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**St. Joseph Health**   
**Mission Hospital**  
A member of the St. Joseph Hoag Health alliance

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**St. Joseph Health**   
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Financiado por condados a través de la Ley de Servicios de Salud Mental (Propuesta 63), aprobada por votantes.

*St. Joseph Health, Mission Hospital*

**Fiscal Year 2016 COMMUNITY BENEFIT REPORT**  
**PROGRESS ON FY15 - FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT**

**St. Joseph Health**   
Mission • Mission Laguna Beach

**TABLE OF CONTENTS**

<b>EXECUTIVE SUMMARY</b>	<b>Page 3</b>
<b>MISSION, VISION AND VALUES</b>	<b>Page 3</b>
<b>INTRODUCTION</b>	
<b>Who We Are and Why We Exist</b>	<b>Page 6</b>
<b>Community Benefit Investment</b>	<b>Page 7</b>
<b>ORGANIZATIONAL COMMITMENT</b>	
<b>Community Benefit Governance and Management Structure</b>	<b>Page 7</b>
<b>PLANNING FOR THE UNINSURED AND UNDERINSURED</b>	
<b>Financial Assistance Program</b>	<b>Page 9</b>
<b>Medi-Cal (Medicaid)</b>	<b>Page 10</b>
<b>COMMUNITY</b>	
<b>Defining the Community</b>	<b>Page 10</b>
<b>COMMUNITY NEEDS &amp; ASSETS ASSESSMENT PROCESS AND RESULTS</b>	
<b>Summary of Community Health Needs and Assets Assessment</b>	
<b>Process and Results</b>	<b>Page 11</b>
<b>Identification and Selection of DUHN Communities</b>	<b>Page 12</b>
<b>Priority Community Health Needs</b>	<b>Page 16</b>
<b>COMMUNITY BENEFIT PLANNING PROCESS</b>	
<b>Summary of Community Benefit Planning Process</b>	<b>Page 18</b>
<b>Addressing the Needs of the Community:</b>	
<b>FY15 – FY17 Key Community Benefit Initiatives and Evaluation Plan</b>	<b>Page 21</b>
<b>FY 16 Other Community Benefit Program Accomplishments</b>	<b>Page 30</b>
<b>FY16 COMMUNITY BENEFIT INVESTMENT</b>	<b>Page 35</b>
<b>Telling Our Community Benefit Story:</b>	
<b>Non-Financial<sup>1</sup> Summary of Accomplishments</b>	<b>Page 37</b>
<b>Governance Approval</b>	<b>Page 39</b>

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<sup>1</sup> Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.

## **EXECUTIVE SUMMARY**

### ***Our Mission***

*To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.*

### ***Our Vision***

*We bring people together to provide compassionate care, promote health improvement and create healthy communities.*

### ***Our Values***

*The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.*

## **INTRODUCTION**

### **Who We Are and Why We Exist**

As a ministry founded by the Sisters of St. Joseph of Orange, Mission Hospital lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out “the Dear Neighbors” and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28-bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

St. Joseph Health, Mission Hospital has been meeting the health and quality of life needs of the local community for over 42 years. Serving the communities of south Orange County, California, the region’s only designated trauma center offers 24-hour emergency care and specialized services for imaging, heart, stroke, maternity, and women’s wellness needs. Mission Hospital Laguna Beach offers 24-hour emergency, intensive and medical-surgical care, as well as the South County’s only behavioral health services, including hospital-based chemical and pain medication dependency treatment. CHOC Children’s at Mission Hospital in Mission Viejo is the only dedicated pediatric hospital in South Orange County. With over 2,500 employees committed to realizing the mission, Mission Hospital is one of the largest employers in the region.

## Community Benefit Investment

Mission Hospital invested \$45,109,004 in community benefit in FY 2016 (FY16). For FY16, Mission Hospital had an unpaid cost of Medicare of \$31,434,233.

## Overview of Community Health Needs and Assets Assessment

Mission Hospital's FY14 Community Health Needs Assessment was conducted in the high need areas of San Clemente, San Juan Capistrano, Mission Viejo, Lake Forest, and throughout Laguna Beach from August 2013 to February 2014. It had the collaboration of a broad network of agencies from a variety of sectors such as healthcare, social service providers, advocates, community-based organizations, local government, and educational institutions. They provided support to community and data gathering events, shared their expertise on the needs and assets of the community, and facilitated the identification of priority areas.

The FY14 Community Health Needs Assessment employed a variety of methods to gather data to fully understand the significant health and quality of life needs facing the most vulnerable and ensure the priorities selected were aligned with the greatest needs: a Telephone Survey (Aug–Dec 2013), Key Stakeholder Panels (Fall 2013), and Resident Focus Groups (Jan 2014).

## Community Plan Priorities/Implementation Strategies

- **Increasing Access to Health Care:** *This initiative aims to increase access to health care services for the most vulnerable members of the South Orange County Community. Highlights from FY16 include enrolling 2,962 new people into health insurance, serving 982 people through our Nurse Navigator program, and connecting 1,690 residents to essential health care services through community screenings, flu clinics and vision exams. Since the implementation of the Community Care Navigator program, patients who have engaged with the Care Navigator have reduced frequent visit to the Emergency Room from an average of 6.39 visits/3months to 2.14 visits. The overall rate of repeat visits has declined from 46.0/1000 visits earlier this year to 38.6/1000 visits.*
- **Improving Mental Health:** *The Bilingual Mental Health Counselors and supervised clinical interns at the Family Resource Centers served 448 adults and children with individual and family therapy, support groups and workshops. 11 Adults received psychiatric assessments and medication management. 37 Families received financial support through the Emergency Assistance Program. The Social Marketing Campaign to reduce the stigma surrounding mental had 7,715 encounters and 40,985,240 impressions. 5,888 Community residents were reached through our outreach and education efforts on the topic of mental health.*

- ***Substance Use Prevention among Youth:*** *The initiative supported outreach encounters to 21,656 recipients, and presentations to 3,059 community members. We facilitated 747 Encounters with parents and children in facilitated relationship-building activities, 605 Students and Teachers participated in mental health awareness events, and 177 Individuals participated in parenting classes.*

## **INTRODUCTION**

### **Who We Are and Why We Exist**

As a ministry founded by the Sisters of St. Joseph of Orange, Mission Hospital lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17<sup>th</sup> century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out “the Dear Neighbors” and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28-bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

### **Mission, Vision and Values and Strategic Direction**

#### ***Our Mission***

*To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.*

#### ***Our Vision***

*We bring people together to provide compassionate care, promote health improvement and create healthy communities.*

#### ***Our Values***

*The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.*

St. Joseph Health, Mission Hospital has been meeting the health and quality of life needs of the local community for over 42 years. We are the region’s only designated trauma center, offering 24-hour emergency care and specialized services. Our campus in Laguna Beach offers 24-hour emergency, surgical care, as well as South County’s only behavioral health services, including hospital-based chemical and pain medication dependency treatment. CHOC Children’s at Mission Hospital in Mission Viejo is the only dedicated pediatric hospital in South Orange County. With over 2,500 employees committed to realizing the mission, Mission Hospital is one of the largest employers in the region.

