



St. Joseph's Behavioral Health Center™

A Dignity Health Member



St. Joseph's Behavioral Health Center

Community Benefit Report 2012
Community Benefit Implementation 2013

A message from Chief Executive Officer, St. Joseph's Medical Center and Board Chair

At St. Joseph's Behavioral Health we share a commitment to optimize the health of the community we are privileged to serve. Vital to this effort is the collaboration we enjoy with our community partners. How we contribute to the quality of life and the environment in our communities has always been a key measure of our success and it will continue to be so as we move forward.

In January 2012 Dignity Health, formerly Catholic Healthcare West, announced changes in our governance structure and name that will better position the system to welcome new partners in the changing healthcare landscape. The new name, Dignity Health, was chosen because dignity has been one of our core values since our founding. It is deeply embedded in our culture and clearly describes who we are and what we stand for. Our new governance structure more accurately reflects our current composition of both religiously sponsored and community sponsored hospitals.

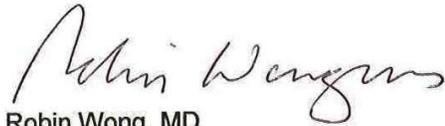
During fiscal year 2012 we, like the nation, were impacted by the continuing economic downturn and experienced both successes and challenges. Despite declining revenue from government sponsored patients, we provided \$1,794,224 in charity care, community benefits and unreimbursed patient care.

At St. Joseph's Behavioral Health we strive to manage our resources and advance our healing ministry in a manner that benefits the common good now and in the future. Despite today's challenges we see this as time of great hope and opportunity for the future of healthcare. We want to acknowledge and thank the women and men who have worked together in a spirit of collaboration to address the health priorities of our community through health and wellness programs and services.

In accordance with policy the St. Joseph's Medical Center Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 26, 2012 meeting.



Donald J. Wiley
President & CEO
St. Joseph's Medical Center



Robin Wong, MD
Chair
St. Joseph's Community Board

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EXECUTIVE SUMMARY

St. Joseph's Behavioral Health (SJBHC) is a 35 bed licensed not-for-profit psychiatric hospital serving Central California. The hospital has been providing specialized psychiatric and chemical recovery services for over 30 years and since 1996, SJBHC has been a part of Dignity Health, formerly Catholic Healthcare West (CHW)¹ a system of hospitals that is one of the largest in the United States.

St. Joseph's Behavioral Health Center offers a variety of inpatient, partial and outpatient services as well as support groups. Specialized Geropsychiatric services meet the needs of the elderly population. Inpatient and partial hospitalization services are provided to adults 18 years and older. Outpatient services are provided for adults, adolescents and children above the age of five years old. St. Joseph's Behavioral Health Center has board certified psychiatrists, physicians and experienced licensed professionals to address the needs of the patients.

The hospital is located at 2510 North California Street, Stockton, CA 95204. The hospital employs 125 staff members.

Based on the 2010 Community Needs Index, the Community Health and Advocacy Board, the Community Board and hospital administration have set the Community Benefit Priorities as the following:

- Free 24 hour Behavioral Evaluations and referrals to address individuals at risk for suicide and other high risk behaviors
- Sponsored Support Groups, Aftercare and Trainings to address drug and alcohol prevention and behavioral health

St. Joseph's Behavioral Health's commitment to providing access to health care services and improved quality of life in the community is evidenced by the total value of our community benefit. The FY 2012 total benefit is \$1,794,224, which includes the unpaid costs of Medicare, financial assistance and community services.

¹ For more information about the name change, please visit <http://www.DignityHealth.org>

MISSION STATEMENT

OUR MISSION

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life.

OUR VISION

A growing and diversified health care ministry distinguished by excellent quality and committed to expanding access to those in need.

OUR VALUES

DIGNITY – Respecting the inherent value and worth of each person

COLLABORATION – Working together with people who support common values and vision to achieve shared goals

JUSTICE – Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless

STEWARDSHIP – Cultivating the resources entrusted to us to promote healing and wholeness

EXCELLENCE – Exceeding expectations through teamwork and innovation

ORGANIZATIONAL COMMITMENT

Dignity Health policy integrates community benefit into the ongoing processes of planning, budgeting and reporting. System wide and at the local level, Dignity Health explicitly uses its resources to benefit those who are economically disadvantaged and to promote health and healing in the community.

Dignity Health Organizational Infrastructure:

- a) Senior Executive Leadership: The Executive Vice President of Sponsorship, Mission Integration and Philanthropy leads system wide community benefit initiatives, aligns system wide strategic objectives with community benefit and ensures that adequate resources are allocated to community benefit planning and programming system wide.
- b) Board of Directors: The Dignity Health Board of Directors establishes key measures of system wide community benefit performance and receives regular reports on progress toward established goals.
- c) Staff: The Dignity Health Vice President of Community Health, who reports to the Executive Vice President of Sponsorship, Mission Integration and Philanthropy, directs and oversees system wide community benefit initiatives. The Dignity Health Senior Director of Community Benefit is responsible for planning, developing, coordinating and overseeing community benefit initiatives, standards, programming and reporting.

