

— 2021 - 2023 —

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Mission Hospital

Mission Viejo, CA



To provide feedback on this CHIP or obtain a printed copy free of charge, please email Christy Cornwall at Christy.Cornwall@stjoe.org



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EXECUTIVE SUMMARY

Providence St. Joseph Health (PSJH) continues its Mission of service in Orange County through Providence Mission Hospital (MH). MH is an acute-care hospital with 523 licensed beds, founded in 1971 and located in Mission Viejo, CA. It serves the communities of Mission Viejo, Laguna Beach, Laguna Niguel, San Juan Capistrano, San Clemente, Rancho Santa Margarita, Lake Forest, Laguna Hills, Dana Point, Ladera Ranch, Trabuco Canyon, Capistrano Beach and Aliso Viejo. The hospital's service area is in South Orange County, including 593,833 people.

Providence Mission Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent calendar year, MH provided \$43,775,497 in Community Benefit in response to unmet needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Mission Hospital to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach using quantitative and qualitative data, the CHNA process relied on several sources of information to identify community needs. Across Orange County, information collected includes community data-level from the Orange County Health Improvement Partnership; 2019 Kaiser Permanente CHNA; 2019 University of California, Irvine Medical Center CHNA; CalOptima Member Survey; state and national public health data; and hospital utilization data.

Collaborating Organizations

Orange County Health Improvement Partnership (HIP), Kaiser Permanente, and CalOptima, and University of California, Irvine (UCI) conducted various community and stakeholder engagement sessions in 2019. While PSJH – Orange County had planned several for Spring 2020, these sessions had to be cancelled due to the COVID-19 pandemic. In lieu of those sessions, we are leveraging the previously collected information from local partners and will update with additional community feedback and input as appropriate in response to the pandemic.

ORANGE COUNTY HEALTH IMPROVEMENT PARTNERSHIP (HIP)

Overall, the HIP identified homelessness and housing; environmental health; safety; mental health and substance use; access to care; nutrition; early childhood development; and support for aging populations as the key themes from the sessions. They conducted six diverse focus groups with under-represented communities, including Vietnamese older adults, Spanish-speaking adults and mothers, adolescents, and service providers.

KAISER PERMANENTE CHNA 2019 (ANAHEIM AND IRVINE)

Kaiser Permanente's 2019 CHNA included focus groups based upon high-level findings from secondary data analysis. Additionally, 18 stakeholder interviews were conducted representing the non-profit sector, education, and county agencies. These stakeholders identified housing insecurity, food insecurity, asthma and stroke disparities, oral health, mental health/suicide, and older adult health as

key needs. Kaiser Permanente’s identified priorities for the service area were access to health care; economic, housing, and food insecurities; mental health and substance use; stroke; and suicide.

CALOPTIMA MEMBER SURVEY

CalOptima is a county organized health system that administers health insurance programs for children, adults, seniors with low incomes and people with disabilities. They administered a member survey as part of a comprehensive assessment. The survey reached a wide variety of demographics and included insights into needs beyond members’ immediate health care needs, including social determinants of health. The report notes access barriers, lack of awareness of benefits and resources, and negative social and environmental impacts as the key themes identified.

UNIVERSITY OF CALIFORNIA, IRVINE CHNA 2019

The UCI CHNA included input from stakeholders gathered in Fall 2018, including Orange County Health Care Agency. Stakeholders were asked to rank order identified health needs. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community, and level of importance in the community. Substance use and misuse; mental health; and housing and homelessness were the top ranked priorities.

Mission Hospital Community Health Improvement Plan Priorities

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

PRIORITY 1: MENTAL HEALTH/SUBSTANCE USE

Mental Health & Substance Use continues to be a priority across our communities. Mental health challenges can impede people’s abilities to realize their potential, cope with stresses, work productively and fruitfully, and make contributions to their communities. We will be focusing on increasing services to South Orange County residents and reducing the rates of substance use among youth in our coastal communities.

