

2023

COMMUNITY BENEFIT ANNUAL REPORT

Healdsburg Hospital

Healdsburg, California



To provide feedback on this CB report or obtain a printed copy free of charge, please email Amy Ramirez at amy.ramirez2@providence.org



Healdsburg Hospital

Providence

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Sonoma County through Healdsburg Hospital. Healdsburg Hospital (HH) has 43 licensed beds, is an acute-care hospital and has a subacute care unit. HH was founded in 1905 and is located in Healdsburg, CA. The hospital's service is the entirety of Sonoma County, including 492,498 people.

Healdsburg Hospital joined Providence as a nonprofit hospital on January 1, 2021. Petaluma Valley Hospital and Healdsburg Hospital are part of newly formed NorCal HealthConnect, LLC. Both hospitals have a history of serving the health care needs of the Sonoma County community.

In FY23, the hospital provided \$7,751,129 in Community Benefit in response to unmet needs.

Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy and making our services more convenient, accessible, and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people, and communities benefit from the best health care model for the future – today.

Together, our 117,000 caregivers (all employees) serve in 51 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

Providence across five western states:

- [Alaska](#)
- [Montana](#)
- [Oregon](#)
- [Northern California](#)
- [Southern California](#)
- [Washington](#)

The Providence affiliate family includes:

- [Covenant Health in West Texas](#)
- [Facey Medical Foundation in Los Angeles, CA.](#)
- [Kadlec in Southeast Washington](#)
- [Pacific Medical Centers in Seattle, WA.](#)
- [Swedish Health Services in Seattle, WA.](#)

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

Our Mission	We are steadfast in serving all within our communities, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Part of a larger healthcare system known as Providence, Healdsburg Hospital (HH), Providence Santa Rosa Memorial Hospital (SRMH), and Petaluma Valley Hospital (PVH) serve the communities located in Sonoma County. The health care services provided by these three hospitals include, in part, the provision of acute care services, behavioral health, and other facilities for treating the healthcare needs of the community in Sonoma County.

HH is a critical access hospital founded by Dr. J. Walter Seawell in 1905. Located in Healdsburg, California, Providence has managed operations of the facility since January 1, 2021. The facility has 43 licensed beds, a campus that is 4 acres in size, and roughly 300 employees. Major programs and services include 24/7 emergency department, critical care, acute rehab, behavioral health, women’s health, and orthopedics. The hospital is certified as a Medicare Critical Access Hospital (CAH) provider and is also a certified stroke center.

In addition, Providence hospitals in Sonoma County offer a variety of community-based programs, such as a free mobile health clinic, a mobile dental clinic, a fixed-site dental clinic, health promotions, and the CARE Network. These programs and services offered to the community are designed to meet the needs of underserved populations and focus on health equity, primary prevention, health promotion, and community building.

Our Commitment to Community

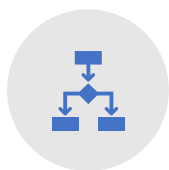
Providence hospitals in Sonoma County further demonstrate organizational commitment to the community through the allocation of staff time, financial resources, and participation and collaboration to conduct the Community Health Needs Assessment (CHNA) and then to address community identified needs. The Northern California Community Health Investment Regional Director, Dana Codron, and the Sonoma County Community Health Investment Manager, Amy Ramirez, are responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community leaders, hospital leadership, and others to work together in planning and implementing the resulting Community Health Improvement Plan (CHIP). In FY23, the hospital provided \$7,751,129 in Community Benefit in response to unmet needs and to improve the health and well-being of those we serve.

Health Equity

At Providence, 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 hospital 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



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

Community Benefit Governance

Healdsburg Hospital (HH) demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, and participation and collaboration with community partners. The Northern California Regional Director of Community Health Investment and the local Community Health Investment Program Manager are responsible for coordinating implementation of State and Federal 501r requirements.