Local Organizational Infrastructure:

- a) Executive Leadership: Dignity Health Hospital Presidents ensure that their hospitals allocate adequate resources to assess, develop and implement community benefit initiatives that respond to the unmet health priorities selected in collaboration with their community partners.
- b) Community: The Hospital Board, or Board Committee, participates in the process of establishing program priorities based on community needs and assets, developing the hospital's community benefit plan and monitoring progress toward identified goals.
- c) Community Health and Advocacy Committee: Chair appointed by Community Board and membership includes representation of community-based organizations and other providers and reflects the ethnic diversity of the community.
- d) The Director of Community Health has the responsibility of collaborating with others in the community representing SJMC/SJBHC. Other responsibilities are to plan, organize, develop, evaluate and manage the Community Health Services and strategies approved by Senior Management and the Community Board. The Community Health Director and community benefit departments are integrated into the ongoing process of planning, budgeting and reporting. The Director of Community Health participates in Management level decision-making and has a designated time at monthly meetings to inform organization, middle and senior management about community benefit priorities and services. The Community Health Director is a member and reports to the Community Health and Advocacy Committee of Community Board.

St. Joseph's Behavioral Health Center's Organizational Commitment:

The President of St. Joseph's Behavioral Health Center is Mr. Paul Rains who has the overall responsibility for the Mission and Community Benefit Strategic Planning process. Adequate resources are allocated to carry out the Community Benefit Plan through the operations and capital budgeting process each fiscal year. As a small specialty behavioral services hospital SJBHC has integrated its Mission, Community Benefit planning and prioritization during the Strategic Planning process through alignment of its Integrated Quality Council, Medical Executive Committee & Community Board.

St. Joseph's Behavioral Health Center participates on the Dignity Health San Joaquin–Sierra service area Community Board with Dr. David Robinson as a voting member. Don Sims, CD Program Manager is a member of the community health and advocacy committee. SJBHC has provided orientation programs on the mission, vision, values, and core processes for the Employees, Medical Staff and Volunteers. The mission statement has been distributed and discussed during staff meetings and has also been posted throughout the facility to integrate the mission, vision and values into our daily care of patients and rules of conduct in the treatment of each other.

COMMUNITY

San Joaquin County (SJC) is located in the Central Valley of California and shares many similarities with the counties to the South. SJC is a federally designated Medically Underserved Area (MUA).

The primary service area of St. Joseph's Medical Center (SJMC) is Stockton (pop. 296,357 -2011) and the secondary service area is San Joaquin County (pop. 696,214 – 2011). SJMC also serves as a referral for tertiary care for surrounding counties. SJMC is the largest private employer in San Joaquin County. Key factors used to define our primary and secondary area are the geographic location sources of our patients, contractual agreements for services, and service areas of excellence, such as our Heart Center, our Cancer Center and our Women's and Children's Services.

An overview of San Joaquin County demographics follows. The primary sources of data were The California Department of Finance, Demographic Research Unit, Population Projections for California and Its Counties 2000-2050 as utilized in the San Joaquin County 2011 Community Health Status Report, San Joaquin Public Health Services and the Healthier San Joaquin County Community Assessment 2011. The population in SJC grew 10% from 2004 to 2010, another 1.6% from 2010 to 2011. Over the same time California's population grew by 7%, and 1.2% from 2010-2011. Over the last ten years, the bulk of the growth in SJC has been in the minority populations. There has been a large increase in Hispanic and Asian/Pacific Islander populations. The White population has decreased over the last 10 years and is now roughly the same size as the Hispanic population in the county, the two groups make up approximately three-quarters of the county population. African-American residents are about 8% without much change in number.

The languages spoken by students ages 5-17 at home outlines the county-wide diversity. According to the American Community Survey in 2009, thirty-nine percent (39%) of children spoke a language other than English in their homes. The primary language other than English is Spanish, followed by Hmong and Khmer.

While there has been continuous growth in the last ten years, between 2000-2012 the greatest percent increase in the population was in the 36-54 year age range. SJC is still predominately comprised of children and adults aged 0-54. The median household income in SJC increased from \$41,282 in 2000 to \$54,341 in 2010. Despite this increase, 27% earn \$25-50K for head of household. SJC remains poorer than California as a whole, with a greater percentage of the SJC population living below federal poverty levels at 16%. Household income varies by race/ethnicity. Unemployment in SJC is currently 9.9%

SJC has similar rates of poverty compared to California for Whites and Hispanics but much higher rates of poverty for both African Americans and Asians. In 2009, 15% of Asians, 20% of Hispanics and 30% of African Americans were living in poverty while only 8% of Whites were. Housing units were 51% occupied by owners and 40% by renters.

Approximately 28% of adults in San Joaquin County had no health insurance. One in four of SJC residents were enrolled in MediCal compared to nearly one in five across the state. There has been a slight increase in MediCal enrollments from 21% in 2003 to 24% in 2009. There were 212 primary care providers in SJC serving MediCal patients in 2009, however 33% of those providers were not accepting new MediCal patients an increase from 18% in 2007. There are approximately 900 fewer specialists accepting MediCal patients and it is unknown how many of the remainder are not accepting new MediCal patients.

The incidence of homeless children enrolled in SJC schools has more than doubled since 2006-2007 from 1,194 to 2648 in 2009-2010 with most of them in grades Kindergarten through 5. The high school graduation rate has been steadily declining from 92% in 2003-2004 to 77% in 2010. The CNI score is 4.6.

- Population: Ages 0-5 10.8%; 6-11 11.3%; 12-17 10.4%; 18 & older 67.5%
- Diversity: 39.6% Hispanic; 35.7% Asian; 14.5% African American; 6.9% American Indian/Alaska Native 0.7%; Other 2.6%
- Average Income: \$54,341
- Uninsured: 28%
- Unemployment: 9.9%

- No HS Diploma: 23%
- Renters: 40%
- CNI Score: 4.6
- Medicaid Patients: 24%
- Other Area Hospitals: Stockton 2, Lodi 1, Tracy 1, Lathrop 1, Manteca 1.