PRIORITY 2: AFFORDABLE HOUSING & HOMELESSNESS

Affordable housing and homelessness are significant concerns in our communities. Homelessness has a ripple effect throughout the community; it impacts the availability of healthcare resources, crime and safety, the workforce, and the use of tax dollars. Affordable housing benefits our communities and creates stronger outcomes – in employment, health and education. We will be working to reduce chronic homelessness, support the number of persons entering bridge and supportive housing, and strengthen affordable housing policies in the 2021-2028 housing element plans.

PRIORITY 3: EQUITY/RACIAL DISPARITIES

We believe that everyone should have a fair and just opportunity to attain their full potential and that no one should be disadvantaged, excluded, or dismissed from achieving that potential based on inherent characteristics such as race, ethnicity, or gender identity. We will be working on strategies that increase inclusion, diversity and equity, both within our organization as well as the broader communities of South Orange County.

INTRODUCTION

Who We Are

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

Providence Mission Hospital, an acute-care hospital founded in 1971 by a group of physicians, partnered in 1993 with Children’s Hospital of Orange County (CHOC) to provide pediatric services. In 1994, the hospital became a member of St. Joseph Health. In 2009, Mission Hospital acquired South Coast Medical Center in Laguna Beach. In 2016 Mission Hospital joined the Providence family of 51 hospitals. Mission Hospital has two locations, one in Mission Viejo and the other in Laguna Beach, California. It has 523 licensed beds, of which 296 are currently available. Mission Hospital has a staff of more than 2,000 and professional relationships with more than 1,300 local physicians. Major programs and services offered to the community include a Level II Trauma Center, cardiac care, critical care, diagnostic imaging, emergency medicine, and obstetrics.

Our Commitment to Community

Providence Mission Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During Calendar Year 2020, MH provided \$43,775,497 in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in South Orange County. This total included Financial Assistance at cost, and other cost of care, in addition to strategic community investment addressing community need.

Health Equity

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

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

Figure 1. Best Practices for Centering Equity in the CHIP



Community Benefit Governance

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

A charter approved in 2007 and revised in 2020 established the formation of the MH Community Health Committee. The role of the Community Health Committee is to support the MH Community Ministry Board in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Health Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP), and overseeing and directing the Community Benefit (CB) activities.

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

ROLES AND RESPONSIBILITIES

Senior Leadership

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

Community Health Committee (CHC)

- The purpose of the Community Health Committee is to oversee and advise upon the Providence Mission Hospital commitment to serve and address our community's health needs. The committee will ensure that Mission Hospital's ("Providence") Mission and Core Values are fulfilled and integrated through our service and investment in the community and that we pay special attention to poor and vulnerable populations in South Orange County.
- The Committee provides recommendations to the local ministry board regarding budget, program targeting and program continuation or revision.

Community Health (CH) Department

- Manages CB efforts and coordination between CH and Finance departments on reporting and planning.
- Manage data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community

