



St. Joseph's Behavioral Health Center

Community Benefit Report 2013
Community Benefit Implementation Plan 2014



A message from Donald J. Wiley, President and Joelle Gomez, Board Chair, St. Joseph's Medical Center

When we talk about health care today, the words *budget*, *cut*, and *restraint* get used a lot. It is impersonal and it is a way to look at health care by the numbers rather than by the patient. One word that has somehow lost its meaning is also the word we believe in most of all – the word *care*. At St. Joseph's Medical Center, we strive to reintroduce humankindness to an industry focused on finance.

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The Dignity Health system goals reflect those of health reform, namely expanding access, redesigning the delivery system, and utilizing limited resources in better, more coordinated ways so that quality can be continuously improved and patients and communities are healthier. These goals will be achieved through thoughtful *care*, whether it is demonstrated in the hospital or through the programs and services we offer in the community.

At St. Joseph's Medical Center we share a commitment to optimize the health of our community. In fiscal year 2013 St. Joseph's Medical Center provided \$70,585,166 in financial assistance, community benefit and unreimbursed patient care. Because we care, how we contribute to the quality of life and the environment in our communities has always been and will continue to be a key measure of our success.

In accordance with policy, the St. Joseph's Medical Center Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their September 27, 2013 meeting.

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EXECUTIVE SUMMARY

St. Joseph's Medical Center (SJMC) and St. Joseph's Behavioral Health Center are religious-sponsored, regional hospitals located in central Stockton.

St. Joseph's Medical Center celebrates a history of 114 years of service to the community. It was founded in 1899 by Father William O'Connor and administered by the Dominican Sisters of San Rafael. St. Joseph's has a well established tradition of partnering with the community. Since 1996 SJMC has been a part of Dignity Health, a not-for-profit network of hospitals and health services providing an extensive continuum of care throughout the western United States.

The primary service area of St. Joseph's Medical Center is Stockton, pop. 362,671 (2012) with a secondary service area of Lodi, Linden, Manteca, Tracy and Valley Springs, pop. 187,997 (2012). SJMC also serves as a referral for tertiary care for surrounding counties.

St. Joseph's Medical Center currently has 366 beds, a physician staff of over 400, and more than 2,400 employees. Specializing in cardiovascular care, comprehensive cancer services, and women and children's services including neonatal intensive care, St. Joseph's is the largest hospital and private employer in Stockton. Nationally recognized as a quality leader, St. Joseph's is consistently chosen as the "most preferred hospital" by local consumers.

Hospital admissions for FY 2013 were 18,103, including 2508 babies born. Emergency department visits were 51,824 approximately 20% evolving into hospital admits. There were 110,000 outpatient registrations which included Immediate Care Clinic, Home Health Care, Women's Imaging and Out-patient Radiology.

St. Joseph's Behavioral Health (SJBH) established services in 1974 as a patient care unit at St. Joseph's Medical Center in Stockton. In 1988, the program expanded operations to the current location, 2510 North California Street. SJBH, is a 35 bed licensed not-for-profit psychiatric hospital serving Central California, with 128 employees and 18 medical staff. There were 1,560 admission and 9,334 outpatient visits. Specialized Geropsychiatric services meet the mental health 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 older than 5 years.

The primary service area of St. Joseph's Behavioral Health Center serves San Joaquin County, as well as parts of Stanislaus, Merced, Sacramento and Calaveras Counties which is a population total of 1,321,876 (2011). Secondary service areas are the further outlying areas of Tuolumne, Stanislaus, Sacramento and Calaveras Counties for an additional population total of 754,953.

Guided by our Mission and responding to the Community Health Needs Assessment priorities incorporated into the 2013-2015 Strategic Plan and the 2014 Implementation Plan we continue to focus on providing access to care and services to the underserved and uninsured members of San Joaquin County. Also, responding to the changing healthcare environment, some programs previously providing community benefit were modified or discontinued with arrangements for service being made for those previously served.

St. Joseph's community programs build capacity in our community and collaborative partnerships with other health care providers. The following programs are the cornerstone of SJMC and SJBHC Community Benefit:

The CareVan Program is a mobile medical clinic offering free health services including health screenings, education and referral services, medical diagnoses and treatment. The CareVan provides health care, four days per week, to under-/uninsured persons in San Joaquin County with a focus on seasonal agricultural workers.

The Community Diabetes Educational Program is an eight part educational series taught by an RN, Certified Diabetes Educator emphasizing self-management, healthy lifestyles, and reduction of complications. This program is currently taught in English and Spanish and will soon also be offered in Hmong.