There are other health care facilities that are also able to respond to health needs of the community: The county owned hospital San Joaquin General Hospital, a smaller private hospital Dameron Hospital, there are multiple FQHCs within the 13 locations of Community Medical Center plus two free clinics serving homeless, uninsured and working poor. There are also the mobile clinic services provided by St. Joseph's CareVan.

COMMUNITY BENEFIT PLANNING PROCESS

The San Joaquin County Community Health Assessment Collaborative (The Collaborative) was first formed in the late nineties in order to complete the Community Health Needs Assessment mandated by the State of California (SB697). The collaborative was and is co-funded and composed of St. Joseph's Medical Center, Dameron Hospital, Sutter Tracy Community Hospital, Kaiser Permanente, Health Plan of San Joaquin (Medicaid option HMO), First Five of San Joaquin, Community Medical Centers (FQHC group) and the San Joaquin County Public Health Department.

The 2011 report shares the purpose of the earlier assessments which was to produce a functional and comprehensive community health profile of San Joaquin County. The collaborative will use this community profile to inform and engage local stakeholders and community members to promote collaborative efforts based on data, community input and group consensus in order to improve the health of local residents.

Priority Goals:

- Utilize a process that will engage local stakeholders;
- Generate knowledge and findings that could lead to collaborative project development;
- Identify information and data that would be useful for policy and advocacy work;
- Establish "A Call for Action" that leads to ongoing collaboration;
- Assess both community needs and assets;
- Develop end products that are user-friendly and audience appropriate;
- Develop a comprehensive community dissemination plan; and
- Provide a mechanism for ongoing tracking and monitoring.

Desired Outcomes of the Project:

- The San Joaquin County Community Health Assessment will highlight community or geographic specific information, including:
 - Quantitative secondary data for selected indicators reflecting the needs of the county's population.
 - Qualitative and quantitative primary and secondary data and information for areas of focus.
- Produce an Executive Summary summarizing analyses, key findings, comparisons to state and national health trends and defining priorities for collaborative work.

The San Joaquin County Community Health Assessment Collaborative will jointly fund the project. Funding will be ongoing to support the goals developed.

For the 2011 Community Health Needs Assessment, the Collaborative again chose Applied Survey Research (ASR)

Methodology:

The San Joaquin County Community Health Assessment Collaborative (The Collaborative) was first formed in the late nineties in order to complete the Community Health Needs Assessment mandated by the State of California (SB697). The collaborative was and is co-funded and composed of St. Joseph's Medical Center, Dameron Hospital, Sutter Tracy Community Hospital, Kaiser Permanente, Health Plan of San Joaquin (Medicaid option HMO), First Five of San Joaquin, Community Medical Centers (FQHC group) and the San Joaquin County Public Health Department..

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San Joaquin County Community Health Assessment Collaborative Contributors:

Dameron Hospital, Community Partnership for Families of San Joaquin, San Joaquin County Public Health Services, San Joaquin County Office of Education, St. Joseph's Medical Center, St. Mary's Interfaith Community Services, First Five of San Joaquin, Community Medical Centers, University of the Pacific, Health Plan of San Joaquin, Kaiser Permanente, Sutter Tracy Community Hospital, Healthier Community Coalition of San Joaquin and Breast Feeding Coalition of San Joaquin.

About the Researcher:

Applied Survey Research (ASR) is a non-profit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies.

Key issues identified in the assessment are:

- **Youth Suicide**
According to the centers for disease control and prevention, suicide was the third leading cause of death among teenagers ages 15-19 in 2001. Because the death of a young person is usually only called a suicide if there is a suicide note, many health professionals believe suicides are underreported. Further, injuries are not tracked systematically unless they result in hospitalizations or death. Thus, these nonfatal self-inflicted injury hospital data only represent the most serious injuries among children. Suicidality, including intentional self-harm is indicative of serious mental health problems and may signal other traumatic life events such as depression, social isolation, discrimination and physical or substance abuse. Over the last decade in San Joaquin County, the number of youth suicides for ages 5-24 fluctuated between a low of 2 in 2005 and a high of 12 in 2004, with 7 in 2008.
- **Health Insurance Coverage**
Lack of medical insurance coverage is a significant barrier to accessing quality health services. Families and individuals without health insurance coverage often have unmet health needs, received fewer preventative services, experience delays in receiving appropriate care, and experience more hospitalizations that could have been prevented. Uninsured people are less likely to receive medical care, more likely to have poor health, and are more likely to die early. According to the California Health Interview Survey, 20%

of San Joaquin County residents were uninsured in 2007, compared to 16% of residents across the state. In previous years, CHIS reported slightly higher rates of coverage throughout the county, ranging from 81% to 85%. Since 2001, neither California nor San Joaquin County met the 2010 Healthy People objective of having 100% health insurance coverage for the population under the age of 65. In 2010, 81% of Healthier San Joaquin County telephone survey respondents reported having health insurance coverage. Of survey respondents with health insurance, 96% of telephone and 88% of face-to-face survey respondents indicated that their insurance covered at least a portion of their medical prescriptions. 94% of telephone survey respondents and 76% of face-to-face respondents also indicated that their insurance covered preventative care and annual exams.