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

Planning for the Uninsured and Underinsured

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

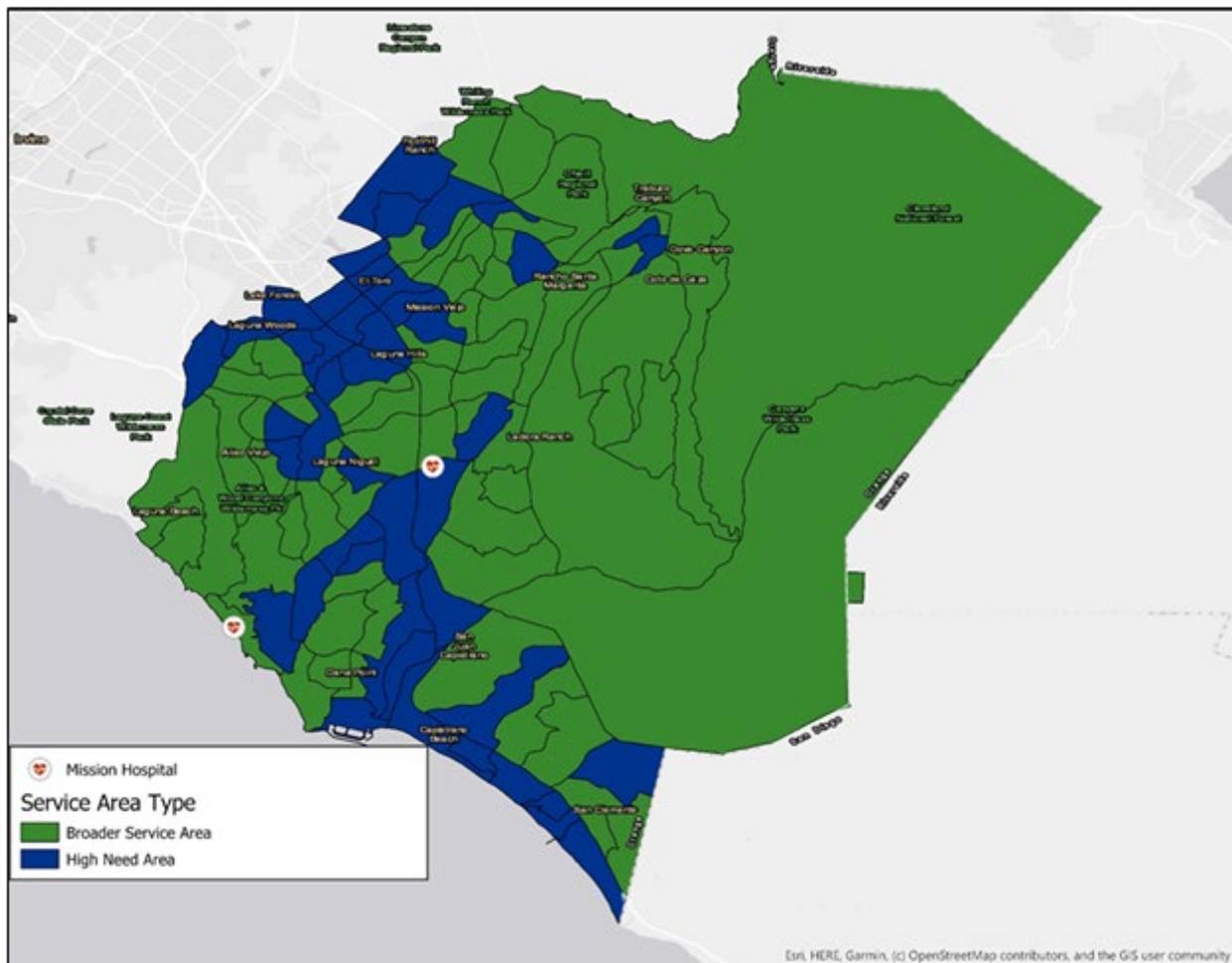
One way Providence Mission Hospital informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more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

OUR COMMUNITY

Description of Community Served

The community served by Mission Hospital is based upon geographic access and other area hospitals, as well as patient ZIP Codes. The service area for Mission Hospital was defined using census tracts inside South Orange County. In total there are 109 census tracts within the service area of Mission Hospital and includes a population of approximately 590,000 people. The population in Mission Hospital’s total service area makes up 18% of Orange County.

Figure 2. Providence Mission Hospital’s Total Service Area



Of the over 590,000 permanent residents in the total service area, roughly 42% live in the high need area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts in the total service area. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

The population in Mission Hospital’s total service area makes up 18% of Orange County. The male-to-female distribution is roughly equal across the geographies. The high need service area has a higher percentage of people over the age of 65 and between ages 18 and 34. People ages 35 to 54 and under the age of 18 are less likely to live in high need census tracts.

POPULATION BY RACE AND ETHNICITY

Individuals identifying as Hispanic had a higher percentage living in high need service areas, 27.3% versus the broader service area, 15.2%. The same was noted for individuals identifying as “other” race, 10.5% versus 4.0%.