St. Joseph's Interfaith Caregiver (SJIC) Program provides no-cost services to seniors living independently to enable safe aging-in-place. Through trained volunteers services provided include friendly visiting, respite care, yard clean up, home safety assessments, transportation and referrals.

The Faith Community Nurse Program supports the development of health ministry's within a variety of faith communities. This program is a partnership between St. Joseph's Medical Center, faith communities, and registered nurses who become ministers of health in their congregations.

Special Needs Caregiver Program provides the focused expertise of an R.N. which enables St. Joseph's Medical Center to serve patients with Developmental Disabilities in the most effective and caring way. To enhance daily approaches to care, the program strives to offer updated information to staff in an effort to continuously increase their knowledge and understanding of Intellectual Disabilities

The Dobbins Program is a special program set up as a source of assistance for women 19-39 years of age whose primary care provider has determined that further breast diagnostic testing is needed and who have no resources to cover expenses.

Behavioral Evaluation Services : St. Joseph's Behavioral Health Center provides free Behavioral Evaluations to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the facility or at community hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.

Support Groups & Aftercare Services : St. Joseph's Medical Center and St. Joseph's Behavioral Health Center sponsor support groups and free aftercare groups that support those in the community living with a new or continuing life-affecting diagnosis.

St. Joseph's Medical Center 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 2013 total benefit was \$70,585,166 which includes the unpaid costs of Medicare and MediCal, financial assistance and community services. St. Joseph's Behavioral Health Center commitment to providing access to health care services and improving quality of life in the community is evidenced by the total value of our community benefit. The FY 2013 total benefit was \$1,681,066, which includes the unpaid costs of Medicare, financial assistance and community services.

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.

ORGANIZATIONAL COMMITMENT

St. Joseph's Community Benefit activities are guided by our Mission and thus are integrated through all levels of the organization.

Infrastructure supporting Community Benefit activities include:

- Executive Leadership: our hospital President Mr. Paul Rains along with the Administrative team ensures that the hospital allocates adequate resources to assess, develop and implement community benefit initiatives that respond to the unmet health priorities selected in collaboration with community partners based on the Community Health Needs Assessment (CHNA).
- The St. Joseph's Community Board 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. (See Appendix A) for a roster of Community Board members)
- The Community Health & Advocacy Committee (CH&A) provides oversight for community benefit activities. The membership of the Committee includes representation of community-based organizations, and represents the ethnic diversity of the community. The Director of St. Joseph's Medical Center, Community Health facilitates the meeting, coordinating content with the Chair, who is a member of the St. Joseph's Community Board. (See Appendix B for a roster of Community Health & Advocacy Committee members)

Leadership and Community Benefit Planning Process

St. Joseph's Behavioral Health leadership system is driven by the core values of Dignity Health: Dignity, Justice, Collaboration, Stewardship and Excellence. The President of SBHC has the overall responsibility for the Mission and Community Benefit Strategic Planning process. The St. Joseph's Community Board approves the annual Community Benefit budget. Adequate resources are allocated to carry out the Community Benefit Plan through the operations and capital budgeting process each fiscal year. New Community Benefit programs must be accepted as part of the Strategic Plan of the Hospital before they can be included in the Community Benefit process and must respond to an identified need established through the most recent Community Health Needs Assessment (CHNA).

The St. Joseph's Community Board advises and participates in the planning and evaluation process with Senior Management and the Community Health and Advocacy Committee (CH&A) to oversee the Community Benefit strategies. The CH & A Chair is a St. Joseph's Community Board Member and report findings and recommendations to the Community Board monthly. The membership of the CH & A includes Vice President of Mission Integration, Director of Community Health, Medical Staff, San Joaquin County Public Health representative, community-based organizations and community members representing the diversity of the service area.

The Director of Community Health and Mr. Paul Rains, St. Joseph's Behavioral Health President, have the responsibility of representing SJBHC while developing community partnerships. Other responsibilities are to plan, organize, develop, evaluate and manage the Community Health Services and strategies approved by Senior Management, St. Joseph's Community Board and Vice President of Strategic Planning.

During 2012-13, a Community Health Needs Assessment (CHNA) was conducted by St. Joseph's Behavioral Health Center as part of the San Joaquin County Community Health Assessment Collaborative for the 700,000 residents of San Joaquin County. The health needs identified, through an analysis of both quantitative and qualitative data, are listed below. These are prioritized according to the degree of support in the findings. All needs are noted as a "health driver", or a condition or situation that contributes to a poor health outcome.