The Healdsburg Hospital Community Benefit Committee (CBC) is the board-appointed oversight committee of the Community Health Investment department in Sonoma County. The HH CBC is comprised of Healdsburg Hospital and Petaluma Valley Hospital community board members, internal Providence stakeholders and staff, and external community stakeholders representing subject matter experts and community constituencies.

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 Healdsburg Hospital (HH) has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

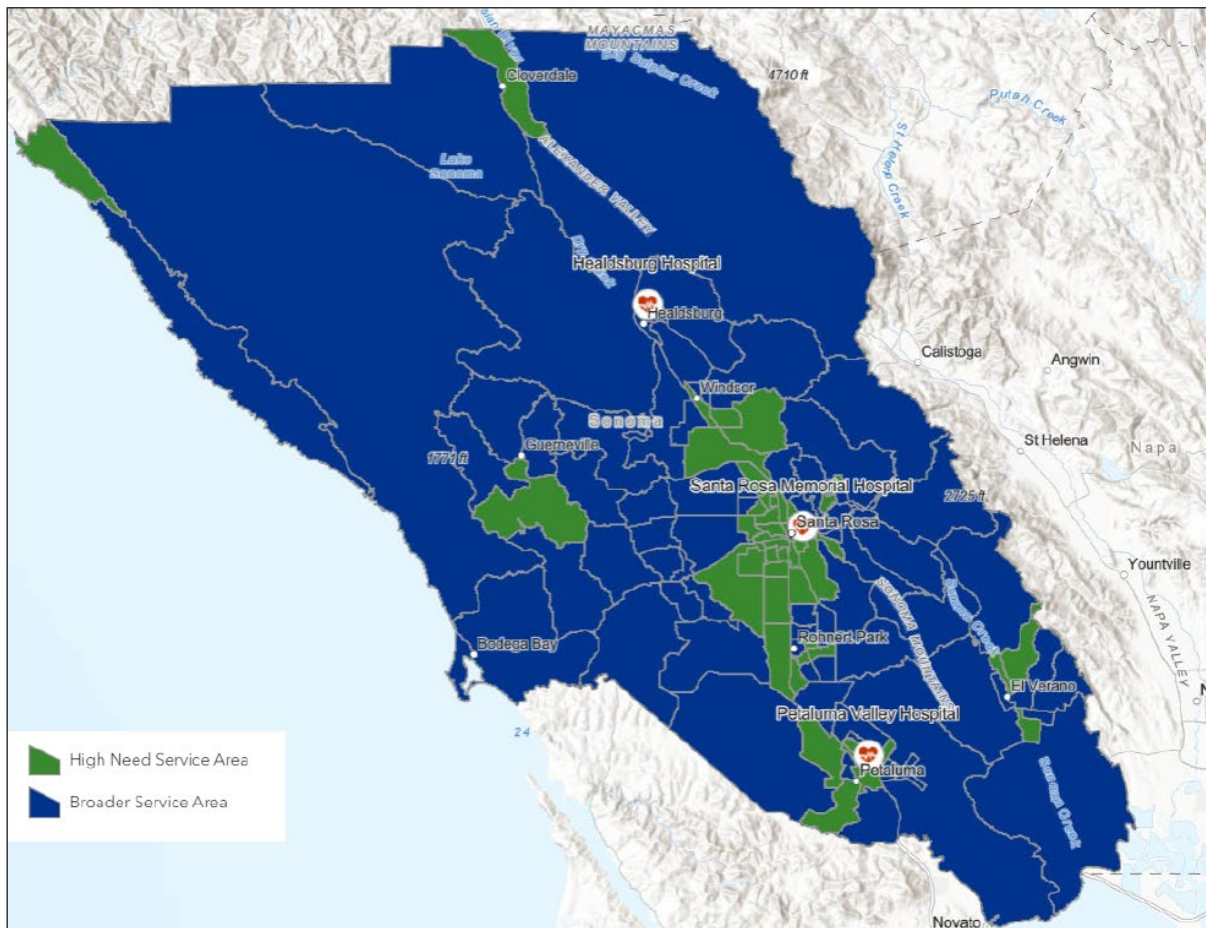
One way HH informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial 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 here](#).