## Strategic Direction

As we move into the future, Mission Hospital is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY14-18) St. Joseph Health and Mission Hospital are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

FY16 community benefit investments for Mission Hospital total \$45,109,004 million dollars (excluding Medicare). Total cost of Medicare in FY16 was \$31,434,233 million.

## Community Benefit Investment

Mission Hospital invested \$45,109,004 in community benefit in FY 2016 (FY16). For FY16, Mission Hospital had an unpaid cost of Medicare of \$31,434,233.

## ORGANIZATIONAL COMMITMENT

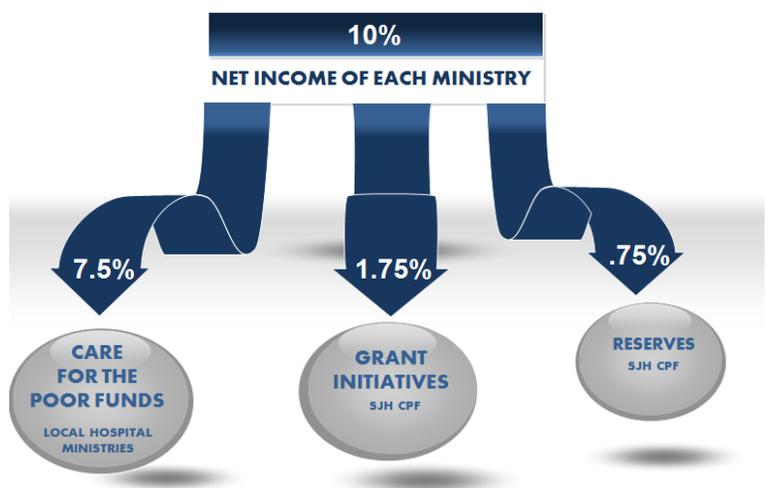
### Community Benefit Governance Structure

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 underserved.

Figure 1. Fund distribution

In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Each year Mission Hospital allocates 10% of its net income (net unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. (See Figure 1). 7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.



Furthermore, Mission Hospital will endorse local non-profit organization partners to apply for funding through the [St. Joseph Health Community Partnership Fund](#). Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals' service areas.

### **Community Benefit Governance and Management Structure**

Mission Hospital further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and the Director of Community Benefit are responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements, as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Vice President of Mission Integration provides orientation for all new Hospital employees on Community Benefit programs and activities, including opportunities for community participation.

Mission Hospital has utilized a Community Benefit Committee for many years to provide governance of charitable activities at Mission Hospital. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit 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 and Community Benefit Plan/Implementation Strategy Reports, and providing direction of Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes three members of the Board of Trustees and 12 community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets bi-monthly.

### **Roles and Responsibilities**

#### *Senior Leadership*

- CEO and other senior leaders are directly accountable for CB performance.

#### *Community Benefit Committee (CBC)*

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with the ministry's values as well as

regulatory standards. It includes diverse community stakeholders. Trustee members on CBC serve as ‘board level champions’.

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

#### ***Community Benefit (CB) Department***

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Plans & implements the Health Needs Assessment process every three years.
- Collaborates with local agencies, residents and identified community partners to develop high functioning relationships to benefit the community.
- Engages of local government officials in strategic planning and advocacy on health-related issues on a city, county, or regional level.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

## **PLANNING FOR THE UNINSURED AND UNDERINSURED**

### **Patient Financial Assistance Program**

The St. Joseph Health (SJH) Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that insurance does not cover. In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment.

At Mission Hospital, our commitment is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. This is why we have a Financial Assistance Program for eligible patients. In FY16, Mission Hospital ministry, provided \$6,936,558 free (charity care) and discounted care and 5,450 encounters.

For information on our Financial Assistance Program click [here](#).

## **Medi-Cal (Medicaid)**

Mission Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY16, Mission Hospital provided \$30,578,605 in Medicaid shortfall.

## **COMMUNITY**

### **Defining the Community**

Mission Hospital provides south Orange County communities with access to advanced care and advanced caring through two convenient locations, Mission Viejo and Laguna Beach. (The Laguna Beach campus was purchased in July 2009). The hospital's service area extends from the junction of the 405 and 5 freeways in the north to Camp Pendleton in the south. Geographically, South County is bordered by the Pacific Ocean to the west, the Santa Ana Mountains to the north and east, and the marine base Camp Pendleton to the south. Our Primary Service Area includes 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. This includes a population of approximately 623,000 people, an increase of 4% from the prior assessment. Mission Hospital's Secondary Service area includes Laguna Woods, Irvine, Foothill Ranch and Silverado.

South Orange County is a relatively affluent community with a median household income of \$92,124 compared to the Orange County median household income of \$58,605 (US Census Quick Facts). The average household size is 2.70 compared to the Orange County-wide household size of 3.00. Demographically, the area is primarily Caucasian (78%), with the Hispanic population growing to 19.2%.

However, there are isolated areas of need throughout the service area. South Orange County encompasses 69,512 people living below 200% of the federal poverty level (FPL) across 11 zip codes. Part of our service area is considered a Medically Underserved Population (MUP) area (#00319). The MUP covers portions of Dana Point, San Clemente and San Juan Capistrano and has the highest concentration of medically underserved residents below 200% FPL in south Orange County. These areas are vastly different than the wealthy coastal enclaves portrayed on television shows about Orange County. (SOURCE: Camino Health Center Health Needs Assessment Report 2013)

Many of the low-income residents in the area are largely Latino immigrants who are employed in low-wage/no benefit jobs at local resorts, as construction workers, janitors, landscapers, domestic workers, and in other service jobs that support south Orange County's economy. Almost one in three Latino residents lives in a household in an income under 200% FPL. Unemployment or underemployment remains high for many of these residents. In addition,

educational attainment remains a barrier for this population. Among Latinos in the area, 25.3% had less than a high school diploma. In San Juan Capistrano, south Orange County's entry-point for Latino immigrants, close to 50% of adults over age 25 have less than a high school diploma. (SOURCE: Camino Health Center Health Needs Assessment Report 2013)

For a complete copy of Mission Hospital's FY14 CHNA click here: [www.mission4health.com](http://www.mission4health.com)

## **COMMUNITY HEALTH NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS**

### *Summary of Community Needs Assessment Process and Results*

Mission Hospital's FY14 Community Health Needs Assessment was conducted in the high need areas of San Clemente, San Juan Capistrano, Mission Viejo, Lake Forest, and throughout Laguna Beach from August 2013 to February 2014. It had the collaboration of a broad network of agencies (16-40) from a variety of sectors such as healthcare and social service providers, advocates, nonprofits, community-based organizations, local government, and education institutions. They provided support to community and data gathering events, shared their expertise on the needs and assets of the community, and facilitated the identification of priority areas.