1. Access to primary and preventive care service
2. Lack of or limited access to health education
3. Lack of limited access to dental care
4. Limited cultural competence in health care and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

SBHC identified 1, 2, 4 primary health needs among the seven that aligned with its mission and organizational capacity: Access to primary and Specialty Care; Health Education; and Culturally Competent Care. The CHNA and Implementation

Plan was approved by the Community Health & Advocacy Committee and submitted to the St. Joseph's Board and approved at their May 31, 2013 meeting.

St. Joseph's Medical Center and St. Joseph's Behavioral Health Center participate in the annual Dignity Health Community Grants Program. The objective of Dignity's Health Community Grants Program is to award grants to nonprofit organizations whose proposals respond to the priorities identified in the CHNA. Based on the 2011 CHNA, grants totaling \$127,800 were awarded to organizations whose proposals responded to the priorities identified which were;

1. Access to healthcare, including mental health services for youth and adolescents
2. Chronic Disease: Diabetes, Obesity and Asthma

The Dignity Health Community Investment Program has been investing in STAND since 2000 (Stockton Taking Action to Neutralize Drugs) which purchases decaying single-family houses, rehabilitates the units and sells them to first time low-income homebuyers.

Non-Quantifiable Benefits

SJBHC is well integrated into the community and many of the members of the Administrative Team, and Management Team. Some examples:

- Membership in the San Joaquin Hospital Council whose focus is to provide collaborative guidance on health issues affecting the community.
- Transitional Care Behavioral Health Integration (TCBHI) collaborates with public, grants initiatives to improve care for people with chronic disease and mental health disorders.
- Membership of the California Association of Marriage and Family Therapist (CAMFT), liaison responsibilities to organize and provide support during disasters.
- SJBHC provides hospital based clinical nursing instructors by agreement with San Joaquin Delta College.

St. Joseph's Behavioral Health Center takes pride in building healthier communities and to ensure environmental improvements through ecology initiatives.

- St. Joseph's Behavioral Health provides the Jerry Roek Memorial Community Garden area to cultivate produce and the produce is donated to St. Mary's Dining Room
- Installed a "Recycling Station" in the employee break-room, reception and outpatient services.

COMMUNITY

San Joaquin County is located in the Central Valley of Northern California and is home to approximately 700 thousand residents. The County seat is Stockton, the largest incorporated city in the county. Stockton is home to almost half of the county's residents. San Joaquin County is a federally designated Medically Underserved area (MUA). St. Joseph's Behavioral Health Center has multiple facility agreements. Its primary service area is Stockton, French Camp, Acampo, Linden, Lockeford, Lodi, Woodbridge, Escalon, Lathrop, Manteca, Modesto (partial), and Tracy (partial) with a secondary service area of Sacramento (partial), Arnold, Mountain Ranch, San Andreas, Patterson, Auburn and Antelope.

Central California (San Joaquin County) was hit hard in the recent recession, and San Joaquin County fared worse than the state average on many measures of economic distress. Unemployment for the county was 14.4% compared to the state rate of 10.1%. The County earned a nation-wide reputation for its high number of home foreclosures, and as of March 2013 22% of all homes were in some stage of foreclosure compared to the state rate of 14% and national rate of 12%. Stockton the largest city in San Joaquin County filed for bankruptcy protection in June 2012. Like other counties in California's fertile central valley, San Joaquin is heavily agricultural.

The Population in San Joaquin County is 702,612 (2012 approximate) (2010 U.S. Census Bureau) population grew 2.5% from April 2010 to July 2012 (2012 approximate) and is expected to grow to 810,845 by 2020. The bulk in growth has been in the Hispanic/Latino population and is predicted to increase 3.7% by 2020 (California Department of Finance, 2000-2050 Race/Ethnic Population with and Sex Detail, 2007Age).

The languages spoken by students' ages 5-17 at home outlines the county-wide diversity. According to the 2010 U.S. Census Data 39% spoke a language other than English in their homes. The primary language other than English is Spanish, followed by Hmong and Khmer.

The high school graduation rate has slightly decreased from 77% in 2007 to 76.6% in 2011 persons with Bachelor's Degree or higher was 30.2% in 2011 (2012 approximate) (2010 U.S. Census Bureau).

Of all patients treated and discharged at St. Joseph's Behavioral Health Center(2012) 50% had Medicare Insurance, 50% had an HMO or PPO.