- Youth Tobacco, Alcohol and Drug Usage

Smoking and secondary smoke have serious health consequences for people of all ages. However, tobacco use by young people is particularly problematic as earlier use is correlated with higher use later in life. Between 10% and 14% of high school students reported using tobacco in the past 30 days. Similarly, the National Center on Addiction and Substance Abuse indicates that teens who experiment with alcohol are “virtually certain” to continue using alcohol in the future. 24 to 35% of high school students reported drinking alcohol in the past 30 days. Older students reported drinking at higher percentages (34 - 35%) than younger students (24 - 26%). Approximately 75,000 deaths per year, in the US, are associated with alcohol use.

Data Sources utilized by SJMC/SJBHC community health to complement the community needs assessment are:

Data Sources utilized by SJMC community health to complement the community needs assessment are:

- Dignity Health Community Needs Index Mapping (CNI) program
- San Joaquin County, Community Health Status Report, 2011

Community Needs Index (CNI)

- Dignity Health’s CNI Index is a tool used to measure community needs in specific geographic area (zip code) by analyzing the degree to which a community has the following health care access barriers: Income Barriers, Cultural / Language Barriers, Insurance Barriers, Housing Barriers, Education Barriers.
- Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions.
- Communities with scores of “5” are more than twice as likely to need inpatient care for preventable conditions as communities with a score of “1.”

All zip codes within the city of Stockton rank between 3.6 and 5.0 (see Appendix)

DEVELOPING THE HOSPITAL’S IMPLEMENTATION PLAN (COMMUNITY BENEFIT REPORT AND PLAN)

Strategic Plan, Fiscal Year 2011-2013

The President, management and the Director of Strategy & Business Planning led the process to update the Fiscal Year 2011-2013 Strategic Plan. The Community Board and the Community Health Committee, middle management, members of the medical staff and its leadership, employees, and community members participated and provided input. Community stakeholder involvement is obtained from community and program advisory groups, members of the board committees, which include many representatives from community-based organizations, faith communities, public officials, private business, and other providers. Inclusive in the strategic planning process is the commitment to community benefit.

St. Joseph’s Behavioral Health Center FY 2011-2013 Strategic Plan is built upon the framework of the Dignity Health System Strategic Plan, Horizon 2020, and represents an organizational road map to fulfilling our mission over the next three years. Central to the plan is a commitment to excellent quality and expanded access through three strategic foci: Growth, Innovation and Leadership.

Representation reflecting the ethnic composition of our community is evaluated in determining committee membership. Also considered are the key community organizations working to improve health, i.e., (See committee membership in the Appendix)

Priority Setting:

County-wide priorities were agreed upon by the contributors based on recent results of the 2010-2011 San Joaquin County Community Health Assessment. Initial discussion centered on the consistent problems facing a

community with high needs and high levels of poverty. There is no zip code in the Stockton CNI Map that is lower than 3.6 and most are higher than 4.1. A Community Health Forum, for the community, was held in October 2011 in partnership with the San Joaquin Public Health Department. The priorities have been essentially unchanged from one triennial assessment to another and they are:

1. Access
 - ✓ Focus on Drug & Alcohol Usage, Preventive Health & Behavioral Health
2. Children and Adolescents
 - ✓ Drug and Alcohol Use & Preventative Health
 - ✓ Suicide Risk

This information was then presented to the hospital and with the knowledge of the community's unmet health needs and identified priorities; the hospital established the focus areas for the community benefit programming within its resources, expertise and the programs that are already meeting the needs.

The collaborative, coalitions and partnerships that SJBHC is already involved in provides the support for other community based programs so that resources are not duplicated in the community.

The "Healthier San Joaquin County Community Assessment 2011" Executive Summary and full report is on a collaborative-created and owned web site: <www.healthiersanjoaquin.org>. The web site provides access to all the data indicators and survey findings from the assessment in addition to the reports. The assessment is also found on SJMC's website www.stjosephscares.org.

The priorities and goals for the Community Benefit Plan are based on defined needs as determined by the tri-annual community health assessment, collaboration with community stakeholders, CNI & ASC data, and other data or research sources. The strengths, capacity and resources of the community and our organization are also evaluated in the planning process. The planning, finance and community benefit departments collaborate to ensure evaluation of outcomes of community benefit programs.

The San Joaquin County Community Health Assessment which has been updated in C.Y. 2010, the Community Needs Index (CNI) and utilization data for Ambulatory Sensitive Conditions (ASC) findings are some of the data sources utilized in developing priorities. Input and advice from the Community Health & Advocacy Committee of the Community Board and community collaboratives such as the Healthier Community Coalition (HCC) is sought and included in the development of goals and priorities. Also considered are the strengths and resources of SJBHC and the assets of the community.

Comprehensive Review of Community Benefit Programs:

The five core principles integrated into program planning, implementation operations & evaluation are:

- **Emphasis on Disproportionate Unmet Health-related Needs**
All services, activities and donations to be counted as community benefits will include outreach and design elements that insure access for communities with disproportionate unmet health-related needs (DUHN).
- **Emphasis on Primary Prevention**
Collaborate with the community on program activities that address the underlying causes of persistent health problems as part of a comprehensive strategy to improve the health status and quality of life in our communities. The term primary prevention refers to three types of activities: Health promotion, disease prevention, and health protection. Secondary prevention measures, referring to early detection and prompt treatment of disease and tertiary prevention measures that help to limit disability where disease has already occurred, are also considered in this core principle.
- **Building a Seamless Continuum of Care**

This principle calls for developing operational linkages between Dignity Health clinical services and community health improvement activities to ensure the resources investments will yield measurable positive impact on community health status and quality of life.