The **FY14 Community Health Needs Assessment** employed a variety of methods to gather data to fully understand the significant health and quality of life needs facing the most vulnerable and ensure the priorities selected were aligned with the greatest needs: a Telephone Survey (Aug–Dec 2013), Key Stakeholder Panels (Fall 2013), and Resident Focus Groups (Jan 2014).

**The Telephone Survey** was conducted by Professional Research Consultants, Inc. (PRC) using questions from the national Behavioral Risk Factor Surveillance System to determine the health status and needs of residents. The telephone survey gathered a representative sample of 763 interviews across all five cities.

**Stakeholder Panels** were conducted by The Olin Group who used a semi-structured, six-question interview guide to facilitate discussion with 46 key informants representing 37 different organizations. There were a total of four panel discussions with the goal of identifying current and emerging community health and quality of life issues. In addition, feedback was gathered from Mission Hospital's Laguna Beach Advisory Council, a council established by the Attorney General in 2009. This group is comprised of local residents and leaders who provided their perspectives on the greatest needs of the Laguna Beach community.

**Resident Focus Groups** included the participation of 209 residents across nine groups. Residents provided input on the top health and quality of life needs identified through the

telephone survey and stakeholder panels. They validated early findings, identified any missing health and quality of life issues, prioritized and provided feedback on the top concerns. English forums had a total of 32 participants. Spanish forums included 177 participants.

Mission Hospital also reviewed secondary sources to identify trends and synergies across identified significant health needs. Among the main data sources were:

- **Camino Health Center**, a Federally Qualified Health Center located in San Juan Capistrano. Camino provided information regarding their leading diagnoses for medical office visits, as well as their own Health Needs Assessment report conducted in Fall 2013.
- **Healthy People 2020**, a national initiative sponsored by the U.S. Department of Health & Human Services. This source provided 10-year national objectives for improving the health of all Americans.
- **Mission Hospital** Emergency Room visit data helped demonstrate the highest needs based on emergency room visits for residents who were uninsured or underinsured during 2013.
- **Orange County Health Care Agency**, *Healthy Places, Healthy People 2012* and *Orange County's Healthier Together 2013 Reports* provided a variety of social, economic, and environmental conditions known to influence the health of communities and trends and disparities in key health indicators.

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

### **Identification and Selection of DUHN Communities**

Communities with Disproportionate Unmet Health-Related Needs (DUHN) are communities defined by ZIP codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry Service Area.

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or, there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

The following table lists the DUHN communities/groups and identified community needs and assets.

**DUHN Group and Community Needs and Assets Summary Table**

DUHN Population Group or Community ZIP code or block group	Community Needs	Community Assets
Lake Forest High and Higher Need Area	<ul style="list-style-type: none"> <li>• Health disparities: Mental health (depression and anxiety)</li> <li>• Limited access to Dental Care</li> <li>• Limited access to Health Care (due to cost, lack of health insurance, transportation)</li> <li>• Limited care services for the elderly</li> <li>• Substance abuse (Alcohol, Prescription drugs, Illegal drugs, Tobacco)</li> <li>• Access to Affordable housing (families living in crowded homes)</li> <li>• Limited local programs for the poor</li> <li>• Limited public transportation services</li> <li>• Limited access to affordable healthy produce</li> <li>• Educational achievement gap for non-English learners</li> <li>• Lack of Spanish-speaking community based organization or community groups</li> </ul>	<ul style="list-style-type: none"> <li>• Family Resource Center and other social service organizations</li> <li>• Women’s Infant &amp; Children Clinic</li> <li>• Saddleback Church</li> <li>• PEACE Center Clinic</li> <li>• 2 major hospitals in close proximity</li> <li>• Strong network of faith based organizations</li> <li>• Well-ranked School District</li> <li>• Parks and open space</li> </ul>

DUHN Population Group or Community ZIP code or block group	Community Needs	Community Assets
San Clemente High and Higher Need Area	<ul style="list-style-type: none"> <li>• Health disparities:               <ul style="list-style-type: none"> <li>○ Heart disease</li> <li>○ Mental health (anxiety, depression in youth and younger adults)</li> <li>○ High prevalence of skin cancer in senior residents</li> </ul> </li> <li>• Limited access to Dental Care</li> <li>• Limited access to Health Care (due to cost, lack of health insurance, transportation, lack of ongoing source of care)</li> <li>• Higher ER usage</li> <li>• Lack of community clinic with culturally competent staff</li> <li>• Limited care services for the elderly</li> <li>• Substance abuse (Alcohol, Prescription drugs, Illegal drugs, Tobacco, high percentage of current drinkers compared to national)</li> <li>• Higher rates of Childhood Obesity</li> <li>• Access to Affordable housing (overcrowded Housing)</li> <li>• Financial distress due to low paying jobs and high cost of living</li> <li>• Limited culturally-appropriate social services, nonprofit and community based organizations for non-English speakers</li> <li>• Limited public transportation services</li> <li>• Safety concerns</li> <li>• Language barriers</li> <li>• Low literacy in adult Immigrants</li> </ul>	<ul style="list-style-type: none"> <li>• Community Resource Center</li> <li>• Camino Health Center</li> <li>• Local Hospital</li> <li>• Strong network of faith based organizations</li> <li>• Well-ranked School District</li> <li>• Beach access with many walking trails</li> <li>• Downtown, retail and business district</li> <li>• Bicycle lanes network</li> <li>• Community group: San Clemente Collaborative</li> </ul>
San Juan Capistrano High and Higher need	<ul style="list-style-type: none"> <li>• Health disparities               <ul style="list-style-type: none"> <li>○ Asthma in adults</li> <li>○ High blood pressure</li> <li>○ High cholesterol</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Family Resource Center</li> <li>• Federally Qualified Health Center</li> </ul>