Demographics (San Joaquin County) (2010 U.S. Census Bureau)

- Population
 - Ages 0-5 = 7.7%
 - Ages 6-17 = 28.6%
 - Ages 18-64 = 52.7%
 - Ages 65 & older = 11%
- Diversity
 - White 36%
 - Hispanic/Latino 35.9%
 - African American 8.2%
 - Asian 15.7%
 - Native American 2.0%
 - Pacific Islander .07%
 - Two or more races 2.13%
- Average Income, \$53,764
- Uninsured, 19%
- Unemployment, 14.4%
- No High School Diploma, 23.4%
- Renters, 39.3%
- CNI Score, 4.2 primary & secondary
- Medicaid Patients, 22%
- Other area hospitals
 - Dameron Hospital, Stockton
 - Lodi Community Hospital, Lodi
 - Sutter Tracy Hospital, Tracy
 - San Joaquin County General Hospital, Lathrop
 - Doctors Hospital of Manteca, Manteca

Other care facilities able to respond to the physical health needs of the community are multiple FQHC's, two free clinics (Tracy Free Clinic, St. Mary's Free Clinic) and St. Joseph's Medical Center's Care Van.
(See Appendix C for most current Stockton CNI Map)

COMMUNITY BENEFIT PLANNING PROCESS

Community Health Needs Assessment Process

During 2012-13, a Community Health Needs Assessment (CHNA) was conducted in San Joaquin County. The assessment process was initiated and co-chaired by St. Joseph's Medical Center, St. Joseph's Behavioral Health Center, Dameron Hospital, Sutter Tracy Hospital and Kaiser Permanente who provided equal financial and in-kind support for the assessment process. First 5 of San Joaquin, Community Medical Centers, Health Plan of San Joaquin, Lodi Health Hospital and San Joaquin County Public Health provided financial and in-kind support. Other non-profit organizations providing health or related services within the county were invited to participate.

The Community Health Needs Assessment Collaborative (the Collaborative) was first formed in the late nineties. The core group of the Collaborative retained Valley Vision, Inc., to lead the assessment process. Valley Vision, Inc. is a non-profit (501(c) (3)) consulting firm serving a broad range of communities across Northern California. The organization's mission is to improve quality of life through delivery of high-quality research on important topics such as healthcare, economic development, and sustainable environmental practices. As the lead consultant, Valley Vision assembled a team of experts from multiple sectors to conduct the assessment that included: 1) a public health expert; 2) a geographer; 3) additional public health practitioners and consultants to collect and analyze data.

Key Informant Interviews; Key informants are health and community experts familiar with specific populations and geographic areas within San Joaquin County. To gain a deeper understanding of the health issues pertaining to chronic disease and the population living in these vulnerable communities 45 key informant interviews were conducted using a theoretically grounded interview guide (see interview protocol in Appendix D of CHNA report). Each interview was recorded and content analysis was conducted to identify key themes and important points pertaining to each geographic area. A list of all key informants interviewed, including name, professional title, date of interview, and description of knowledge and experience is detailed in Appendix C of the CHNA report.

Focus Groups; Members of the community representing demographic groups with unique attributes (race and ethnicity, age, sex, culture, lifestyle, or residents of a particular area of San Joaquin County) were recruited to participate in focus groups. A standard protocol was used for all focus groups to understand the lived experience of these community members as it relates to health disparities and chronic disease. In all, a total of eight focus groups were conducted (for a complete list of focus groups see Appendix E in the CHNA report). Content analysis was performed on focus group interview notes and/or transcripts to identify key themes and salient health issues affecting the community residents.

A community-based participatory research orientation was used to conduct the assessment, which included both primary and secondary data. Primary data collection included input from more than 180 members of San Joaquin County, expert interviews with 45 key informants, and focus group interviews with 137 community members. Further input was gathered at meetings of the Healthier Community Coalition and the annual Community Health Forum, held in November 2012. In addition, a community health assets assessment collected information about more than 300 assets in the greater San Joaquin County area. Secondary data included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included Emergency Department (ED) visits, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, and safety and mental health conditions. Socio-demographic data included race and ethnicity, poverty (female-headed households, families with children, people over 65 years of age), educational attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data such as crime rates, access to parks, availability of healthy food, and leading causes of death helped describe the general living conditions.

Analysis of both primary and secondary data revealed 10 specific Communities of Concern (defined by ZIP code boundaries) living with a high burden of disease in San Joaquin County. These 10 communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. They were confirmed by experts as areas prone to experiencing poorer health outcomes relative to other communities in the county.