- **Building Community Capacity**
Focuses on the strategic targeting of resources to mobilize and build the capacity of existing community assets.
- **Emphasis on Collaborative Governance**
Emphasizing a collaborative approach to the governance and management of community benefit activities that involves community members and provides a platform for shared action and advocacy to address systemic problems such as access to health care

SJMC/SJBHC Community Health strives to be recognized as a leader in the community for collaboration and action to improve access to care for un-insured, underinsured and other populations with barriers to healthcare. SJMC/SJBHC Community Health staff led the San Joaquin County Community Health Needs Assessment (SCCHAC) for 2010 C.Y, completed in 2011. The Community Health Director has been Chair of the Healthier Community Coalition (HCC) which is the primary collaborative representing hospitals, public health, school district health services and other CBO's providing healthcare in the county. The HCC sets priorities for community/public health improvement based on the needs assessment process and consensus building.

In addition to the 2011 Community Needs Assessment findings, data from the Community Needs Index (CNI) and Dignity Health findings on Ambulatory Care Sensitive Conditions are considered in the development of the Community Benefit Plan.

The priorities and community benefit programs of St. Joseph's Behavioral Health Center are:

- Free 24 hour Behavioral Evaluations and referrals to address individuals at risk for suicide
- Sponsored Support Groups, Aftercare and Trainings to address drug and alcohol prevention and behavioral health

PLANNING FOR THE UNINSURED/ UNDERINSURED POPULATION

Charity Care, Patient Assistance Policy: (See Appendix)

Consistent with the Mission, Dignity Health maintains a special commitment to caring for the economically disadvantaged. Dignity Health and its facilities demonstrate this commitment both through the direct provision of Charity Care, but also through the Community Benefit Programs. Dignity Health Board of Directors updated the system-wide policy. SJBHC has adopted the policy with facility-specific procedures. The policy also instructs Patient Care Financial Services representatives/or vendors who assist self-pay accounts to provide government-funded insurance program enrollment assistance. The numbers of persons assisted are reported via the Community Benefit Reports (CBISA) in the Monthly Operations Report (MOR). Signage informing the public about Patient Care Assistance and its availability is posted at all intake areas of the hospital in English and Spanish, i.e. admitting. The program and policy are shared with community leaders and collaboratives that work to increase health services in DUHN and high CNI areas of the community.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

SUMMARY OF KEY PROGRAMS AND INITITIVES

BEHAVIORAL EVALUATION SERVICES

DESCRIPTION

SJBHC provides free Behavioral Evaluation assessments 24-hours daily and 365 days per year to anyone in the community. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.

IDENTIFIED NEED & POPULATION SERVED

There are limited resources available to residents of San Joaquin and surrounding counties to assess their health needs on a 24-hour basis. SJBHC's behavioral evaluation service team (BEST) provides the most rapid response to individuals in crisis. This responds to the identified needs of suicidal individuals and individuals at risk.

OBJECTIVES

1. To provide a behavioral evaluation of individual needs related to Mental Health or Substance Use issues upon request 100% of the time.
2. To promote continuity of care and integrate mental health issues into general health treatment for those not admitted to either inpatient or partial hospitalization care, contact the primary care physician and/or allied health professional 100% of the time upon written release by the individual. The concerns expressed during the evaluation will also be included in this communication.

EVALUATION

A record will be maintained of all patients assessed. Patients who are not admitted will be asked to sign a release of the information so that SJBHC can contact their primary care physician to review follow up recommendations. There are approximately 1,600 of these free community behavioral evaluations done annually.

FUTURE PLANS

This service will continue to be provided to anyone who is in need of an evaluation on a 24-hour basis, 365 days a year.

SPONSORED SUPPORT GROUPS, AFTERCARE and TRAININGS

DESCRIPTION

Aftercare Programs for Mental Health and Substance Use graduates is provided, as a support group, on a weekly basis with various presentations from the medical and clinical staff. The hospital sponsors meeting space for community led support groups such as Alcoholics, Narcotics and Crystal Methamphetamine Anonymous and Alanon to promote continued sobriety for community participants. SJBHC also participates in "Celebrate Life Methamphetamine Free", to prevent first time use of methamphetamine, eliminate on-going use, and improve methamphetamine treatment through education, social marketing and advocacy. SJBHC also sponsors trainings for community therapists on various topics to promote a continuum of care and to help prevent re-hospitalization of patients.

IDENTIFIED NEED & POPULATION SERVED

In today's managed care environment patients must be discharged from inpatient settings as soon as they no longer require acute care. Many patients leave the hospital with unresolved issues that, while not requiring hospitalization, still need attention. Many of these people have inadequate resources to continue outpatient treatment and/or are most comfortable continuing to work with SJBHC staff; therefore, the free or low cost weekly aftercare programs meet the needs of these individuals.

KEY OBJECTIVES

1. To promote wellness, prolong and maximize remission for Mental Health and Substance Use graduates.
2. To promote clean and sober activities and increase support systems.
3. Provide a continuum of care for all patients.

EVALUATION

The SJRHS Community Health Education Evaluation Forms and patient satisfaction surveys are used at the conclusion of the Aftercare Program, which is usually one year. Additionally, the readmission rate to the hospital is tracked to determine if the Support Groups and Aftercare Program may have a supportive influence in maintaining wellness.