People identifying as white were less likely to live in high need census tracts, 71% lived in high need service areas, and 76.8% in the broader community.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Orange County Service Area

Indicator	Broader Service Area	High Need Service Area	Orange County
Median Income Data Source: American Community Survey Year: 2019	\$126,947	\$85,526	\$88,453
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	25.4%	30.3%	28.0%

The high need service area’s median household income is approximately \$40,000 **less than** that of the broader service area, and \$3,000 **less than** the Orange County overall.

Severe housing cost burden is defined as households that spend 50% or more of their income on housing costs. In the high need service area, 30% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which over 50% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the [2021 CHNA](#) for Mission Hospital.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

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

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities. The 2021 CHNA was approved by the MH Community Health Committee on May 11, 2021.

Significant Community Health Needs Prioritized

Through a collaborative process engaging Community Health Committee members and the Director of Community Health Investment, the hospital worked from a list of the thirteen (13) health and social needs identified by data from the Orange County Health Improvement Partnership, 2019 Kaiser Permanente CHNA, 2019 University California, Irvine Medical Center CHNA, CalOptima Member Survey, morbidity and mortality data; and hospital-level data. Staff developed a point system to assign each of the thirteen (13) identified needs to gain perspective and develop a hierarchy of which top needs have the potential to offer the highest impact in the High Desert. Each need was listed, and assessed based on the following:

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

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

PRIORITY 1: MENTAL HEALTH/SUBSTANCE USE

Mental Health & Substance Use continues to be a priority across our communities. Mental health challenges can impede people’s abilities to realize their potential, cope with stresses, work productively and fruitfully, and make contributions to their communities. We will be focusing on increasing services to South Orange County residents and reducing the rates of substance use among youth in our coastal communities.

PRIORITY 2: AFFORDABLE HOUSING & HOMELESSNESS

Affordable housing and homelessness are significant concerns in our communities. Homelessness has a ripple effect throughout the community; it impacts the availability of healthcare resources, crime and safety, the workforce, and the use of tax dollars. Affordable housing benefits our communities and creates stronger outcomes – in employment, health and education. We will be working to reduce chronic homelessness, support the number of persons entering bridge and supportive housing, and strengthen affordable housing policies in the 2021-2028 housing element plans.

PRIORITY 3: EQUITY/RACIAL DISPARITIES

We believe that everyone should have a fair and just opportunity to attain their full potential and that no one should be disadvantaged, excluded, or dismissed from achieving that potential based on inherent characteristics such as race, ethnicity or gender identity. We will be working on strategies that increase inclusion, diversity and equity, both within our organization as well as the broader communities of South Orange County.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through Community Health Investment Programs and by funding other non-profits through the Community Partnership Fund. Organizations that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout Mission Hospital service areas.

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

- **Cancer:** Given other priorities, this issue was not selected.
- **Diabetes:** Local Federally Qualified Health Centers provide primary medical care to residents with low incomes who have diabetes.
- **Early Childhood Education:** Given other priorities, resource constraints, and lack of expertise to offer this program, this issue was not selected.
- **Economic Mobility:** Given other priorities, resource constraints and lack of expertise to offer this program, this issue was not selected.
- **Environment/Climate:** [Providence St. Joseph Health has committed to being carbon negative by 2030](#). This effort will involve all hospital staff. The Regional Director, Community Health Investment has been appointed to the System Environmental Justice Work Group
- **Food Security:** Given other priorities raised during our most recent CHNA, this need became a lower priority compared to others when reviewing the impact Mission Hospital could have to resolve this issue.
- **Health Care Access:** Local Federally Qualified Health Centers provide primary care services to residents of South Orange County with low incomes. We will maintain many of the programs

currently in place through Community Health Investment to continue supporting access to care such as health insurance enrollment, care navigation and medical transportation services.

- **Obesity:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.
- **Safety:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.
- **Senior Health:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.

In addition, Mission Hospital will collaborate with local organizations that address the aforementioned community needs to coordinate care and referrals to address these unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

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

The Regional Director and local Program Director developed strategies based on insight from the quantitative and qualitative data as well as local Community Health Investment caregivers, and input and feedback were provided by the Community Health Committee. The 2021-2023 CHIP was approved on November 9, 2021 and made publicly available no later than December 28, 2021.