OUR COMMUNITY

Description of Community Served

Healdsburg Hospital, Santa Rosa Memorial Hospital, and Petaluma Valley Hospital provides Sonoma County communities with access to advanced care and advanced caring. The hospitals' service area is Sonoma County and includes a population of approximately 493,000 people.

Figure 2. Healdsburg Hospital, Santa Rosa Memorial Hospital, and Petaluma Valley Hospital



The high need area includes census tracts identified based upon lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to county averages. For reference, in 2019, 200% FPL represents an annual household income of \$51,500 or less for family of 4. 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

For the most part, the age distribution is roughly proportional across Sonoma County geographies, with those between 18 and 34 years slightly more likely to live in a high need area, likely young families and those in and around college towns. Those ages 65 to 84 are less likely to live in a high need area, perhaps due in part to secondary and/or vacation homes.

The male-to-female ratio is approximately equal across geographies.

In Sonoma County, approximately 6% of the population are veterans, roughly in line with the 5% in the state of California.

POPULATION BY RACE AND ETHNICITY

The “other race” population is over-represented in the high need census tracts compared to the county population, whereas those who identify as white are less likely to live in high need communities. Individuals who identify as Hispanic are also over-represented in high need communities, representing nearly 38% of the population in those areas, compared to just under 20% in the broader service area.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Sonoma County Service Area

Indicator	Broader Service Area	High Need Service Area	Sonoma County
Median Income Data Source: American Community Survey Year: 2019	\$93,090	\$67,310	\$81,477
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	25.3%	28.3%	26.9%

The median income in the high need service area is about \$14,000 lower than Sonoma County. There is about a \$26,000 difference in median income between the broader service area and the high need service area.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average about 27% of households in Sonoma County are severely housing cost burdened. In the high need service area, 28% of renter households are severely housing cost burdened. Within Sonoma County there are census tracts in which over 40% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the [2019 CHNA for Providence Sonoma County](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospitals, we look not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invite key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. The CHNA is an opportunity for hospitals 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.

The most recent CHNA that was completed in Sonoma County took place in 2019, prior to the purchase of Healdsburg Hospital (HH). Santa Rosa Memorial Hospital (SRMH) and Petaluma Valley Hospital (PVH) collaborated to complete a 2020-2022 Community Health Improvement Plan (CHIP) for their shared service area as a result of the findings of the [2019 CHNA](#).

In light of the fact that this 2019 CHNA, conducted by SRMH and PVH, includes HH's service area, the needs of the Healdsburg community are represented in this CHNA.

Significant Community Health Needs Prioritized

The list below summarizes the rank-ordered significant health needs identified through the 2019 Community Health Needs Assessment process:

PRIORITY 1: HOUSING INSTABILITY & HOMELESSNESS

The cost of living in Sonoma County outpaces the income for many people in the community, making it challenging for families to meet their basic needs. Housing is foundational to one's health: people who are stably housed are better able to care for their physical and mental health. Those most impacted by housing stability and affordability are the Latino/a community due to income inequities; youth experiencing homelessness, especially those identifying as LGBTQ+; and older adults whose fixed income limits their ability to afford local housing prices. There is also need for supportive housing, using a Housing First approach, for people with mental health challenges, substance use disorders, and other special needs. There are especially few resources for mixed status families.

PRIORITY 2: MENTAL HEALTH & SUBSTANCE USE SERVICES

Accessing quality mental health and substance use services can be a challenge for many. Trauma from the recent fires, COVID-19, and the current political climate contribute to the community mental health needs. There is a particular need for mild to moderate mental health services, perinatal mental health services, more wraparound case management for families to address mental health, and more

substance use disorder treatment services. There is further need for more bilingual and bicultural mental health professionals to serve the Latino/a community, including mixed status families. School-age children and older adults are two additional groups with unmet mental health needs. Major barriers to accessing mental health services include insurance coverage limitations, cost of care, and shortage of providers resulting in long wait times for appointments.