FUTURE PLANS

The Substance Use Aftercare Program will continue to be provided to all program graduates for the next fiscal year. The hospital will evaluate the need to implement psychiatric aftercare program. Continue to provide trainings as needed to community therapists. Evaluate the need for physician led community presentations on Mental Health & Substance Use topics.

PROGRAM DIGESTS

Behavioral Evaluation Services	
Hospital CB Priority Areas	<ul style="list-style-type: none"> X Behavioral Health & Preventative Health X Drug and Alcohol Use & Preventative Health X Suicide Risk
Program Emphasis	<ul style="list-style-type: none"> X Disproportionate Unmet Health-Related Needs X <u>Primary Prevention</u> X Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Broader Community, Underserved & Poor as this is a free service for the entire community to screen for suicide and other behavioral health or substance abuse issues only patients that are seen but not admitted are counted as community benefit.
Program Description	Free 24 hour Behavioral Evaluations for patients at risk for suicide Sponsored Support Groups, Aftercare and Trainings to address drug and alcohol prevention and behavioral health.
FY 2012	
Goal FY 2012	Ensure all patients in the community who present to the facility for evaluation or need an evaluation as requested by local emergency rooms for suicidal behavior or other behavioral health/substance abuse issues are seen.
2012 Objective Measure/Indicator of Success	Review of call logs and completed behavioral evaluations to ensure all patients' needs were met.
Baseline	Patient access to 24 hour crisis intervention is limited in San Joaquin and surrounding communities
Intervention Strategy for Achieving Goal	Hire and train staff
Result FY 2012	Provided Free Evaluations to 1,665 persons this year
Hospital's Contribution / Program Expense	Staff time worth \$257,578
FY 2013	
Goal 2013	Provide requested evaluations 100% of the time
2013 Objective Measure/Indicator of Success	Review of call logs and completed evaluations
Baseline	Patient access to 24 hour crisis intervention is limited in San Joaquin and surrounding communities continues
Intervention Strategy for Achieving Goal	Continue to staff Behavioral Evaluation Department on a 24 hour, 365 day basis for walk ins and Emergency rooms

PROGRAM DIGESTS

Support Groups and Aftercare	
Hospital CB Priority Areas	X Behavioral Health & Preventative Health X Drug and Alcohol Use & Preventative Health Suicide Risk
Program Emphasis	X Disproportionate Unmet Health-Related Needs X <u>Primary Prevention</u> X Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Broader Community, Underserved & Poor as these are free groups to all community members and free aftercare for program graduates for prevention of substance abuse.
Program Description	Free or low cost support groups and aftercare for program graduates
FY 2012	
Goal FY 2012	To promote wellness and maximize remission rates for previous patients
2012 Objective Measure/Indicator of Success	Decreased readmissions to the hospital
Baseline	Limited number of support groups for our population of patients
Intervention Strategy for Achieving Goal	Promote the support groups and aftercare program during the patients' stay to increase the number of participants
Result FY 2012	Provided support groups or aftercare to approximately 1,650 patients this year
Hospital's Contribution / Program Expense	Staff time and resources worth \$49,811
FY 2013	
Goal 2013	Increase the number of patients in our aftercare program and decrease number of readmissions Increase services for adults, children and adolescents
2013 Objective Measure/Indicator of Success	More than 1,500 patients in aftercare, decreased number of readmissions
Baseline	Number of support groups for our population of patients continues limited
Intervention Strategy for Achieving Goal	Continue to provide free support groups and aftercare programs

COMMUNITY BENEFIT AND ECONOMIC VALUE

St. Joseph's Behavioral Health Center
 Complete Classified Summary
 For period from 7/1/2010 through 6/30/2011

SJBHC uses the cost accounting methodology

		Total	Offsetting	Net	% of Organization	
	Persons	Expense	Revenue	Benefit	Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Financial Assistance	73	61,325	0	61,325	0.5	0.5
<u>Community Services</u>						
Community Benefit Operations	6	5,080	0	5,080	0.0	0.0
Community Building Activities	1	366	0	366	0.0	0.0
Totals for Community Services	7	5,446	0	5,446	0.0	0.0
Totals for Living in Poverty	80	66,771	0	66,771	0.5	0.5
<u>Benefits for Broader Community</u>						
<u>Community Services</u>						
Community Building Activities	12	2,352	0	2,352	0.0	0.0
Community Health Improvement Services	3,315	307,389	0	307,389	2.3	2.4
Health Professionals Education	126	274,712	0	274,712	2.1	2.2
Totals for Community Services	3,453	584,453	0	584,453	4.4	4.6
Totals for Broader Community	3,453	584,453	0	584,453	4.4	4.6
Totals - Community Benefit	3,533	651,224	0	651,224	4.9	5.1
Unpaid costs of Medicare	612	5,666,000	4,523,000	1,143,000	8.6	9.0
Totals with Medicare	4,145	6,317,224	4,523,000	1,794,224	13.5	14.1
Totals Including Medicare	4,145	6,317,224	4,523,000	1,794,224	13.5	14.1

Community Benefit/Social Accountability (CBISA On-Line) reporting has been implemented at SJBHC. The software provides standardized tools for conducting an inventory of quantifiable community benefits. Data is updated monthly and included in Monthly Operating Report (MOR), quarterly reports for DIGNITY HEALTH and annually for this report.