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

This CHIP is currently designed to address the needs identified and prioritized through the 2019 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

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

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

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH/SUBSTANCE USE

Population Served

This initiative will focus primarily on our under-resourced residents in South Orange County

Long-Term Goal(s)/ Vision

To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes.

Outcome measure(s) for our 3-year plan

- Increase the number of residents who are active on Each Mind Matters social media campaign (FY20 Baseline: 12,898)
- Reduce the percent of 9th and 11th graders who report using alcohol or other drugs within the last 30 days (CY19 Baseline: 9th grade 14% and 11th grade 28%)
- Increase percent of surveyed residents who report finding the community ‘caring / sympathetic’ to people with mental illness (FY20 Baseline: 77%)
- Increase the number of unique clients participating in mental health services (e.g. therapeutic therapy, case management, medication management, psychoeducational and, or support groups) offered through the Community Health Investment Department (CY19 Baseline: 430)

Table 2. Strategies and Strategy Measures for Addressing Mental Health Challenges and Youth Substance Use

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Increase # of unique clients participating in therapeutic, psychoeducational, psychiatric, case management or support group services	Residents with low incomes in South Orange County	# of unique clients receiving mental health services	430 in CY19	550

2. Demonstrate measurable benefit through improvement in PHQ-9 pre- and post-scores, and accomplish all or some treatment plan goals	Residents engaged in therapy	For clients with ≥ 6 therapy sessions, increase % of adults with PHQ-9 ≥ 10 who improve their score by ≥ 5 points at discharge	78% in FY20	85%
		increase % of therapy clients who meet some or all treatment plan goals	64% in FY20	85%
3. Increase the engagement of Each Mind Matters / Promise to Talk campaign	Residents with low incomes, particularly Spanish speaking	Increase # of encounters made for mental health stigma reduction.	12,898 in FY20	20000
		Increase percent of surveyed residents who report finding the community 'caring / sympathetic' to people with mental illness	77% in FY20	79%
4. Increase adult and youth knowledge of the harms related to youth AOD use and increase knowledge of substance use prevention strategies.	Youth, parents, educators, and youth-serving organizations	# unique people served	4,000	4,400
		# encounters		
		Reduce the percent of 9th and 11th graders in select South OC high schools who report using alcohol or other drugs within the last 30 days	9 th Grade: 14% (2019) 11 th grade: 28%	9 th Grade: 12.5% 11 th grade: 27.5%

Evidence Based Sources

PHQ9: The Validity of a Brief Depression Severity Measure:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/>

Preventing Drug Use among Children and Adolescents (In Brief) Prevention Principles
<https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/prevention-principles>

<https://theathenaforum.org/CSAPprinciples>

Resource Commitment

\$1.1 million for all mental health and substance use prevention services

Key Community Partners

Orange County Mental Health, Orange County Health Care Agency ADEPT Program, Orange County Sheriff’s Department, Orange County Department of Child Support Services, Children’s Bureau, Wellness & Prevention Center, Camino Health Center, Laguna Beach Community Clinic, Capistrano Unified School District, Laguna Beach Unified School District, Saddleback Unified School District, National Coalition for Alcohol and Drug Dependency – Orange County, Boys & Girls Club of Laguna Beach, Boys and Girls Clubs of Capistrano Valley, Seneca Family of Agencies, Child Guidance Center, Western Youth Services, South County Outreach, UNIDOS, Friendship Shelter, Illumination Foundation, Our Father’s Table, Families Assistance Ministries, Mercy House, Florence Sylvester Memorial Senior Center, CalOptima,

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS AND AFFORDABLE HOUSING

Long-Term Goal/ Vision

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs.

Outcome measure

- Reduce chronic homelessness by 2022 as measured by the rate of individuals experiencing chronic homelessness in the Annual Point in Time Count for South Orange County (2019 = 763).
- Increase affordable housing units by at least 69 in South Orange County by 2023.
- Strengthen affordable housing policies in the 2021-2028 housing elements in at least 3 target South Orange County cities by 2022.

