2023

COMMUNITY BENEFIT REPORT/

PROGRESS ON 2021-2023 COMMUNITY HEALTH IMPROVEMENT PLAN

Santa Rosa Memorial Hospital

Santa Rosa, California

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

Providence
Santa Rosa
Memorial Hospital

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Sonoma County through Santa Rosa Memorial Hospital. Santa Rosa Memorial Hospital (SRMH) is an acute-care hospital with 338 licensed beds, founded in 1950 and located in Santa Rosa, CA. The hospital's service area is the entirety of Sonoma County, including 495,319 people.

SRMH dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY23, the hospital provided $14,283,781 in Community Benefit in response to unmet needs.

2021-2023 Santa Rosa Memorial Hospital Community Health Improvement Plan Priorities

As a result of the findings of our 2020 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Santa Rosa Memorial Hospital will focus on the following areas for its 2021-2023 Community Benefit efforts:

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. 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.

2023 Accomplishments

CARE Network: The CARE Network program offers community-based care management for predominantly low-income and otherwise vulnerable populations. Patients are referred from community-based organizations, upon discharge from the hospital or release from the Emergency Department and served by teams of Social Workers and RNs. The program ensures individuals are linked to medical and social services and includes home visits; assistance with 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 who are medically complex with complex socioeconomic 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 and added the populations of Severe and Persistent Mental Illness (SPMI) and Substance Use Disorder to their outreach and enrollment.

Embedded Housing Resource Navigator: Providence Community Health Investment (CHI) provides annual funding to support this position through Catholic Charities. This position is embedded in SRMH and is available to CARE Network and care management staff to assist with immediate shelter placement and connects patients to the County's Coordinated Entry system for emergency and ongoing housing placement based on vulnerability. Additionally, the Housing Navigator assists with benefits enrollment in Medi-Cal eligible programs.

Project Nightingale: Recuperative beds for unhoused and medically vulnerable discharged patients as an alternative to medically unnecessary 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.

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

COTS Permanent Supportive Housing (PSH): Providence CHI financially supports 11 PSH units embedded in COTS' Mary Isaak Center for chronically homeless In addition, CHI financially supports a full-time Case Manager dedicated to these 11 individuals, providing access to health care, community resources and reducing the need for avoidable emergency room utilization.

Providence Mobile Health Clinic: The Mobile Health Clinic provides on-site 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.

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's mental health needs. There is a need for more mental health and substance use disorder treatment services, as well as more case management services and bilingual and bicultural mental health providers.

2023 Accomplishments

Substance Use Navigators (SUNs): A distinct service of CARE Network, SUNs are embedded into Petaluma Valley and Santa Rosa Memorial Hospitals. Paid for, trained, and monitored by a CA Bridge program grant, these SUNs assist any patient who presents to the Emergency Department with an identified substance use disorder. SUNs are trained to assist physicians with dosing buprenorphine inpatient and arranging for next-day treatment at an outpatient medication-assisted treatment program

(MAT). Additionally, SUNs champion harm reduction techniques and distribute Naloxone out of the 2 emergency departments for any community member, caregiver, or patient.

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.

Petaluma Sober Circle/Petaluma SAFE Team: Serial inebriate program featuring street outreach and alternative direct placement in recovery programs as an alternative to jail or emergency department. Providence CHI is a major funder with Partnership HealthPlan of California. Sober Circle is a collaborative project with Petaluma Health Care District, Petaluma Police Department, Sonoma County Behavioral Health, Center Point DAAC treatment center, Petaluma Health Center (FQHC), and COTS. In 2023, Sober Circle transitioned to become a service line provider under the Petaluma SAFE team, operated by Petaluma People Services in collaboration with the City of Petaluma Police Department. Providence has continued to be a funder, thought partner, and collaborator through the transition of Sober Circle to SAFE Team.

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.

Behavioral Health and Substance Use Disorder grants administration: Providence funded grants to increase the capacity of local organizations providing behavioral health and substance use disorder services:

- 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.

- 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.
- Athena House: CHI financially supported this program, which provides residential and outpatient treatment to women and women with children experiencing a substance use disorder. The Athena House is now being operated by Buckelew Services and is awaiting a contract with Sonoma County to become a provider through Drug Medi-Cal. Providence provided gap funding to maintain services for the women and children through this transition.
- Community Matters: CHI provided funding to this school-based behavioral health that works with school systems, staff, and students to create safe social and emotional climates through "Safe School Ambassadors" to combat bullying, violence, and isolation in local Sonoma County schools.
- Santa Rosa Fire Foundation: CHI provided a grant to this newly formed non-profit providing behavioral health services to Sonoma County first responders.
- Mentis: The Mentis program, in collaboration with Hannah Institute, worked to bring outpatient mental health services, both prevention and treatment, to residents who lack access to care in Sonoma Valley.

PRIORITY 3: HEALTH EQUITY: RACISM AND DISCRIMINATION

Racism and discrimination affect Black, Brown, Indigenous, and People of Color (BBIPOC) from accessing education and job opportunities and affordable housing. Xenophobia and racism negatively affect the mental health and economic security of the Latino/a community in Sonoma County.