The Community Benefit economic value provided by the programs and services are reported in several categories, which include:

Medical Care Services: Includes Charity Care, the un-reimbursed costs for Medicare and other applicable government programs

Other Community Benefits: Identified community benefit programs and initiatives and associated in-kind or un-reimbursed costs. The economic value was determined by calculating expenses minus any offsetting revenues such as fundraising, grants, and contributions. This results in the net community benefit of the programs.

Summary

The economic value of the quantifiable community benefits provided by SJBHC fiscal year 2012 is \$651,224 net community benefit.

Non-Quantifiable Benefits: Community Involvement and Capacity Building

SJMC/SJBHC prioritized and dedicated much of Community Health and other senior management staff efforts and time to working with other healthcare providers, community based organizations and individuals to jointly develop consensus on community values, needs, priorities and program plans. Sharing resources and our assets/strengths contributes to success in building the community's ability and strength.

Strengths/resources that SJBHC provides to our respective communities are:

- Advocacy at local, state and national levels for the under-served and poor
- Psychiatric clinical experience for community colleges and universities
- Organizational leadership and management expertise
- Facilitation skills for group process
- Sponsoring community member leadership training and development
- Budgeting and strategic planning skills
- Health care expertise, skills, human resources, and supplies
- Community Health education
- Encouraging and supporting volunteer efforts of our employees and others associated with our organizations
- Facility space for community-based meetings
- "Convener" for special needs and community groups/individuals
- Quality improvement skills and principles

The above partially lists our facility's contributions to the community that are sometimes difficult to quantify. It is through the commitment of our organization and its resources that we can significantly contribute to the health of our community. By partnering with other providers, community-based agencies and individuals in both the public and private sectors we can build consensus, plan and act together to address unmet health needs. Each community partner brings its strengths, commitment and energy to become part of the larger relationship necessary to meet the significant needs and improve the health status of our community.

TELLING THE STORY

SJMC/SJBHC Community Health staff present the Community Health Goals & Priorities for Community Benefit Plan to community collaboratives, CBO's, neighborhood groups, Community Board and the Community Health & Advocacy Committee.

In addition, SJMC/SJBHC and the 25 organizations involved in the SJCCHAC established a web site for access by any community member or organization to the 200 pages of data, the Executive Summary and information on the collaborative project and membership. The SJMC logo is posted on the web site and by clicking on the logo can access its web site. In the 2010-2011 Community Health Assessment, the SJCCHAC also published a new report "Telling our Story: How We're Making a Difference". This publication is also posted on the web site: www.HealthierSanJoaquin.org. The Strategic Plan 2011 – 2013 will be available which includes goals for community health improvement. The Community Needs Index (CNI) published by DIGNITY HEALTH was shared with the Community Health & Advocacy Committee of the Community Board and the Healthier Community Coalition for input and discussion.

Appendix

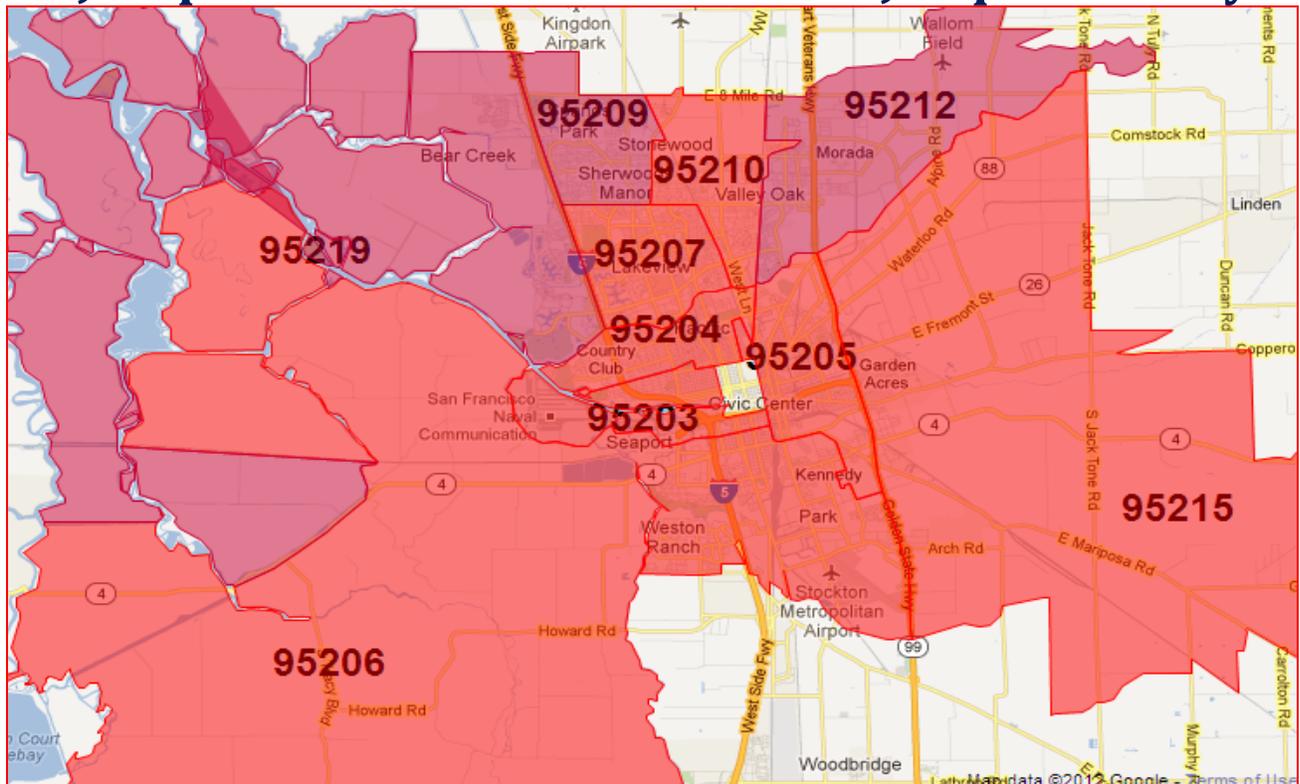
- Community Needs Index, Map of the Community
- Community Advisory Board Membership Roster
- Community Benefit Committee Roster
- Summary of Patient Financial Assistance Policy