DUHN Population Group or Community ZIP code or block group	Community Needs	Community Assets
Area residents	<ul style="list-style-type: none"> <li>○ Mental Health, depression and stress</li> <li>○ Skin Cancer</li> <li>● Limited access to Dental Care</li> <li>● Limited access to Health Care (due to cost, lack of health insurance, transportation, source of ongoing care)</li> <li>● Higher ER usage</li> <li>● Low flu/pneumonia vaccination rates</li> <li>● Overweight/ Obesity higher among minority groups</li> <li>● Substance abuse(Alcohol, Prescription drugs, Illegal drugs, Tobacco use among youth/teens, high percentage of current drinkers compared to national rates)</li> <li>● Access to Affordable Housing</li> <li>● Limited public transportation services</li> <li>● Safety concerns: Lack of accessible and illuminated recreational spaces</li> <li>● Low literacy adult Immigrants</li> <li>● Lack of culturally-appropriate and accessible community center for non-English speakers</li> </ul>	<ul style="list-style-type: none"> <li>● Relative close proximity to hospital</li> <li>● Strong network of faith based organizations</li> <li>● Well-ranked School District</li> <li>● Parks and open space</li> <li>● Walking and biking trails</li> <li>● Downtown, retail district, historic sites</li> <li>● Some non-profit and community based organizations</li> </ul>
Mission Viejo High and Higher need Area residents	<ul style="list-style-type: none"> <li>● Health disparities:               <ul style="list-style-type: none"> <li>○ Mental health (depression and anxiety)</li> </ul> </li> <li>● Limited access to Dental Care</li> <li>● Limited access to Health Care (due to cost, lack of health insurance, transportation, source of ongoing care)</li> <li>● Higher ER usage</li> <li>● Limited care services for the elderly</li> <li>● Substance abuse (Alcohol, Prescription drugs, Illegal drugs, Tobacco)</li> <li>● Access to Affordable housing (families living in crowded houses)</li> </ul>	<ul style="list-style-type: none"> <li>● Family Resource Center</li> <li>● Social Service Organizations</li> <li>● Trauma hospitals in close proximity</li> <li>● Strong network of faith based organizations</li> <li>● Well-ranked School District</li> <li>● Parks and open</li> </ul>

DUHN Population Group or Community ZIP code or block group	Community Needs	Community Assets
	<ul style="list-style-type: none"> <li>• Limited social services and programs for the poor</li> <li>• Limited public transportation services</li> <li>• Limited access to affordable healthy produce</li> <li>• Educational achievement gap for non-English learners</li> <li>• Lack of culturally-appropriate community based organization or community groups for non-English speakers</li> </ul>	space <ul style="list-style-type: none"> <li>• Community Center</li> <li>• City-sponsored senior transportation program</li> </ul>

### PRIORITY COMMUNITY HEALTH NEEDS

For this community health needs assessment, Mission Hospital defined a significant health need if it met two criteria in the primary and secondary data collection methods. *FIRST*: The issue must have been identified by the community as a need during the primary data collection process (e.g. disparities found during the telephone survey, stakeholder panels or focus groups) OR the prevalence of the issue is higher than county or state average. *SECOND*: The need had been identified across three or more resident focus groups (consolidated by city) during this needs assessment process.

The list below summarizes the prioritized significant community health needs identified through the FY14 Community Health Needs Assessment Process:

Health Concerns	Quality of Life Concerns
Substance Abuse	Services & Activities for Teens
Dental Care	Affordable Housing
Mental Health	Education
Access to Health Care	Access to Social Services
Overweight/Obesity	Economic Burden
Diabetes	Safety
Senior/Aging-Related Issues	

### Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through community benefit programs and by funding other non-profits through our *Care for the Program* managed by the Mission Hospital

Furthermore, St. Joseph Health, Mission Hospital will endorse local non-profit organization partners to apply for funding through the [St. Joseph Health, Community Partnership Fund](#). Organizations that receive funding provide specific services, resources to meet the identified needs of underserved communities through St. Joseph Health communities.

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

**Access to Social Services:** Access to social services was identified as a need in the resident focus groups. Efforts will continue to create awareness about local social services to the community and Mission Hospital staff will share this issue with local partners to help their efforts to expand awareness of services.

**Activities for Teens:** Several agencies dedicated to youth and teens exist in the community, such as the Boys & Girls Club, YMCA, etc. In addition, many local schools offer after-school enrichment programs and maintain a skill-set that exceeds our own.

**Affordable Housing:** We have concentrated on Affordable Homes for many years in South Orange County. Residents share that housing costs remain unaffordable. With the recent changes in Redevelopment Funds and the lack of local resources and collaborative efforts needed to focus on this issue, the committee felt our ministry resources could be better utilized in another area.

**Dental Care:** While dental care was identified as a priority need, our priority process identified Access to primary health care services as a greater need in the community. We will work collaboratively with other agencies to bring dental services to south Orange County whenever possible.

**Diabetes:** Camino Health Center has identified this condition as one of their 16 areas of clinical focus. We will continue to work collaboratively with Camino to connect residents in need of medical services with their Center.

**Economic Burden:** The lack of affordable jobs, ability to pay for child care and other basic needs was so broad a topic that we decided to focus our efforts on issues more specific. We will bring this issue to our St. Joseph Health System Advocacy branch and continue to advocate for the needs of the poor to improve their quality of life.

**Education:** Mission Hospital worked with dozens of agencies to develop CPATHE: (Capistrano Promoting Access To Higher Education) from 2008-2011. This collaborative still exists, primarily through partnership between University of California, Irvine and Capistrano Unified School District. The School District has created a specific plan to address the education graduation gap and has made significant efforts within the teaching model.

**Overweight /obesity:** We have focused on overweight/obesity for over 10 years, and recent results have demonstrated the rates of obesity, particularly childhood obesity are declining in our low-income areas. We will remain involved on a consultative basis with the many agencies that are directly focused on this issue and will continue to support them in their broad community efforts.

**Safety:** Safety was identified primarily through the resident focus groups in particular areas, and related primarily to lighting in neighborhood parks. The committee felt there were more pressing community needs that required our resources.

**Senior / Aging – Related Issues:** South Orange County has five senior centers in the area in addition to Age Well Senior Services, an agency wholly dedicated to the needs of seniors. We will continue to partner with Age Well and community centers around our identified priority areas.

In addition, Mission Hospital collaborates with many local organizations that address aforementioned community needs, to coordinate care and referral and address these unmet needs.

## **COMMUNITY BENEFIT PLANNING PROCESS**

### **Summary of Community Benefit Planning Process**

The FY15-17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment and is guided by the following five core principles:

- **Disproportionate Unmet Health-Related Needs:** Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

### **Priority Ranking Process**

In 2013, Mission Hospital formulated a HNA Advisory Committee to engage leaders beyond the community benefit staff and allow for a collective analysis of the many sources of data available for review as well as to narrow the list of priorities for the FY15-17 Community Benefit Plan. The committee consisted of community benefit committee members, representatives from local community clinics, public health personnel and hospital staff from a variety of units.

The collected data, including PRC telephone survey results, stakeholder feedback, and resident focus groups was presented to the HNA Advisory Committee. The Committee also reviewed pertinent secondary data from Mission Hospital, the Orange County Health Care Agency and local non-profit organizations to observe common trends in health needs.