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.

¡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.

South Park Community Building Initiative (CBI): The CBI is a funding initiative of the St. Joseph Community Partnership Fund. The CBI funds neighborhood community organizing in the communities where Providence has hospital ministries. Providence CHI in Sonoma is the first hospital ministry in the system to host a CBI project (as opposed to having another local CBO sponsor). The current CBI project is

focused on the historically low-income minority South Park neighborhood of Santa Rosa, where a CBI organizer works with local residents to build power and agency within their local neighborhood.

Enhanced Care Management (ECM): In January of 2022, CARE Network became an ECM provider through Partnership HealthPlan of California, receiving referrals directly from Partnership Health Plan of California patients who are high utilizers of health and emergency services, are experiencing homelessness, and/or have been identified as having a severe or persistent mental health or substance use disorder issue. The CARE Network ECM team is dedicated full time to serving this highly vulnerable population through complex care management and coaching.

Providence 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 Sonoma County weekly to provide medical and community health worker services.

Operation Access: Operation Access is a non-profit organization that recruits a network of volunteer health care providers and organizations and then serves as a referral source for uninsured patients in need of a medical procedure. Providence provides funding support to Operation Access, supports physician and provider recruitment, and provides financial aid for Operation Access patients having procedures and services within our hospital and clinic walls. Operation Access's patients 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.

PRIORITY 4: ACCESS TO HEALTH CARE

Residents of Sonoma County experience barriers to accessing primary and specialty care. There is a need for more affordable health care, case management resources, and culturally responsive and linguistically appropriate health care services. Cost of care, transportation, the healthcare workforce shortage, language, and documentation status are barriers to people receiving the care they need.

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.

Open Access to Community Care: Community Health Investment financially supports an embedded Santa Rosa Community Health scheduler within the hospital at SRMH to directly and immediately connect patients without an established medical home to a primary care appointment with Santa Rosa Community Health (SRCH) and other FQHCs.

Medical Legal Partnership (MLP): Providence CHI funds an attorney position at Legal Aid of Sonoma County that 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 16 years of age and under 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 year and 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 throughout Sonoma County 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.

La Familia Sana: Providence CHI's community health worker sits on the Board of this new non-profit 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 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.

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

Part of a larger healthcare system known as Providence; Santa Rosa Memorial Hospital (SRMH), Petaluma Valley Hospital (PVH) and Healdsburg Hospital (HH) 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.

SRMH is an acute-care hospital founded in 1950 and located in Santa Rosa, CA. The hospital has 338 licensed beds, and a campus that is approximately 5 acres in size with additional off-site facilities throughout Sonoma County. SRMH has a staff of more than 2,000 caregivers (employees) and professional relationships with more than 430 local physicians. As the designated Level II Regional Trauma Center for Sonoma, Mendocino, Napa and Lake counties, Santa Rosa Memorial Hospital provides a wide range of specialty services including critical care, cardiovascular care, stroke care, women's and children's services, cancer care, and orthopedics. The hospital is home to the Norma & Evert Person Heart & Vascular Institute and the UCSF Neonatal Intensive Care Nursery.

In addition, SRMH offers 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 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 health system dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, SRMH provided $14,283,781 in Community Benefit[1] in response to unmet needs. Our service area also includes Providence Medical Group, Providence Home Care Network, and multiple urgent care facilities.

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

[1] Per federal reporting and guidelines from the Catholic Health Association.

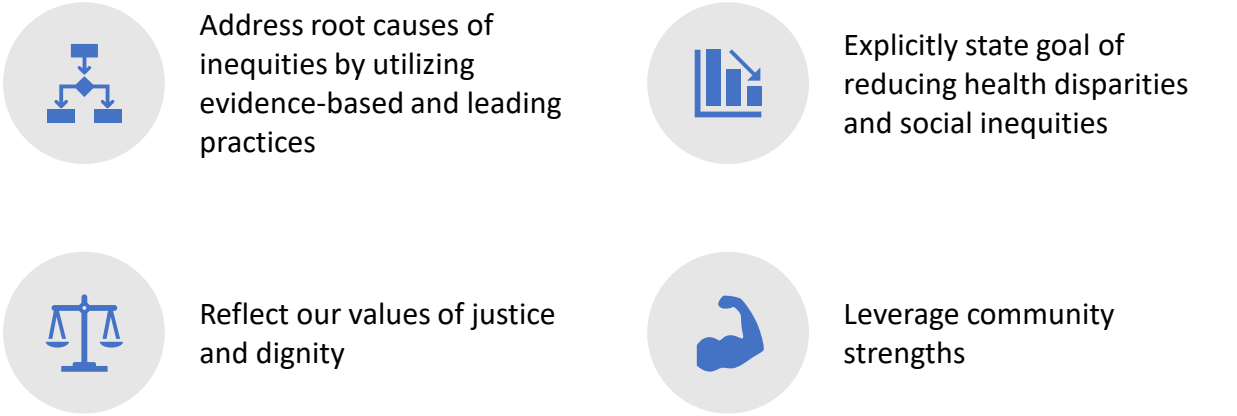
community identified needs. The Northern California Community Health Investment Regional Director, Dana Codron, and the Sonoma County Community Health Investment Manager, Amy Ramirez, are responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community 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



Community Benefit Governance

Santa Rosa Memorial Hospital (SRMH) 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 Manager are responsible for coordinating the implementation of State and Federal 501r requirements.

