evidence-based and focus on three main issues: increasing a child's own problem-solving skills; improving adult/child relationships at home; and decreasing access to alcohol.

Key Community Partners:

- Boys and Girls Club of Laguna Beach
- California Youth Services
- Capistrano-Laguna Beach ROP
- Center for Drug Free Communities
- City of Laguna Beach Police Department
- Community Alliance Network
- CSP, Inc.
- Laguna Beach City Council
- Laguna Beach Community Clinic
- Laguna Beach Presbyterian Church
- Laguna Beach Unified School District
- Laguna Beach Unified School District Board
- Laguna Beach residents and youth
- MADD
- Mission Pacific Coast Recovery
- Western Youth Services

Goal (Anticipated Impact⁷): Reduce use of alcohol among 9th grades in the Laguna Beach Unified School District (LBUSD)

Target Population (Scope): Youth in Laguna Beach, California

How will we measure success? Outcome Measure:

Reduce the percent of 9th Graders at LBUSD who report using alcohol in the last 30 days.

Three-Year Target:

Decrease the percentage of 9th graders reporting using alcohol in the last 30 days from a baseline of 35% to a target of 31%.

⁷ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

FY14 Community Benefit Report

Strategy 1: Increase child problem solving skills

Strategy Measure 1: Increase the percent of 7th graders who rate high on problem solving skills

Strategy 2: Increase caring relationships at home

Strategy Measure 2: Increase the percent of 7th graders who rate high on having a caring relationship with an adult at home

Strategy 3: Reduce access to alcohol

Strategy Measure 3: Decrease the percent of 9th graders who say it is easy or very easy to get alcohol

FY14 Accomplishments:

The Laguna Beach Community Coalition's 20+ members met regularly to review key issues in the prevention of youth alcohol and substance use. We worked in partnership with the police department, students, and local residents to educate the community about the drinking rates for local youth. Mission Hospital supported an informational website entitled *Keep our Kids Safe* which focused on providing resources, education and support to parents and youth.

Outcome data is received via the California Healthy Kids Survey which is administered every two years and is not yet available for 2014. Baseline data was established using 2010 figures. For Strategy 1, increasing problem skills for 7th graders, no data was available from the 2012 survey (the survey for this grade was discontinued based on decisions at the school district level). For Strategy 2, Increasing Caring Relationships at Home, 7th graders reported an increase from the 2010 baseline of 72% to 78% in 2012, demonstrating they felt a more positive connection with an adult at home. Strategy 3 baseline data indicated that 74% of 9th graders felt it was easy or very easy to access alcohol. In 2012, this number decreased to 70%. The most significant outcome is seen in results towards achieving our overall goal of reducing the percentage of alcohol use among 9th graders in the Laguna Beach school district. Our three-year target goal was to reduce the percentage of alcohol use among 9th graders by 4%. By employing various strategies and activities, we far exceeded our target. Based on 2012 survey results, the figure dropped to 26%, nearly a 10% reduction from the original baseline in 2010.

In FY14, coalition members worked collaboratively to offer the second annual "Raising Thriving Kids" parent education program. This year's program was focused on parents of 4th and 5th grade students getting them ready for middle school. The program was a five week series aimed at helping parents understand if their children were surviving or thriving. A great deal of education was presented using the 40 Developmental Assets, the building blocks of developmental skills that help young people grow up health and happy. The focus was on helping to increase caring relationships at home, school and in the community. Other topics included positive parenting and communication, setting boundaries, planning and decision

FY14 Community Benefit Report

making. A total of 41 parents enrolled in the program providing them with increased awareness and knowledge of behaviors and access to resources. This collaborative effort included advertising in local media, promotion at the schools to reach parents, parent instruction, and child care for the families that attended the event.

In addition, the coalition supported High School Parent Awareness Workshops which included introduction to the 40 Developmental Assets, Internet Safety, Drug & Alcohol Trends, and reviewing of data from the California Healthy Kids Survey. Over 550 parents attended these presentations during FY14. Research by The National Institute for Drug Awareness has concluded that prevention programs aimed at key transition points for youth can produce results, even in high risk families. Mission Hospital provided Transitional Parent Meetings for 120 parents of 5th and 8th graders to prepare them for their children transitioning into the different school settings.

Other Community Benefit Programs and Evaluation Plan

Program: South Orange County & CHEC Family Resource Centers

Description: Our mission to improve the health and quality of life of people in the communities we serve continues to flourish throughout south Orange County via two Family Resource Centers, South Orange County Family Resource Center (SOC FRC) located in Lake Forest and the Community Health Enrichment Collaborative Family Resource Center (CHEC FRC) located in San Juan Capistrano. Through a comprehensive needs assessment and the continuous feedback from our community, the following services are provided: Mental Health Services & Education, Life Skills Program, Health Insurance Access, Parenting Support & Education, Parent/Child Classes, Family Advocacy, Information and Resource Services, Personal Empowerment Program, Financial Counseling & Education, Case Management, Community Outreach, Education Assistance, and limited Emergency Assistance.