PRIORITY 3: HEALTH EQUITY: RACISM AND DISCRIMINATION

Stakeholders described being at an “inflection point” in acknowledging and addressing racism in the community, with more people talking about the issue. They asserted that racism keeps people in poverty by limiting education and job opportunities, leading to more Black, Brown, Indigenous, and People of Color (BBIPOC) working in lower-wage jobs, with particular emphasis on the Latino/a community in Sonoma County. Housing discrimination prevents the Latino/a community from accessing good-quality, affordable housing. Racism contributes to inequities in the ways different schools are funded, contributing to the opportunity gap. Stakeholders shared particular concern for the ways in which xenophobia and racist policies negatively affect the mental health and economic security of the Latino/a community.

PRIORITY 4: ACCESS TO HEALTH CARE

Stakeholders discussed the need for more affordable health care, as well as challenges accessing primary and specialty care. They noted a particular need for more case management and navigation resources, especially for Spanish-speaking patients and new parents. Transportation to care is a consistent barrier for many, but especially older adults. Fears of immigration enforcement and changes in public charge rules may prevent mixed status households from applying for Medi-Cal. A lack of culturally responsive and linguistically appropriate health care services and documentation status may prevent the Latino/a community from receiving the care they need.

Needs Beyond the Hospital’s Service Program

No single hospital facility can fully address all the health needs present in its community. While our hospitals will employ strategies to address each of the four significant health needs that were prioritized during the CHNA process, partnerships with community organizations and government agencies are critical for achieving the established goals.

ACCOMPLISHMENTS

Addressing the Needs of the Community

COMMUNITY NEED ADDRESSED #1: HOUSING INSTABILITY & HOMELESSNESS

Population Served

Individuals experiencing or at imminent risk of experiencing homelessness, including older adults

2023 Accomplishments

CARE Network: The CARE Network program offers community-based care management for predominantly low-income and otherwise vulnerable populations. Upon discharge from the hospital or release from the Emergency Department, patients are served by teams of Social Workers and RNs. The program ensures patients and caregivers make a smooth and successful transition from hospital to home, including home visits, assistance with shelter or supportive housing, transportation to medical, legal, and benefits appointments; diet and medication management; caregiving resources and support; referrals to additional needed resources/services; skilled nursing and senior placement; and coaching designed to teach self-advocacy skills in navigating the healthcare system. CARE Network staff act as advocates and liaisons between the patient and their providers. Additionally, in January of 2022, CARE Network became an Enhanced Care Management (ECM) provider through Partnership HealthPlan of California, receiving referrals directly from Partnership HealthPlan for patients with the most complex health related medical and health related social needs, and/or are experiencing homelessness. The CARE Network ECM team is dedicated full-time to serving this highly vulnerable population through complex care management. In 2023, CARE Network added a full-time Community Health Worker to support the Enhanced Care management team. CARE Network enrolled 1,280 individuals in 2023.

Project Nightingale: Recuperative beds for unhoused and medically vulnerable discharged patients as an alternative to lengthy hospital stays or shelter placement. 38 Respite beds at the new Caritas Center located in Santa Rosa, operated by Catholic Charities, and funded in part by Providence in partnership with Kaiser Permanente, Sutter, and Partnership HealthPlan of California. Nightingale services patients discharging from any area hospital.

Committee on the Shelterless (COTS) Recuperative Beds: Recuperative beds for unhoused and medically vulnerable discharged patients as an alternative to lengthy hospital stays or shelter placement. 6 beds at COTS Mary Isaak Center shelter site in Petaluma operated by COTS and funded by Providence Community Health Investment (CHI).