Health Needs Identified

The health needs identified through an analysis of both quantitative and qualitative data are listed below. These are prioritized according to the degree of support in the findings. All needs are noted as a “health driver”, or a condition or situation that contributed to a poor health outcome.

1. Access to primary and preventative care service
2. Lack of or limited access to health education
3. Lack of limited access to dental care
4. Limited cultural competence in health care and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

Following the prioritization and ranking noted above, SBHC identified the three primary health needs among the seven that aligned with its mission and organizational capabilities. To identify these primary health needs, a facilitator administered a questionnaire to community benefit personnel using the criteria noted below.

1. Of the identified health needs for San Joaquin County, which are most closely connected to the mission of SJBHC?
2. From SJBHC’s point of view and priorities, rank the list of health needs in order of importance from most important (1) to least important (7).
3. Based on your responses to the questions above, what are the top three health needs SJBHC is interested in addressing in its specific service area? Why?

This prioritization process identified three priority issues for SJBHC:

1. Access to Primary and Specialty Care
2. Health Education
3. Culturally Competent Care

The “2013 Community Health Needs Assessment” Executive Summary and full report is on the Collaborative created and owned web site; www.healthiersanjoaquin.org. The website provides access to previous Community Health Needs Assessments. The Assessment is also found on SJMC's website www.stjosephscares.org; Dignity Health’s website www.DignithHealth.org and a printed copy is available upon request in the Community Health Department of SJMC.

Assets Assessment; Data was collected on health programs and support services within the county and the specific Communities of Concern. The first step involved compiling a list of existing resource directories. Next, additional assets identified through internet and related searches were added to the master list. Detailed information for each asset was then gathered through review of the organization websites and, when possible, direct contact with staff via phone. The assets are organized by ZIP code with brief discussion in the body of the report and detailed in Appendix H.

Developing the Hospital’s Implementation Plan

The implementation plan was developed following a strategic planning process led by a facilitator that included three distinct steps. First, the priority health needs identified in the CHNA were prioritized, or ranked, by members of the Collaborative working as a group. Second, SJBHC selected three of the prioritized health needs as primary areas of focus for the purposes of this implementation plan. Although strategies to address the remaining four health needs are not included in this plan, SJBHC will address these as secondary priorities through other hospital programs and activities. The three primary health needs selected were those that most aligned with the hospital’s core mission and capabilities. Finally, an implementation plan was developed to address the three health needs identified in the previous step. Each step is described in greater detail below.

1. Access to Primary and Specialty Care
 - a. Free Behavioral Health Evaluations
 - b. Behavioral Health will partner with facilities to improve the transitioning of patients from hospital to home.
2. Health Education
 - a. Support community partners in developing programs to assist SJBHC in addressing health needs priorities.
3. Culturally Competent Care
 - a. Explore best practices that can be integrated into the community to deliver culturally competent care.

4. Lack of or limited access to dental care, limited or no nutrition literacy/access to healthy and nutritious foods, food security, limited transportation options, lack of safe and affordable places to be active were not addressed by the facility because it is beyond the scope of the facility's limited resources.

Planning for the Uninsured/Underinsured Patient Population

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Bi-lingual signage that addresses the hospital's Patient Payment Assistance Program is posted in key areas of the hospital facility. (Copy of Dignity Health Patient Payment Assistance Policy Appendix D).

Plan Report and Update Including Measurable Objectives and Timeframes

The following programs were developed in response to identified community needs and are guided by the following five core principles:

- Emphasis on Disproportionate Unmet Health-Related Needs
- Emphasis on Primary Prevention
- Build a Seamless Continuum of Care
- Build Community Capacity
- Emphasis on Collaborative Governance

Below are the major initiatives and key community based programs operated or substantially supported by St. Joseph's Behavioral Health Center in FY 2012-2013. Programs that will continue operation in FY 2013-2014 are noted by an asterisk (*).

Access to Primary and Specialty Care: high CNI scores correlate with higher levels of poverty, which restricts access to health care

- Free Behavioral and Evaluation Services*
- Charity Care for uninsured/underinsured and low income residents*
- Patient Assistance Program*

Health Education:

- Sponsored Support Groups, Aftercare and Trainings*

Culturally Competent Care: develop a resource guide that will promote and prolong wellness for the patients and will empower them to become self advocates when utilizing the medical and behavioral system.

These and other programs are monitored for performance, quality and relevance with ongoing improvements to ensure their success. The following pages include Program Digests for a few of the programs that address one or more of the Initiatives.