Table 3. Strategies and Strategy Measures for Addressing Affordable Housing & Homelessness

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Train a minimum of 100 housing champions annually in South Orange County cities to support affordable housing projects.	Residents in South Orange County	# of housing champions trained annually in South Orange County	93 (via YIMBY) TBD (via OCUW)	300 persons trained over 3 years
2. Engage with housing champions in local city housing element process to promote stronger policies in the	Resident engagement with Planning and City Council	# of cities with inclusionary housing ordinances and other strong	0	3

2021-2028 housing element plans that will result in more affordable housing.		policies promoting affordable housing in South OC		
3. Support the approval of affordable housing projects in the pipeline so that at least 69 new units are built by 2023 in South Orange County.	Advocacy with Planning Commissions and City Councils	# of affordable housing units built by 2023 in South Orange County	0	69
4. Continue securing bridge and permanent supportive housing solutions for identified residents in South Orange County	Residents and local non-profits (Friendship Shelter, Families Assistance Ministries, recuperative care, etc.)	# of hospital-identified clients connected to supportive housing solutions	CY2019=26 CY2020=23 FAM/Hotel/PRK = 44 (4/20 - 4/21)	2021=60 2022=65 2023=70
5. Continue the community care navigation program and implement best practices identified in the region.	Chronically homeless individuals who engage with our community navigators	Maintain # Individuals served annually	FY2020=130	2023=130
		Decrease ED visits by clients engaged in program	FY2019 = Ave 3.8 visits / quarter FY2020 = Ave 2.5 visits / quarter (COVID)	2023=2.4
		Continue closing out care after \geq 3 months with no ED visits	FY2019=66 FY2020=102	2023=100

		Support clients to improve social determinants of health (One Care Vermont)	Significant improvement = 33% (CY20)	Significant Improvement 2023= 38%
		Reduce custodial days for patients experiencing homelessness	To be established	To be determined

Evidence Based Sources

Insights from Housing Policy Research: The Impacts of Affordable Housing on Health: <https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>

Housing and Family Economic Well-Being: https://www.hcd.ca.gov/policy-research/plans-reports/docs/pb02housing_economic_well_being0214.pdf

Resource Commitment

\$800,000 to support this effort and our partners, which include two community care navigators and grants to partner organizations.

Key Community Partners

Collaborative partners include the Be Well OC, Blue Sky Manor, CalOptima, Camino Health Center, Family Assistance Ministries, Families Forward, Friendship Shelter, Grandma’s House of Hope, Illumination Foundation, Kennedy Commission, Mercy House, Mission Basilica, Our Father’s Table, South County Outreach, United Way OC, Whole Person Care, YIMBY

COMMUNITY NEED ADDRESSED #3: EQUITY/RACIAL DISPARITIES

Long-Term Goal/Vision (aligned with PSJH overarching goals)

To actively work to eliminate social inequities and forms of oppression in our communities, ensuring all people have the opportunities and access to living their fullest, healthiest lives

3-year Goal(s) (Anticipated Impact of our efforts in South County)

Improve the lives of uninsured and underinsured residents

of cities who create an ad-hoc DEI council to inform & influence city priorities that meet the needs of its diverse community members

Develop an Equity/Racial Justice Strategic plan with the South OC Roundtable

Outcome measure

- Provide 9,000 encounters per year to Limited English Proficient (LEP) individuals through programs offered through Community Health investment programs, for a target of 27,000 encounters by December 2023
- # of cities who create an ad-hoc DEI council to inform & influence city priorities that meet the needs of its diverse community members
- Development of an Equity/Racial Justice Strategic plan with the South OC Equity Coalition

Table 4. Strategies and Strategy Measures for Addressing Equity/Racial Disparities