COTS Permanent Supportive Housing (PSH): Providence CHI financially supports 11 PSH units embedded in COTS' Mary Isaak Center for chronically homeless, high utilizers of emergency services. In addition, CHI financially supports a full-time Case Manager dedicated to these 11 individuals.

Providence Mobile Health Clinic: Providence operates a mobile health clinic that operates four to five days a week, staffed with nurse practitioners and medical assistants. The Mobile Health Clinic has

routine scheduled days providing medical care and services at encampments, shelters and supportive living sites extending primary care to community members experiencing homelessness at Palms Inn, Samuel L. Jones Hall, Caritas Center, The Living Room, The Rose shelter, Labath Landing, Rohnert Park homeless encampment site, Studios at Montero, Redwood Gospel Mission, L&M Motel, Sonoma Tiny Homes, safe parking program in Santa Rosa, and Horizon Shine RV Village.

COMMUNITY NEED ADDRESSED #2: MENTAL HEALTH & SUBSTANCE USE SERVICES

Population Served

Families and individuals of all ages throughout all geographic sub-regions of Sonoma County, with a particular emphasis on Latino/a population.

2023 Accomplishments

Behavioral Health System of Care Capacity Building: Providence CHI staff designed and funds an integrated approach to increasing access to mild-to-moderate behavioral health services by increasing the capacities of key community-based organization (CBO) partners. These include the following:

- Buckelew Programs: Providence financially supports a specialized navigator position in this behavioral health CBO to assist youth and families of adult loved ones with mental health/substance use challenges in navigating the complex system of care, connecting to needed mental health and substance use treatment and services, and advocating for patient equity. A special focus is on Latino/a, LGBTQI and other underserved populations.
- Humanidad Therapy & Education Services: Providence financially supports a specialized navigator position in this Latino/a -serving behavioral health CBO to assist youth and families of adult loved ones with mental health/substance use challenges in navigating the complex system of care, in connecting to needed mental health and substance use treatment and services, and in advocating for patient equity. A special focus is on Latino/a, LGBTQI and other underserved populations.
- NAMI Sonoma: Providence financially supports a Community Engagement Coordinator in this central community information and referral behavioral health CBO. NAMI is the "front door" for many in the community seeking behavioral health services and assistance. As part of this overall system capacity-building initiative, this position connects with the other system navigation resources being embedded in other CBOs and conducts proactive outreach to underserved communities to draw in those in need of behavioral health services but who otherwise would not come forward and seek access.
- Humanidad Therapy & Education Services and La Luz Center: Providence financially supports a bilingual mental health clinician from Humanidad to provide individual and group therapy sessions for clients of La Luz Center, a multi-service social services CBO serving Latino/a, farmworker, and undocumented population in the Boyes Hot Springs area of Sonoma Valley.

- Committee on the Shelterless (COTS): Providence financially supports an embedded mental health social worker in COTS' Mary Isaak Center homeless shelter to train and educate shelter staff on dealing with clients experiencing mental health issues, to run groups for clients to surface and discuss their mental health issues, and to connect clients to mental health and social support services.
- Mothers Care: Providence financially supports this maternal mental health program, offering free clinical counseling to new mothers exhibiting mood and anxiety disorders during postpartum well-baby visits. In 2023, Mother's Care designed and implemented a new program called "Focus on the Fourth", which provides culturally responsive video and written content on social media platforms aimed at providing education and support related to feeding, sleeping, and behavioral health for the first 14 weeks postpartum. This content is available in English and Spanish with special cultural sensitivity toward the Latino/a and LGBTQI community.

COMMUNITY NEED ADDRESSED #3: HEALTH EQUITY: RACISM AND DISCRIMINATION

Population Served

Families and individuals suffering health inequities and lack of access due to racism and discrimination, including Latino/a, LGBTQ+, elderly, impoverished, etc.

2023 Accomplishments

Latino Health Forum: Providence CHI staff sit on the Board of this CBO formed to produce an annual conference focused on the health needs of the local Latino/a population in Sonoma County. Providence has been an annual funder of this conference since its inception several years ago.