Community Needs Index (CNI)

- Dignity Health's CNI Index is a tool used to measure community needs in specific geographic area by analyzing the degree to which a community has the following health care access barriers:
 - Income Barriers
 - Cultural / Language Barriers
 - Insurance Barrier
 - Housing Barriers
 - Education Barriers
- Using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy)
- Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions
- Communities with scores of "5" are more than twice as likely to need inpatient care for preventable conditions than communities with a score of "1"

DIGNITY HEALTH COMMUNITY NEEDS INDEX

St. Joseph's Behavioral Health – San Joaquin County



■ 1 - 1.7 Lowest
 ■ 1.8 - 2.5 2nd Lowest
 ■ 2.6 - 3.3 Mid
 ■ 3.4 - 4.1 2nd Highest
 ■ 4.2 - 5 Highest

<u>Zip Code</u>	<u>CNI Score</u>	<u>Population</u>	<u>City</u>	<u>County</u>	<u>State</u>
■ 95203	5	16823	Stockton	San Joaquin	California
■ 95204	4.6	27683	Stockton	San Joaquin	California
■ 95205	5	36486	Stockton	San Joaquin	California
■ 95206	4.8	66869	Stockton	San Joaquin	California
■ 95207	4.6	50917	Stockton	San Joaquin	California
■ 95209	4	41199	Stockton	San Joaquin	California
■ 95210	4.8	47156	Stockton	San Joaquin	California
■ 95212	3.4	14638	Morada	San Joaquin	California
■ 95215	4.6	22558	Stockton	San Joaquin	California
■ 95219	3.6	28631	Stockton	San Joaquin	California

CNI Score Median: 4.6

ST. JOSEPH'S COMMUNITY BOARD OF DIRECTORS JULY 1, 2011 – JUNE 30, 2012

Name	Occupation
The Honorable Michael Coughlan	Superior Court Judge
Prasad R. Dighe, M.D.	Oncologist
Michael P. Duffy	Credit Union Executive
Sister Patricia Farrell, OP	Dominican Sister of San Rafael
Joelle Gomez (VCH)	Women's Shelter Executive
Sister Raya Hanlon, O.P.	Dominican Sister of San Rafael
Kathleen Lagorio Janssen	Agri-Businesswoman
David Lim, M.D	Cardiologist
Steve Moore	San Joaquin County Sheriff
Steven Morales	Business Owner
Jonise C. Oliva	Business Owner
Carol J. Ornelas	Low-Income Housing Development Executive
David Robinson, D.O.	Psychiatrist
Constance Smith	RN; Nurse Anesthetist, Educator
Sister Elaine Stahl, R.S.M.	Sister of Mercy
Donald J. Wiley	Hospital President & CEO
Robin Wong, M.D. (Vice Chair)	Family Practitioner

COMMUNITY HEALTH & ADVOCACY COMMITTEE

Duffy, Michael
Chair, Community Health & Advocacy Committee

Adubofour, Kwabena, O.M., MD, FACP
East Main Clinic & Diabetes Intervention Center

Amato, Tom
Director
Congregations Together (PACT)

Briggs, Occeletta, RN, MS, MFT
Community Member

Collier, Pat
Director Community Services
St. Joseph's Medical Center

Davis, Terry, Sister SND de Namur
Diocese of Stockton

Figueroa, Edward
Co-Director
St. Mary's Dining Room

Founts, Mick
Deputy Superintendent
SJC Office of Education

Furst, Karen MD, MPH
Health Officer
San Joaquin County Public Health

Good, Rich
YMCA

Kavanaugh, Robert
Community Member

Kendle, John
Director, SJMC
Support Services

Morrow, Robin
Senior Health Educator
Health Plan of San Joaquin

Newton, Abby, O.P
Vice President Mission Integration & People &
St. Joseph's Foundation
St. Joseph's Medical Center

Pettis, Natalie
Director
St. Joseph's Medical Center Marketing &
Communication

Ramirez, Elvira
Director
Catholic Charities

Sanchez, Annette
El Concilio

Sims, Don
C.D. Program Manager
St. Joseph's Behavioral Health

Singson, Joan
Director of Health Education
Community Medical Centers

Williams, Harvey
University of the Pacific

DIGNITY HEALTH
SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY
(June 2012)

Policy Overview:

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

IN IMPLEMENTING THIS POLICY, DIGNITY HEALTH MANAGEMENT AND DIGNITY HEALTH FACILITIES SHALL COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS THAT MAY APPLY TO ACTIVITIES CONDUCTED PURSUANT TO THIS POLICY.