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Expand services to LEP individuals with low incomes through efforts coordinated by the Community Health Investment Department.	LEP Residents with low incomes	Increase # of encounters	CY20: 8,715	27,000 (total across 3 years)
2. Increase participants attending events that promote inclusion, diversity, multiculturalism, or builds resilience in South Orange County	Residents of South Orange County, including LEP, low-income, and broad community members	Increase annual participation in events (encounters)	CY19: 234	500
3. Continue the efforts of the SOC Equity Coalition	Local non-profit leaders and LEP Residents	Development of an Equity/Racial Justice Strategic plan	No plan exists	Plan adopted
4. Advocate to local cities on efforts that support the needs of	Cities of South Orange County (South of Irvine)	cities with an established diversity committee	0	3

its diverse community members				
5. Align health equity work to address at least one community adopted equity initiative, such as HASC, County HCA or the region	Residents with low incomes	To be developed upon county-wide direction	To be developed	To be developed
6. Expand diversity of the COPE Health Scholars Program at Mission Hospital	Young adults exploring healthcare careers	% of COPE Scholars that are racially & ethnically diverse	35%	55%
		% of scholars that speak a language in addition to English	N/A	80%

Evidence Based Sources

Why Place Matters: Understanding the Role of Social Determinants of Health: www.societyhealth.vcu.edu

Confronting Racism by Achieving Health Equity: www.chausa.org

Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice: www.preventioninstitute.org

Resource Commitment

\$600,000 in staff time and operational expenses

Key Community Partners

Access California Services, Boys and Girls Club-Laguna Beach, Breakthrough SJC, Catholic Charities, Catholic Diocese of Orange: Office of Life, Justice & Peace, Coalition for Immigrant Rights (CHIRLA), Community Health Initiative OC (CHIOC), Community Legal Aid of Southern California Congregation of the Sisters of St. Joseph, Clergy & Laity United for Economic Justice (CLUE), COPE Health

Scholars Program, Haitian Bridge Alliance, Interfaith Council of Greater Rancho Santa Margarita, Latino Health Access, Mission Basilica Immigration Ministry, OC Human Relations, OC Civic Engagement Table, OC Opportunity Initiative Funders Collaborative, OMID Multicultural Institute for Development, Orange County Community Foundation, OC Resilience, OMID, Our Savior’s Lutheran Church, Public Law Center, St. Edward Church Social Justice Ministry, UNIDOS, Women for American Values and Ethics, World Relief

Other Community Benefit Programs and Evaluation Plan

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

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Access to Health Care	Camino Health Center	Camino is a fully licensed, community-based Federally Qualified Health Center (FQHC) providing affordable, quality primary medical, behavioral health, dental care and WIC nutrition services. The center accommodates over 102,000 visits annually at its three fixed clinic site locations in Lake Forest, San Clemente, and San Juan Capistrano. Mission Hospital is the sole corporate sponsor of Camino Health Center.	Low-income and vulnerable residents
2. Equity/Racial Disparities	Family Resource Center	Two family resource centers are managed in the community to provide access to social services for community members with limited resources. These centers are lifelines for many people in the community and serve a much-needed linkage to community programs. The following services are provided: mental health services, Skills for Life programs, health insurance access, parenting support & education, parent/child classes, family advocacy, information & resource services, Personal Empowerment Programs, financial counseling, education assistance and limited emergency assistance.	Low-income and vulnerable residents
3. Access to Health Care	Senior Transportation	Providing transportation to essential medical appointments	Broader community

4. Access to Health Care	Nurse Navigator Program	Providing community nursing services in partnership with local faith communities	Low-income and vulnerable residents
5. Access to Health Care	Flu Clinic Program	Providing flu clinics to under-resourced areas of the community in partnership with faith communities and health care agency	Low-income and vulnerable residents
6. Workforce Development	Project Mission	Offering internships to young adults with disabilities	Vulnerable residents

2021- 2023 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Community Health Committee of the hospital on November 9, 2021. The final report was made widely available by December 28, 2021.



November 17, 2021

Seth Teigen

Date

Chief Executive, Southern California, Orange County, Mission Hospital



November 9, 2021

Marcelo Mills

Date

Chair, Southern California, Orange County, Mission Hospital Community Health Committee



December 17, 2021

Justin Crowe

Date

Executive Vice President, Community Partnerships
Providence

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To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.