In addition to the primary and secondary data provided to the committee, the following list was taken into consideration during the prioritization process:

- **Community Buy-In:** Other service providers agree that there is additional need for services and providers. Available local resources to address the problem are not adequate.
- **Impact on the Vulnerable:** The health need has a stronger impact on the vulnerable residents of South Orange County than the broad population as a whole. (Vulnerable residents are considered people with low financial or social resources, or have a limitation based on age, gender or ethnicity.)
- **Preventive Focus:** The health need has the ability to be addressed in a preventive manner; works upstream: focus on primary/secondary prevention approaches to the problem (versus tertiary prevention).
- **Population Health:** Focusing on this issue would assist the hospital in decreasing hospital utilization rates that negatively impact emergency rooms or utilize a high proportion of state/government public benefit programs. Will help address needs at appropriate intensity of care and thus reduce charity care costs.
- **Urgency:** The value of immediate intervention versus delay, especially for long-term or complex threats.
- **Severity:** The seriousness of the issue, including the risk of morbidity and mortality associated with the problem.
- **Magnitude:** Data has identified this problem as affecting a substantial number of persons (specifically most vulnerable) in the service area; Data and National Evidence have identified this problem as important; Scope of problem is extensive; Relationship of the problem to other community issues is high.

The identified significant health needs were presented to the committee and after rich discussion, members voted on the issues they believed were most pressing. The five issues with

the most votes moved forward to Mission Hospital's Community Benefit Committee for final discernment and identification of two or three priorities.

### **Final Selection of Priority Areas**

On March 11, 2014, the Mission Hospital Community Benefit Committee convened for final review of information and identification of priority areas for the FY15-17 Community Benefit Plan. Bruce Lockwood from PRC, Inc. presented essential data from the telephone survey which highlighted the gaps in the community. Christy Cornwall, Director of Community Benefit at Mission Hospital, then provided an overview of the key findings from the stakeholder panels, resident focus groups and the HNA Advisory Committee. The abbreviated list of health needs (identified through the HNA Advisory Committee voting process) was shared, followed by discussion about the selection process and data that was used to assist in their decision.

After discussing and advocating the issues, the committee was given the opportunity to vote on their top two health needs, with the understanding that the needs with the highest number of votes would be the focus for the coming Community Benefit Plan.

Based on this priority setting process, the identified areas of priority for Mission Hospital's FY15-17 CB Plan are as follows:

- *Access to Health Care*
- *Mental Health*
- *Substance Use*

**St. Joseph Health, Mission Hospital**  
**FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan**  
**FY16 Accomplishments**

**Initiative (community need being addressed):** Access To Health Care

**Goal (anticipated impact):** Through an integrated network of care, increase access to health care services for the most vulnerable members of the South Orange County community

Outcome Measure	Baseline	FY16 Target	FY16 Result
1. Increase the percentage of people in the identified high need areas of South Orange County who are 18-64 years of age that have a specific source on ongoing care.	FY14 baseline = 73.3% for insured or uninsured in high need areas	No FY16 Target Established (3-yr. goal to be reported in FY17)	No FY16 Result (3-yr. result to be reported in FY17)
2. Increase the number of unduplicated persons served through Camino Health Center.	FY14 Baseline: 9,052 (does not include dental or newly established locations)	No FY16 Target Established (3-yr. goal to be reported in FY17)	No FY16 Result (3-yr. result to be reported in FY17)

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
<b>Covered:</b> Continue health insurance enrollment efforts	Increase number of <u>new</u> people enrolled in Medi-Cal or Covered CA	2,629	3,000	2,962
<b>Community Outreach:</b> Educate residents on appropriately accessing	Decrease level 1 or 2 avoidable ER visits (no admits) by 15% for	200.9 per 1,000 visits	Decrease by 15% from baseline (170.9 per 1,000 visits)	Decreased by 52% from baseline (95.9 per 1,000 visits)

*St. Joseph Health, Mission Hospital*  
**FY16 COMMUNITY BENEFIT REPORT**

health care services	uninsured/underinsured (MSI, Medi-Cal, self-pays)			
<b>Care Management:</b> Improve systems of care to reduce ER visits	Decrease frequent ER visits & admits (5 visits/rolling 3) by 15% for uninsured/underinsured (MSI, Medi-Cal, self-pays)	60.7 per 1,000 visits	Decrease by 15% from baseline (51.6 per 1000 visits)	Decreased by 36% From baseline (38.6 per 1000 visits)
<b>Constraints:</b> Remove client barriers to accessing primary care services	Decrease barriers to accessing care	34.1% reported difficulty obtaining healthcare services	No FY16 Target Established (3-yr. goal to be reported in FY17)	Camino Health Center grew their patient base from 12,488 in FY15 to 14,167 in FY16, which represents a 13% increase in new patients served
<b>Capacity:</b> Build a network of care providers that can meet the health care needs of residents	Increase number of specialty providers in SOC for vulnerable residents	8 physicians	20 physicians	25 physicians

**Key Community Partners:** *Camino Health Center, South Orange County & CHEC Family Resource Centers, Children’s Bureau The Coalition Community Clinics of OC, Second Harvest, Grupo Comunitario de Salud Integral, the Raise Foundation, Local faith-based parishes, Mission Hospital Care Management & Emergency Room Departments, Friendship Shelter, Mission Hospital Laguna Beach Behavioral Health Department, Access OC and the Illumination Foundation*

**FY16 Accomplishments:**

Increasing Access to Health Care: In FY16, our efforts increasing access to affordable Health Insurance efforts lead to 10,278 outreach and education encounters, 2,962 new enrollments and 1,063 renewals in Affordable Health Coverage (Covered California, Medi-Cal, Kaiser Kids and others). We hosted 2 free Surgery Days in partnership Access OC and the Illumination Foundation to provide 15 free surgeries and 9 colonoscopies. Our nurse navigator had a total of 1,690 encounters by providing services to 982 underserved individuals at church visits, and to 708 individuals at health screenings, flu clinics and health fairs. We had a participation of 592 attendees at our diabetes education series. We developed a Community Health Worker Program in partnership with Latino Health Access to reach out to families at home visits to advance our health literacy goals raising

awareness about health prevention, learning about the importance of signing for health insurance and how to use it, and planning for an annual doctor visit.

For our efforts to reduce Emergency Room (ER) visits, in February 2016, we initiated a program to provide care management and social work support in the ER in our Mission Viejo campus six days per week. This has helped decrease avoidable visits in the ER from our initial 2014 baseline of 200.1 visits per 1,000 patients to 95.9 visits per 1,000 patients. In April 2016, we initiated a Community Care Navigator in our ERs as well. The Navigator's role is to provide support to our most vulnerable clients outside of the hospital walls to help them gain regular access to health care, social service support and other identified needs to help them increase their health and quality of life. Prior to the initiation of the Navigator program, frequent clients to the ER made an average of 6.39 visits/3 months. Patients who have engaged with the Care Navigator since April 2016 have averaged only 2.14 visits to the Emergency Department since initiating services. The overall rate of repeat visits has declined from 46.0/1000 visits earlier this year to 38.6/1000 visits.