PROGRAM DIGEST

Behavioral Evaluation Services	
Hospital CB Priority Areas	<ol style="list-style-type: none"> 1. Access to primary and preventive care services 2. Lack or limited access to health education 3. Limited cultural competence in health care and related systems
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Access to Primary and Preventive Care
Program Description	24 hour Behavioral Evaluations for patients with behavioral health and substance abuse issues.
FY 2013	
Goal FY 2013	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.
2013 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 2013	Provided Free Evaluations to more than 2,000 persons.
Hospital's Contribution / Program Expense	Staff time worth \$446,296
FY 2014	
Goal 2014	Provide evaluations 100% of the time with an increase by 2%.
2014 Objective Measure/Indicator of Success	Building on population served last year of 2,000. The number of patients evaluated will increase by 2% with growth of marketing on this area.
Baseline	Provide support and meeting the needs in the community for patients since patient access to 24 hour crisis intervention is limited in the San Joaquin and surrounding communities.
Intervention Strategy for Achieving Goal	Continue to staff Behavioral Evaluation Department on a 24 hour, 365 day basis for walk ins and in emergency rooms. Continue to maintain call logs and monitor the process for necessary changes.
Community Benefit Category	A2c Behavioral Health Services

PROGRAM DIGEST

Support Groups and Aftercare	
Hospital CB Priority Areas	<ol style="list-style-type: none"> 1. Access to primary and preventive care services 2. Lack or limited access to health education 3. Limited cultural competence in health care and related systems
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Health Education
Program Description	Continue to provide support groups (AA, NA, Cocaine Anonymous, Crystal Meth Anonymous, Women's Continued Care) and Aftercare Groups (Celebrate Life Meth Free, Adolescent Continuing Care Group, Continuing Care, Friends of BHC) for patients with substance use and/or mental health problems.
FY 2013	
Goal FY 2013	To promote wellness and maximize remission rates for previous patients
2013 Objective Measure/Indicator of Success	Decrease 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 2013	Provided support groups and aftercare groups to approximately 2,195 patients this year.
Hospital's Contribution / Program Expense	\$46,781
FY 2014	
Goal 2014	Increase the number of patients in the support groups and aftercare program.
2014 Objective Measure/Indicator of Success	The number of patients attending the support groups and aftercare program will increase by 2%
Baseline	Provide support in the community for patients since support groups and aftercare are limited in the community.
Intervention Strategy for Achieving Goal	Continue to assess the needs in the community and develop new groups as needed. Continue to maintain attendance sheets in the aftercare groups.
Community Benefit Category	A1d Support Groups

Community Benefit and Economic Value

<u>Benefits for Living In Poverty</u>	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
Financial Assistance	173	42,092	0	42,092	0.3	0.3
Community Services						
Community Benefit Operations	0	3,821	0	3,821	0.0	0.0
Community Building Activities	1	816	0	816	0.0	0.0
Totals for Community Services	1	4,637	0	4,637	0.0	0.0
Totals for Living In Poverty	174	46,729	0	46,729	0.3	0.3
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	210	2,338	0	2,338	0.0	0.0
Community Health Improvement Services	4,415	493,613	0	493,613	3.4	3.6
Financial and In-Kind Contributions	1,370	10,221	0	10,221	0.1	0.1
Health Professions Education	133	211,447	0	211,447	1.5	1.5
Totals for Community Services	6,128	717,619	0	717,619	4.9	5.2
Totals for Broader Community	6,128	717,619	0	717,619	4.9	5.2
Totals - Community Benefit	6,302	764,348	0	764,348	5.3	5.5
Medicare	596	5,454,971	4,538,253	916,718	6.3	6.6
Totals with Medicare	6,898	6,219,319	4,538,253	1,681,066	11.6	12.1
Totals Including Medicare	6,898	6,219,319	4,538,253	1,681,066	11.6	12.1

The formulas used to calculate Financial Assistance, Medicare have been established as policy by Finance and Community Benefit Leadership, utilizing Cost Accounting methodology.

Telling the Story

St. Joseph's Behavioral Health (SJBHC) is a 35 bed licensed not-for-profit psychiatric hospital serving Central California. SJBHC has been providing specialized psychiatric and chemical recovery services for over 30 years.

SJBHC offers a variety of inpatient, partial, and other specialized outpatient services which benefit and influence those areas of highest need in the community and the community in general. The aim is to promote wellness by providing evaluations, treatment and continuity of care.