Key Community Partners: Raise Foundation, Children's Bureau, Human Options, Consumer Credit Counseling of Orange County, Neighborhood Housing Services, Woman, Infant & Children's (WIC) Clinic, Saddleback College, Mission Basilica, Camino Health Center, Orange County Social Services Agency, Children's Health Initiative of Orange County, Families Forward, Capistrano Unified School District

Goal (Anticipated Impact⁸): Increase the number of people served annually.

Target Population (Scope): Low income and vulnerable residents living in south Orange County

How will we measure success? Outcome Measure:

Annual increase in the number of people served.

FY14 Accomplishments:

Between the two centers, a total of 13,081 unique clients were served in FY14 with a total of 20,599 interactions. In addition to serving clients at our Centers, we also provided services at health fairs, community events and clinics. The FRCs collaborated with Western Family Services and Human Options for mental health services and FRCs provided a number of other services through partnerships with other local agencies. Some of these included Consumer Credit Counseling Service providing individual and group financial education and supports the Raise Foundation offering health insurance and various supportive classes for families with young children; CalFresh enrollment support through the Social Services Agency to provide food for needy families; the Coalition of Community Clinics and the Children's Health Initiative of

⁸ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

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Orange County offering healthcare enrollment services and support; Padres Unidos of Orange County provided School Readiness Programs; and Developmental Screening program through the Family Support Network. Mission Hospital is one of four primary partners along with The Raise Foundation, Human Options, and Children's Bureau who provided FaCT (Families and Communities Together) funded services which included Family Advocacy, Case Management, Domestic Violence counseling and support classes.

FY14 Community Benefit Report

Program: Camino Health Center

Description: Camino Health Center is a Federally Qualified Health Center (FQHC) with a mission to improve the health status of the medically underserved in south Orange County by providing affordable, quality primary health care.

Key Community Partners: Mission Hospital Community Benefit Department, Coalition of Orange County Community Health Centers, Orange County United Way, City of Lake Forest, City of Mission Viejo, and the City of San Clemente.

Goal (Anticipated Impact⁹): The efficient delivery of high quality, affordable primary medical care, pediatric and prenatal dental care, and Women, Infants, and Children (WIC) Supplemental Nutrition services to the target population.

Target Population (Scope): Low-income (at or below 200% of the federal poverty level), underserved, and uninsured residents of south Orange County.

How will we measure success? Outcome Measure: As a FQHC, Camino Health Center is assigned 16 clinical and five financial performance measures. These measures, each of which has an established baseline, are reported on annually to the Health Resources and Services Administration (HRSA). In fiscal year 2014, the health center received a significant boost in its ability to make measurable improvement in the clinical performance measures by way of adoption of an electronic health record (EHR). Camino's new EHR system supports improved clinical decision making, population management, and streamlined workflow processes. Together, these attributes will enable the health center to enhance the overall quality of health care received by patients in addition to improving Camino's operational efficiency. An improved operational efficiency will enable the health center to more effectively manage the cost of its services and will help to ensure that Camino is able to sustain its operations for the long-term.

FY14 Accomplishments:

Camino Health Center and Mission Hospital have partnered together since 1996. In 2010, Camino became a separate entity, allowing it to become south Orange County's first and only FQHC. While a separate organization, Mission Hospital continues to provide financial support to Camino. In fiscal year 2014, the hospital contributed \$1.6 million as well as numerous in-kind support services such as human resources, accounting, risk management, and legal services.

⁹ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

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In fiscal year 2014, the health center expanded its hours of operation; Camino is now open Monday – Thursday from 8am – 8pm, Friday 8am – 6pm, and Saturdays 8am – 5pm. All of the health center’s services lines now include Saturday access.

A significant milestone achieved by Camino in fiscal year 2014 was the implementation of an electronic health record (EHR). All medical services provided at Camino are now conducted via an electronic workflow. In conjunction with this undertaking, Camino is participating in the Centers for Medicare & Medicaid Services (CMS) Meaningful Use of EHR incentive program; the health center will be completing its Stage 1 Meaningful Use attestation in the fall of 2014.

A few other highlights about the services provided by Camino last fiscal year include:

- 113,911 visits provided to approximately 16,700 patients through Camino’s five departments, which include: primary medical, pediatric & prenatal dental, mobile medical unit, diabetes van, and the Women, Infants, and Children (WIC) supplemental nutrition program;
- 90 percent year-over-year growth in the health center’s dental clinic – growing from 2,980 visits in fiscal year 2013 to 5,673 visits in fiscal year 2014;
- 4,511 unduplicated patients from the cities of San Clemente, Dana Point, and San Juan Capistrano received care. Several low-income neighborhoods in these cities are designated as Medically Underserved Populations by the U.S. Department of Health and Human Services;
- 412 individuals enrolled into health insurance coverage by Camino’s Certified Enrollment Counselor in conjunction with the Affordable Care Act;
- 97 percent of patients receiving services at Camino had family incomes at or below 200 percent of the federal poverty level.