**Client Story:**

Mr. J was a patient who is very well known in the Emergency Department. He had 9 visits in the previous 3 months and 23 visits within the first half of 2016. Mr. J would come into the ED for alcohol-related problems and he was homeless. His medical needs would be met by staff and he went on his way. Mr. J met with the new Community Care Navigator who conducted a psychosocial assessment. Mr. J expressed that he wanted to no longer be homeless and wanted to become clean and sober. With the help of the Emergency Department's Care Managers, he was provided with a bus pass get him to the detox facility. After completing detox, Mr. J was connected to the Friendship Shelter where he was given a bed, meals, and case management --- all at no cost to him. Mr. J has demonstrated some symptoms of paranoia and significant mental illness, and Mr. J was self-medicating with alcohol. He was encouraged to follow through with services through OC Mental Health. Mr. J disclosed that he was embarrassed to have the diagnosis of Paranoid Schizophrenia. The Community Care Navigator worked with him to accept his diagnosis and reduce the stigma of mental illness, so that he felt comfortable accessing counseling and medication. Mr. J continues to access services for his mental health, is taking psychotropic medication, and is attending meetings to maintain his sobriety. He is now 63 days sober, continues to live at the Friendship Shelter and is working towards more permanent housing. He is motivated to continue with his personal growth.

**St. Joseph Health, Mission Hospital**  
**FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan**  
**FY16 Accomplishments**

**Initiative (community need being addressed):** Mental Health Initiative

**Goal (anticipated impact):** Through an integrated network of care, improve mental health services for the vulnerable population in South Orange County through prevention and by ensuring access to appropriate, quality mental health services

Outcome Measure	Baseline	FY16 Target	FY16 Result
1. Decrease the percent of adults reporting three (3) or more days of poor mental health in the past month	FY14 Baselines: High Need Areas = 18.7% Laguna Beach = 20.7%	No FY16 Target Established (3-yr. goal to be reported in FY17)	No FY16 Result (3-yr. result to be reported in FY17)
2. Decrease the percent of adults reporting fair or poor mental health status	FY14 baseline: High Need Areas = 10.3% Laguna = 13%	No Target Established (3-yr. goal to be reported in FY17)	No Result (3-yr. result to be reported in FY17)

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Reduce the stigma around mental health (& substance abuse)	Number of unique individuals reached	0	1,000 promises (Unique individual encounters)	Social Marketing Campaign: 1,320 promises 7,715 Encounters 40,985,240 impressions
Reduce barriers to accessing behavioral health services	Increase number of new unique clients receiving	FRCs: 280 Camino: 78	FRCs: 10% increase from baseline (308 clients)	FRCs: 15% increase from baseline (322 clients)

*St. Joseph Health, Mission Hospital  
FY16 COMMUNITY BENEFIT REPORT*

	behavioral health services by 10% annually		Camino: 10% increase from baseline (86 clients)	Camino: 1,229% increase from baseline (1,037 clients)
Coordinate and integrate providers along the continuum of care for behavioral health services to increase access to quality services	Increase number of referrals by 20% annually to the FRC from MH, Camino, MHMG	0	20% increase from baseline (2 referrals)	4% increase from baseline (4 referrals)
Increase the availability of mental health providers	Increase number of mental health provider hours serving vulnerable clients by 10% annually	4,160 intern hrs.	10% increase from baseline (4,576 intern hrs)	-17% decrease from baseline (3,423 hours were provided by interns)

**Key Community Partners:** *Camino Health Center, South Orange County & CHEC Family Resource Centers, Mission Hospital Behavioral Health Services, Western Youth Services, and Mental Health Coalition member organizations*

**FY16 Accomplishments:**

In addition to the strategies cited in the above table, we hosted Faith Leader Breakfast events over the year to reduce the stigma around mental health and give clergy tools to address mental health needs when needed. Over 200 faith leaders participated in the program over the year. We developed a local social marketing campaign with an effort to reduce the stigma around mental health. The campaign’s website, Twitter and Facebook profiles were activated in May 2015 (PromiseToTalk.org, @PromiseToTalk, #promisetotalk). The campaign offers direct encounters with local residents at community events, neighborhood discussions, social media, and education and awareness through bus advertisements. Combined, these efforts resulted in over 40 million impressions in the community, helping to raise awareness about the importance of mental health and reducing the stigma associated with reaching out for assistance.

5,888 Community residents received awareness and stigma reduction education through our extensive outreach. Efforts increased awareness of FRC services and brought in additional new clients for individual, family and group mental health services. In addition, we initiated a psychiatric program through our Family Resource Centers in November 2015. This service provided 11 individuals with direct access and support from a psychiatrist, a health professional most individuals without health insurance

coverage would not receive. We also joined efforts with Western Youth Services, Jewish Family Federation Support Services and Orange County Indian and Pacific Islander to provide mental health outreach and education services to south county residents. Over the year, this provided nearly 6,000 people with information about mental health.

Our mental health internship program saw a decrease in FY16 due to fewer interns available at the FRCs. In FY15 when our baseline was created, the Family Resource Centers had up to 11 interns at a time, and 1.5 FTE Bilingual Mental Health Counselors. In FY16, the new Intern Coordinator was part time and was able to supervise 7 interns over the year. Because we hosted up to 4 fewer interns, the intern hours provided in FY16 were reduced to 3,423 hours. However, with interns, the Intern Supervisor, and hiring an additional staff counselor during the year, a total of 8,450 provider hours were available for mental health counseling within the FRCs. We anticipate FY17 hours increasing, as the FRCs are anticipating 9 interns, a small caseload from the Intern Coordinator, and 3 full-time Mental Health Counselors. In addition, the FRCs have partner agencies who provide counseling services to our community, increasing our available team members by 2 additional full-time staff.

Within those 8,450 provider hours, staff and interns offered 1,521 encounters for individual, child or family counseling, 541 encounters for group counseling, and 1,037 brief face-to-face encounters to offer referrals and other supportive services.