A goal has been to inform the staff and providers of the programs available in the community so they can be a resource to their families, friends and neighborhoods. Annually the Community Benefit Report and Plan is completed and reviewed, then presented to the Community Health & Advocacy Committee for their review and approval. Once approved by the CH&A it is sent to the San Joaquin Community Board for approval. Key information is presented at the Managers Meeting.

The Annual Community Benefit Report and Implementation Plan is posted on St. Joseph's Behavioral Health website www.stjosephscares.org and www.dignityhealth.org under Who We Are/Community Health. The 2011 and 2013 Community Health Needs Assessment is also found on those websites and also on www.healthiersanjoaquin.org.

Appendix A

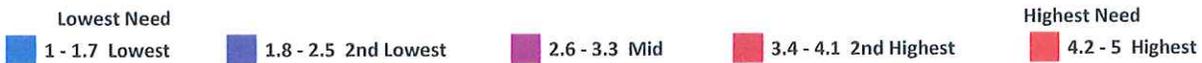
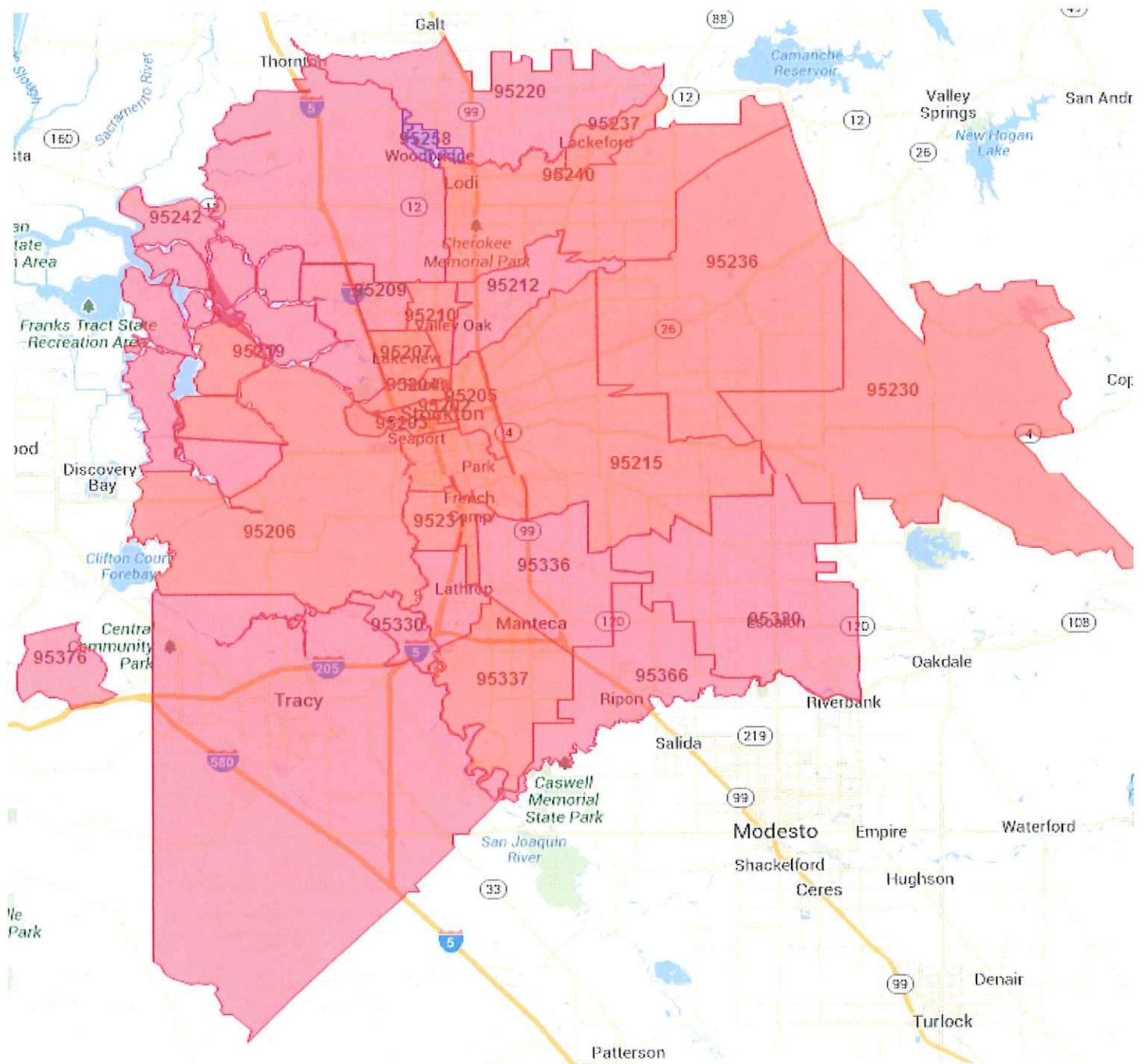
St. Joseph's Community Board of Directors