¡DALE!: ¡DALE! is a youth-led program that includes training, practice, and mentorship to address equity issues within local schools and communities. Co-created with Sonoma County youth, ¡DALE! aims to support the development of high school students who aspire to become leaders and organizers within their school and community.

Mobile Health Clinic (MHC): The MHC merged with our Promotores de Salud (Community Health Worker) program and implemented regular visits to day labor Centers in North County, providing screenings, readings, education and resources to the day laborers and agricultural workers. Additionally, the MHC visited homeless encampments throughout the County weekly to provide medical and community health worker services. All MHC staff are bilingual English/Spanish.

Operation Access: Operation Access's patients who are in need of vital medical procedure, face staggering structural inequality because of their limited income, immigration status, race, language, and ethnicity. They grapple with discrimination in health care, jobs, education, and housing. They often cannot afford private health insurance coverage, and because of their immigration status, some patients are not eligible to enroll in Medicare, Medicaid, or to purchase coverage through the Affordable Care Act. Operation Access also serves low-income citizens whose earnings make them ineligible for Medi-Cal, but unable to afford insurance.

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH CARE

Population Served

Families and individuals with low incomes, who are under or uninsured, who are geographically isolated or home-bound, who are unhoused, or who have any barriers to accessing health care and supportive resources.

2023 Accomplishments

Providence Mobile Health Clinic (MHC): Providence CHI operates this mobile medical clinic to provide free primary care, health screenings, immunizations, and referrals to medical homes and social work supports. The MHC visits locations throughout Sonoma County with a special emphasis on locations with a high concentration of low-income, uninsured, and undocumented residents.

Medical Legal Partnership (MLP): Providence CHI funds an attorney position at Legal Aid of Sonoma County who is dedicated to supporting CARE Network patients and other hospital patients in addressing legal issues and impediments to their successful discharge and/or stabilizing their social situations as part of their overall care management.

Providence Fixed-Site Dental Clinic: Providence CHI operates this dental clinic located in southwest Santa Rosa, offering comprehensive dental care for pediatric patients ages 16 and under. Dental care is provided free of charge (insurance billed when appropriate); emergency dental care for patients of all ages; and specialized dental care for patients with special needs (e.g., autism). Patient population is primarily low-income Latino/a.

Providence Mobile Dental Clinic: An extension of the fixed-site clinic, Providence CHI operates this mobile dental clinic, offering similar services in isolated communities and regular visits to low-income schools for screening and treatment.

Community Health Promotion: Providence CHI's community health worker (CHW) organizes and offers public health screening and education events throughout the County: cardiovascular screening and testing for hypertension and diabetes, cardiovascular nutrition and health education, referrals to primary care, etc. In addition, the CHW regularly attends the scheduled visits of the Providence Mobile Health Clinic in Windsor, Cloverdale, and Sonoma to offer cardiovascular nutrition and health education to patients identified by the MHC staff. This includes an initial same-day consultation and the development of an ongoing coaching relationship with patients to monitor progress and assist in behavioral and nutritional modifications needed to stabilize the patients' cardiovascular health indicators.

La Familia Sana: Providence CHI's community health worker sits on the Board of this new nonprofit formed in Cloverdale. Its members are mostly Latino/a farmworkers from the remote areas of northern Sonoma County and its mission is to serve this population with health-related education, outreach, and connections to needed social services.

Ceres Community Project: Providence's CHI granted funding toward this program, which provides medically tailored, organic meals to vulnerable and recuperating community members. The focus of funding for this year was for palliative-eligible patients.