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FY14 Community Benefit Investment

FY14 COMMUNITY BENEFIT INVESTMENT

St Joseph Health, Mission Hospital

(ending June 30, 2014)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ¹⁰	Net Benefit
Medical Care Services for Vulnerable ¹¹ Populations	Financial Assistance Program (FAP) (Charity Care-at cost)	\$6,530,000
	Unpaid cost of Medicaid ¹²	\$5,866,000
	Unpaid cost of other means-tested government programs	\$2,819,000
Other benefits for Vulnerable Populations	Community Benefit Operations	
	Community Health Improvements Services	\$887,000
	Cash and in-kind contributions for community benefit	\$2,816,000 ¹³
	Community Building	\$103,000
	Subsidized Health Services	\$83,000 ¹⁴
Total Community Benefit for the Vulnerable		3,889,000
Other benefits for the Broader Community	Community Benefit Operations	\$724,000
	Community Health Improvements Services	\$814,000
	Cash and in-kind contributions for community benefit	\$95,000
	Community Building	\$210,000
	Subsidized Health Services	\$0
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	\$30,000 ¹⁵
	Total Community Benefit for the Broader Community	\$1,873,000
TOTAL COMMUNITY BENEFIT (excluding Medicare)		\$20,977,000
Medical Care Services for the Broader Community	Unpaid cost to Medicare ¹⁶ (not included in CB total)	\$31,241,000

¹⁰ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

¹¹ 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, 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.

¹² 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.

¹³ Updated June 2015: Re-categorized \$83,000 to "subsidized health services" to better reflect service provided to community

¹⁴ Updated June 2015: Removed \$717,000 as expense can no longer be captured as community benefit per IRS guidelines. See final note on Pg. 37 on how Mission Hospital continues to provide this benefit to the community.

¹⁵ Updated June 2015: Re-categorized \$30,000 to its accurate location of "Health Professions Education, Training & Health Research"

¹⁶ Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.

Telling Our Community Benefit Story: Non-Financial¹⁷ Summary of Accomplishments

Holiday / Back to School Angel Projects:

Mission Hospital employees have been committed to helping the underserved families within the area through our “Angel Projects.” During the Back to School Angel project, employees or entire departments within the hospital “adopt” a child and outfit him or her for the coming school year based on individual needs. In FY14, nearly 50 children were “adopted” and provided much-needed school supplies and new clothing. During the holiday season, the concept expands to include Holiday Angel project whereby departments within the hospital “adopted” entire families to provide them with items including gifts for the children, clothing, and gift cards for food and supplies. We served 48 families with the Holiday Angel program in FY14 which included 81 parents and 146 children.

Mission Hospital Medical Careers Summer Camp:

Mission Hospital Nursing Center of Excellence and Community Benefit organized the 4th Medical Careers Summer Camp for students from San Juan Capistrano Marco Forster Middle School. The camp’s main goal is to expose 7th grade students from underrepresented areas to professional jobs in healthcare and encourage them to pursue medical careers.

This year, 11 students interested in the Science/Medical field were mentored by a group of nurses known nationally for the patient care protocols. The 3- day event provided talks and workshops on the different roles of nursing and clinicians, hospital department tours and a visit to Saddleback College Simulation Lab.

Each student received a set of scrubs, a lab jacket and a stethoscope to help them jump into the experience. Parents joined campers on the last day for a closing ceremony where nurses and community benefit staff encouraged them to support their children’s education and career plans.

Medical Supply Donation to Papa New Guinea

Mission Hospital provided medical supplies to the Bundi Rural Clinic on the Eastern side of Papua New Guinea. The clinic was located at 7,000 foot elevation in an isolated area of the island. A team of independent physicians gathered together to provide medical services to the people in six isolated villages and remote towns in January 2014. Mission Hospital



¹⁷ Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.

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provided a variety of medications, and wound dressings totaling \$2,800 (due to favorable hospital pricing) to the mission.

St. Joseph Day Food Drive

Each year, Mission Hospital employees, volunteers and physicians participate in a collection drive to provide food and hygiene resources to our community's most vulnerable individuals and families. In 2014, over 20 bins full of donated food and ancillary items were delivered to the Family Resource Centers in Mission Viejo and San Juan Capistrano. Father Serra's Pantry at the Mission Basilica in San Juan Capistrano also received donations from our Laguna Beach campus.

Corrections Made in June 2015

The following adjustments were made to our financial statement (page 35) after an audit of community benefit expenses per IRS guidelines:

- Other Benefits for Vulnerable Populations:
 - *Cash and in-kind contributions for community benefit* was revised from \$2,899,000 to \$2,816,000 after re-categorizing \$83,000 to *Subsidized Health Services*, a more appropriate category for the dollars spent for the community.
 - *Subsidized Health Services* was revised from \$717,000 to \$83,000 to reflect the removal of \$717,000 due to revised IRS guidelines for community benefit. Mission Hospital continues to contribute to the community even though it cannot be captured as community benefit based on IRS guidelines. The remaining \$83,000 reflects the movement of these dollars from *subsidized health services* (as mentioned above).
- Other benefits for the Broader Community:
 - Re-categorized \$30,000 from *Subsidized Health Services* to its accurate location under *Health Professions Education, Training and Health Research*.