The Honorable Michael Coughlan	Judge of the Superior Court, San Joaquin County
Prasad Dighe, M.D.	Chief of Staff, Hematologist & Oncologist
Michael Duffy	President, Financial Center Credit Union
Sister Patricia Farrell, OP	Dominican Sisters of San Rafael
Joelle Gomez	Executive Director Women's Youth & Family Services
Sister Raya Hanlon, OP	Dominican Sisters of San Rafael
Kathleen Lagorio Janssen	CEO, Lagorio Family of Companies
David Lim, M.D.	Cardiologist
Sheriff Steve Moore	Sheriff, San Joaquin County
Steven A. Morales	Owner, Mayaco
Jonise C. Oliva	Owner, Deck the Walls
Carol J. Ornelas	CEO, Visionary Home Builders, Inc.
David Robinson, D.O.	Psychiatrist
Constance M. Fitzpatrick Smith	Registered Nurse, Teacher
Sister Elaine Stahl, RSM	Religious Sisters Mercy
Donald J. Wiley	President & CEO, St. Joseph's Medical Center
Robin Wong, M.D.	Family Practice

Appendix B Community Health & Advocacy Committee

Kwabena Adubofour, M.D.	Family Practice
Tom Amato	Director, PACT
Occeletta Briggs	Community Member
Pat Collier	Director Community Health St. Joseph's Medical Center
Sister Terry Davis, SND de Namur	Catholic Diocese of Stockton
Michael Duffy	President, Financial Center Credit Union
Edward Figueroa	Co-Director St. Mary's Interfaith
Mick Founts	Deputy Superintendent San Joaquin County Office of Education
Karen Furst, M.D.	Health Officer, San Joaquin County Public Health
Rich Good	YMCA of San Joaquin
Robert Kavanaugh	Community Member
John Kendle	Director Support Services St. Joseph's Medical Center
Robin Morrow	Senior Health Educator, Health Plan of San Joaquin
Sister Abby Newton, OP	Vice President Mission Services St. Josephs Medical Center
Natalie Pettis	Director Marketing Communication St. Joseph's Medical Center
Elvira Ramirez	Director Catholic Charities
Don Sims	C.D. Program Manager St. Joseph's Behavioral Health Center
Joan Singson	Community Member
Constance Smith	Community Board Member
Harvey Williams	University of the Pacific

APPENDIX C



Zip Code	CNI Score	Population	City	County	State
95202	5	7,132	Stockton	San Joaquin	California
95203	5	16,823	Stockton	San Joaquin	California
95204	4.6	27,683	Stockton	San Joaquin	California
95205	5	36,486	Stockton	San Joaquin	California
95206	4.8	66,869	Stockton	San Joaquin	California
95207	4.6	50,917	Stockton	San Joaquin	California

	95209	4	41,199	Stockton	San Joaquin	California
	95210	4.8	47,156	Stockton	San Joaquin	California
	95212	3.4	14,638	Morada	San Joaquin	California
	95215	4.6	22,558	Stockton	San Joaquin	California
	95219	4.6	22,558	Stockton	San Joaquin	California
	95220	3.6	28,631	Stockton	San Joaquin	California
	95230	3.4	6,792	Farmington	Stanislaus	California
	95231	4.2	728	French Camp	San Joaquin	California
	95236	4.8	4,681	Linden	San Joaquin	California
	95237	4.2	3,587	Lockeford	San Joaquin	California
	95240	4.2	3,225	Lockeford	San Joaquin	California
	95242	4.8	46,333	Lodi	San Joaquin	California
	95258	3.8	25,629	North Woodbridge	San Joaquin	California
	95320	3.2	4,277	Escalon	San Joaquin	California
	95330	3.8	12,018	Lathrop	San Joaquin	California
	95336	3.8	18,182	Manteca	San Joaquin	California
	95337	4	44,483	Manteca	San Joaquin	California
	95366	4.2	30,645	Ripon	San Joaquin	California
	95376	3.4	17,407	Tracy	San Joaquin	California

CNI Score Median: 4.2

Appendix D

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.