**St. Joseph Health, Mission Hospital**  
**FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan**  
**FY16 Accomplishments**

**Initiative (community need being addressed):** Youth Substance Use Prevention

**Goal (anticipated impact):** Reduce use of alcohol and other drugs (including e-cigarettes) among 9<sup>th</sup> graders in the last 30 days

Outcome Measure	Baseline	FY16 Target	FY16 Result
Decrease the percentage of 9 <sup>th</sup> graders who report using alcohol or other drugs in the past 30 days by 10%	Baselines (2014): Laguna Beach High School= 22% Capistrano Valley High School= 26% San Clemente High School SCHS= 34%	LBHS = 20% CVHS = 23% SCHS = 31%	LBHS = 21% CVHS – not available SCHS – not available

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Increase awareness and identification of risks and protective factors associated with mental health and substance abuse	Educate 1000 community members on risks annually	0	1000	25,320 (See details below)
Strengthen children/youth empowerment resiliency, self-confidence, and sense of well-being	Decrease % of 9 <sup>th</sup> graders reporting having sad or hopeless feelings	CVHS = 28% SCHS = 30% LBHS = 21%	No FY16 target; measure will be conducted during 2016 CHKS Survey	CVHS – not available until FY17 SCHS – not available until FY17 LBHS = 24%
Increase positive school environment of 7 <sup>th</sup> graders	Increase % of 7 <sup>th</sup> graders who rate high in school connectedness (caring)	CUSD = 57% (2014) LBUSD = 67%	No FY16 target; measure will be conducted during 2016 CHKS	CUSD – not available until FY17 LBUSD = 77%

	relationships in school)		Survey	
Increase family engagement in child development	Increase % of 9 <sup>th</sup> graders who rate high on having a caring relationship with adults (at home)	Baselines unavailable		Not available (See details below)

**Key Community Partners:** *Laguna Beach Unified School District (LBUSD), Boys & Girls Club Laguna Beach, California Youth Services, Capistrano-Laguna Beach ROP, Center for Drug Free Communities, City of Laguna Beach Police Department, Community Alliance Network, CSP, Inc., Laguna Beach City Council, MADD, Mission Pacific Coast Recovery, Western Youth Services, Friendship Shelter, Laguna Beach Presbyterian Church, Laguna Beach Coffee Break, Laguna Beach Community Foundation, Laguna Beach Interfaith, Little Church by the Sea, Stu News, Laguna Beach Independent, Shorecliffs Middle School, Bernice Ayer Middle School, Vista Middle School, Marco Forster Middle School, and San Clemente High School*

**FY16 Accomplishments:**

We learned that local school districts were no longer collecting data originally identified to measure family engagement in child development. The team continues to seek meaningful measurement data to increase family engagement strategy. In the meantime, we provided presentations to 3,059 community members through student assemblies, classroom presentations, PTA meetings, etc. We provided outreach to over 21,000 residents through electronic newsletters, collaborations with local school districts and community partnerships. 605 students and teachers participated in developmental asset and mental health awareness events over the year. We also conducted family relationship-building activities to nearly 750 attendees. 72 teens participated in youth advisory groups and 25 parents participated in a parent advisory committee.

Much of this work was conducted due to a strong partnership of community providers and dedicated residents in our beach communities of Laguna and San Clemente. We hosted regular coalition meetings to forward our combined efforts and work strategically, with an average of 20-35 stakeholders at each meeting.

Other highlights include:

- Red Ribbon Week substance abuse prevention emails to elementary, middle and high school parents in San Clemente and Laguna Beach (9,000 readers).
- Mental Health presentation by medical professional to 130 students during health classes on substance abuse and mental health at Laguna Beach High School

- National Drug Fact Week substance abuse emails to middle and high school parents in San Clemente (4,000 readers)
- Supported Navigating Teen Challenges conference with over 200 teen and adult attendees
- Teen workshop with Psychologist Jerry Weichman for 12 high risk Laguna Beach High School students and their parents
- Marijuana presentation by Ben Cort to 2,200 San Clemente High School students, and 40 community members.
- Developmental asset program recognizing caring adults at Bernice Ayre Middle School, asking students to recognize teachers and staff who “care about them”. 800 students and 47 adults participated.

## FY16 Other Community Benefit Program Accomplishments

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
<p>Access to Care</p> <p>Mental Health</p> <p>Family Support</p> <p>Social Support</p>	<p>Family Resource Centers (FRCs)</p>	<p>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 &amp; education, parent/child classes, family advocacy, information &amp; resource services, Personal Empowerment Programs, financial counseling, education assistance and limited emergency assistance.</p> <p>Emergency Assistance Program</p>	<p>16,547 encounters occurred at Mission Hospital's two Family Resource Centers.</p> <p>Both FRCs applied and were awarded Families and Communities Together (FaCT) contracts through the County of Orange, Children and Families Commission effective July 1, 2015. These 5-year contracts will provide additional resources to our South County communities.</p> <p>In FY16, Mission Hospital purchased a new 20,000 sq ft. building which will house the FRC and a 3<sup>rd</sup> satellite for Camino Health Center in 2017.</p> <p>37 Families received financial assistance to help maintain stable housing following a medical crisis, job loss, or other family emergency.</p>
<p>Senior/Aging-Related Issues</p>	<p>Senior Transportation</p>	<p>Non-emergency transportation service for seniors over 60 years of age residing in South Orange County who are receiving services at Mission Hospital Campuses in Mission Viejo and Laguna Beach. Transportation service is intended for medical appointments</p>	<p>Program provided transportation to 162 unduplicated individuals, accounting for more than 3,302 encounters.</p>

*INSERT MINISTRY NAME*  
*FY16 COMMUNITY BENEFIT REPORT*

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
		including outpatient therapy, testing and x-rays, pharmacy, health classes, rehabilitation and support groups.	
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.	<p>Grew staffing base from 68 to 80 staff/contractors, an increase of 17%, to better meet the community need for access to affordable, quality, health care services.</p> <p>Grew patient base from 12,488 in FY15 to 14,167 in FY16, an increase of 13%. This represents a penetration rate of 17% into the low income community.</p> <p>Expanded services into the cities of San Clemente and Lake Forest. Both communities are now served by fixed site clinics 30 hours per week.</p> <p>Received a New Access Point grant from the federal government to further expand services into Lake Forest. The health center broke ground in early 2016 on a 10,000 square foot clinic site to be co-located next to Mission Hospital's Family Resource Center.</p> <p>Established a Team-Based model of care. Each team is comprised of a MD, mid-level provider, Behavioral Health Specialist, Dentist,</p>

*INSERT MINISTRY NAME*  
*FY16 COMMUNITY BENEFIT REPORT*

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
			<p>Care Coordinator, Medical Assistant, and Patient Services Representative. Each team huddles daily to review patient care plans and clinical measure opportunities.</p> <p>Added Adult Dentistry to scope of services.</p> <p>Integrated Behavioral Health and Dental Services with primary medicine. Providers round on the medical floor and are available for same day consultations.</p> <p>Facilitated the establishment of WIC services and prenatal dental care for perinatal patients.</p> <p>Highest infant breastfeeding rates of any WIC agency in the county (50% vs 38.2%) and exceeded the State WIC average breastfeeding rate (40.5%).</p> <p>Received multiple awards from the Health Resources Service Administration recognizing Camino's patient centered care model and high level of clinical quality.</p>
Support Services	Community Support Groups	At our Laguna Beach Campus, we provide in-kind meeting space to over 20 community-led support groups such as Alcoholics	There are group meetings seven days a week at Mission Hospital Laguna Beach with groups ranging