FY23 COMMUNITY BENEFIT INVESTMENT

In FY23 Healdsburg Hospital invested a total of \$7,751,129 in key community benefit programs. \$7,735,863 was invested in community health programs for the poor. \$148,131 in charity care was provided, and \$15,266 in community benefits for the broader community. Healdsburg Hospital applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2023 Healdsburg Hospital
(July 1, 2022 - June 30, 2023)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	\$148,131
	Unpaid cost of Medicaid	\$6,903,673
	Unpaid other govt. programs	-
Other Benefits for Vulnerable Populations	Community Health Improvement Services	-
	Subsidized Health Services	-
	Cash and In-Kind Contributions	\$583,651
	Community Building	-
	Community Benefit Operations	\$100,408
	Total Benefits for Vulnerable Populations	\$7,735,863
Other Benefits for the Broader Community Populations	Community Health Improvement Services	-
	Subsidized Health Services	-
	Cash and In-Kind Contributions	-
	Community Building	-
	Community Benefit Operations	\$15,266
Health Profession Education, Training and Research	Health Professions Education and Research	-
	Total Benefits for the Broader Community	\$15,266
	Total Community Benefit	\$7,751,129
Medical Care Services for the Broader Community	Total Medicare shortfall	-

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

CARE Network: The CARE Network program offers community-based care management for predominantly low-income and otherwise vulnerable populations. Upon discharge from the hospital or release from the Emergency Department, patients are served by teams of Social Workers and RNs. The program ensures patients and caregivers make a smooth and successful transition from hospital to home, including home visits, assistance with shelter or supportive housing, transportation to medical, legal, and benefits appointments; diet and medication management; caregiving resources and support; referrals to additional needed resources/services; skilled nursing and senior placement; and coaching designed to teach self-advocacy skills in navigating the healthcare system. CARE Network staff act as advocates and liaisons between the patient and their providers. Additionally, in January of 2022, CARE Network became an Enhanced Care Management (ECM) provider through Partnership HealthPlan of California, receiving referrals directly from Partnership HealthPlan for patients with the most complex health related medical and health related social needs, and/or are experiencing homelessness. The CARE Network ECM team is dedicated full-time to serving this highly vulnerable population through complex care management. In 2023, CARE Network added a full-time Community Health Worker to support the Enhanced Care management team. CARE Network enrolled 1,280 individuals in 2023.


Private Duty Caregiving/We Care Fund: Community Health Investment supported community members through a contract with TheKey, which provides private duty caregiving service for vulnerable community members awaiting permanent caregiving resources through Sonoma County In-Home Supportive Services or personal social supports. This service was created as a response to the County-wide caregiver shortage and allows vulnerable individuals to stay safely in their own homes. TheKey is funded through the “We Care” discretionary fund of Community Health Investment, which also funds transportation for patients in need, and crisis response needs identified by the Mobile Health, hospital, and CARE Network teams.

Community Transitions of Care (CTOC): CTOC is a multi-stakeholder coalition of area hospitals, FQHCs, County Behavioral Health, criminal justice, and community-based organizations (CBOs) convened and facilitated by Providence CHI staff working together to create a multidisciplinary and integrated approach to address coordination of care challenges throughout the Sonoma County behavioral health system of care.

Community Health Promotion: Providence CHI’s community health worker (CHW) organizes and offers public health screening and education events throughout the County: cardiovascular screening and testing for hypertension and diabetes, cardiovascular nutrition and health education, referrals to primary care, etc. In addition, the CHW regularly attends the scheduled visits of the Providence Mobile Health Clinic in Windsor, Cloverdale, and Sonoma to offer cardiovascular nutrition and health education to patients identified by the MHC staff. This includes an initial same-day consultation and the development of an ongoing coaching relationship with patients to monitor progress and to assist in behavioral and nutritional modifications needed to stabilize the patients’ cardiovascular health indicators.

2023 CB REPORT GOVERNANCE APPROVAL

This 2023 Community Benefit Report was adopted by the Community Benefit Committee of the Petaluma Valley and Healdsburg Hospitals' Boards of Trustees on November 6, 2023. The final report was made widely available by November 30, 2023.

DocuSigned by:

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Terry Leach Date
Chair, Community Benefit Committee
Petaluma Valley Hospital and Healdsburg Hospital

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