*INSERT MINISTRY NAME*  
*FY16 COMMUNITY BENEFIT REPORT*

Initiative (community need being addressed):	Program	Description	FY16 Accomplishments
		Anonymous, Al-Anon Family Groups, National Alliance for the Mentally Ill and the Depression & Bipolar Support Alliance.	from 10 to 150 people each week.  This in-kind contribution represents close to \$200,000 to support the community.
Homeless	Orange County Recuperative Project (OCRCP)	The OCRCP is a regional project supported by Orange County hospitals to provide interim housing arrangements after a hospitalization.	Homeless receive rehabilitative care before returning to their normal living environment.
Education  Economic Development  Job Training	Project Mission	Project Mission is a nine-month internship program that prepares young adults with special needs to pursue independent lives and to develop professional skills.	4 interns completed the program in FY16.  Strengthened interns' professional and interpersonal skills  Increased interns self-esteem and confidence  Aided students in gaining and retaining a position in the workforce
Substance Abuse	South County Safe Rides	A peer-run program overseen by adult supervisors. Students from numerous local high schools staff a toll-free hotline for teens to call when in need of a ride home due to alcohol, drugs or unsafe date situation.	200 rides were provided to youth through our Mission Viejo and Laguna Beach campuses.
Educational Attainment	Nursing Adventure Camp	Mission Hospital Medical Career Summer Camp focuses on students who would be the first generation in their family to go to college and who are interested in the Science/Medical field. The main goal of the program is to expose students from underrepresented areas to professional jobs in healthcare and encourage them to pursue medical	11 middle school students completed the program.

*INSERT MINISTRY NAME*  
*FY16 COMMUNITY BENEFIT REPORT*

<b>Initiative (community need being addressed):</b>	<b>Program</b>	<b>Description</b>	<b>FY16 Accomplishments</b>
		careers. They are mentored by a group of nurses that are known nationally for the protocols they have created related to patient care.	
Access to Health Care	Flu Clinic	Complimentary flu and pneumonia vaccines are offered by our nurses in the local communities to assist persons with limited access to health care.	982 flu and pneumonia vaccines were provided through 13 community clinics during the 2015-16 flu season.

## FY16 Community Benefit Investment

In FY16, Mission Hospital invested a total of \$1,167,603 Care for the Poor dollars in key community benefit programs serving the economically poor of Orange County. Financial Assistance (Traditional Charity Care) (free and discounted care) increased compared to prior year due to increase in patients receiving free or discounted behavioral health services at Mission Hospitals. These costs consisted of 36% of free and discounted costs in FY16.

**FY16 COMMUNITY BENEFIT INVESTMENT**  
**St. Joseph Health, Mission Hospital**  
*(ending June 30, 2016)*

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services <sup>2</sup>	Net Benefit
<b>Medical Care Services for Vulnerable<sup>3</sup> Populations</b>	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	\$6,936,558
	Unpaid cost of Medicaid <sup>4</sup>	\$30,578,605
	Unpaid cost of other means-tested government programs	\$0
<b>Other benefits for Vulnerable Populations</b>	Community Benefit Operations	\$0
	Community Health Improvements Services	\$1,904,566
	Cash and in-kind contributions for community benefit	\$3,273,947
	Community Building	\$58,455
	Subsidized Health Services	\$87,158
<b>Total Community Benefit for the Vulnerable</b>		<b>\$5,324,126</b>
<b>Other benefits for the Broader Community</b>	Community Benefit Operations	\$888,545
	Community Health Improvements Services	\$718,678
	Cash and in-kind contributions for community benefit	\$70,829
	Community Building	\$244,663
	Subsidized Health Services	\$0
<b>Health Professions Education, Training and Health Research</b>	Health Professions Education, Training & Health Research	\$347,000
<b>Total Community Benefit for the Broader Community</b>		<b>\$2,269,715</b>
<b>TOTAL COMMUNITY BENEFIT (excluding Medicare)</b>		<b>\$45,109,004</b>

<sup>2</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

<sup>3</sup> CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

<sup>4</sup> Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

*INSERT MINISTRY NAME*  
*FY16 COMMUNITY BENEFIT REPORT*

<b>Medical Care Services for the Broader Community</b>		Unpaid cost to Medicare <sup>5</sup> not included in CB total) \$31,434,233
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<sup>5</sup> Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

## **Telling Our Community Benefit Story: Non-Financial<sup>6</sup> Summary of Accomplishments**

**Supporting Heart Disease Awareness:** Mission Hospital had approximately 30 walkers participate in the 35<sup>th</sup> Annual American Heart Association Walk in March 2016. Mission Hospital employees raised over \$7,000 to increase awareness and help advance mission programs, advocacy efforts and research to fight against the #1 and #5 killer of all Americans – heart disease and stroke.



### **Back to School & Holiday Angel Project**

As part of our legacy of caring for the community and our mission to extend the healing ministry of Jesus, employees and departments are invited to participate in the Angel adoption programs through the Community Benefit Department. The Angel Programs consist of two separate events; the Christmas Angel Program and the Back to School Angel Program.

For many families the Christmas Holiday and Back to School season can be times of anxiety and stress, as families are faced with the difficult decision of whether to pay the rent or buy their children gifts for Christmas or back to school supplies. According to the Community Benefits 2014 needs assessment, South Orange County encompasses 69,512 people living below 200% of the federal poverty level. With our Angel Programs, families are relieved from the financial burden and stress that Christmas and back to school bring and they are able to focus on their basic needs. This year 95 families; 149 adults and 209 children, had the opportunity to be recipients of the Holiday Angel program and 70 students had the opportunity to participate in the Back to School Angel Program.

These two programs would not exist without the help of Mission Hospital Employees. Mission Hospital employees really encompass the mission and values of Mission Hospital which are to serve the underserved and underprivileged in the communities. For the Christmas Angel Program there was staff in 67 departments between both campuses who adopted families, and 26 departments within the Mission Heritage

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<sup>6</sup> Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.

Medical Group. For the Back to School Angel Program there were 43 departments between both campuses that adopted our students.

The Christmas and Back to School Angel Programs have such an impact on our community members, which can be summed up by a father whose children participated in the program. *When receiving the supplies for his children, the father said, "This year has been tough, especially these past few months. Because you helped us with the supplies for school, we were able to focus on paying our rent and bills. Now our children can go back to school and we can focus on getting back on track. Thank you for your help, we couldn't have done it without this program".*

***Supporting Food Needs During The Holidays:*** Mission Hospital donated 800 turkeys to local pre-selected charities, including food pantries, local faith communities, and homeless service providers.

## **Governance Approval**

This FY16 Community Benefit Report was approved at the September 13, 2016 meeting of the Mission Hospital Community Benefit Committee of the Board of Trustees.

Susan Markey, Chairperson

  
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Chair's Signature confirming approval of the FY16 Community Benefit Plan

  
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Date