The SRMH Community Benefit Committee (CBC) is the board-appointed oversight committee of the Community Health Investment department for Providence SRMH. The CBC is composed of Santa Rosa Memorial Hospital community board members, internal Providence stakeholders and staff, external community stakeholders representing subject matter experts, and community constituencies (i.e. faith-based, FQHC's, mental health, homeless services, and education). The Community Benefit Committee reviewed the data collected in the 2020 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Sonoma County for this 2021-2023 CHIP.

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 Santa Rosa Memorial Hospital (SRMH) has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way SRMH 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.

Medi-Cal (Medicaid)

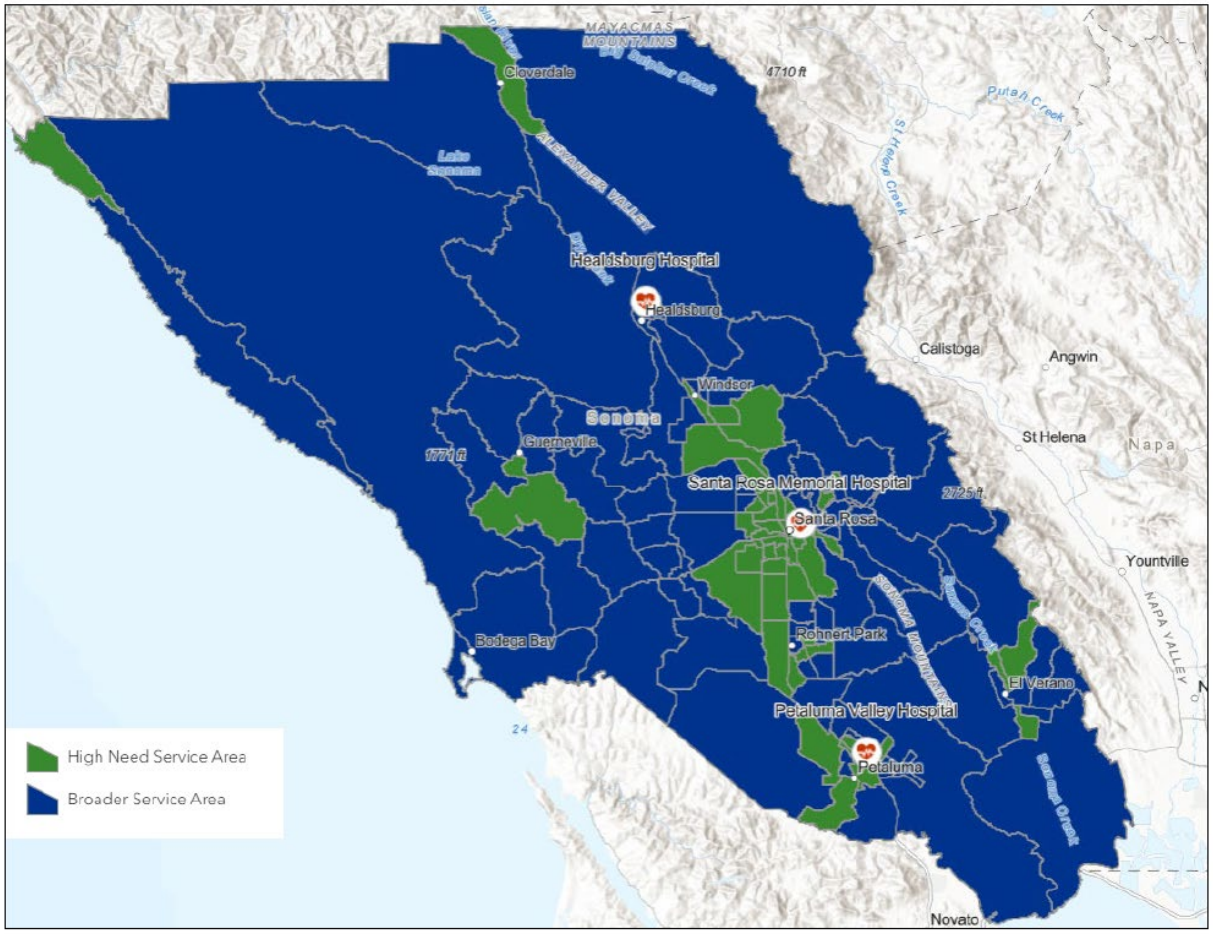
Santa Rosa Memorial Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY23, Santa Rosa Memorial Hospital did not have a Medicaid shortfall.

OUR COMMUNITY

Description of Community Served

Santa Rosa Memorial Hospital, Petaluma Valley Hospital, and Healdsburg 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. Santa Rosa Memorial Hospital, Healdsburg 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 2020 CHNA for Santa Rosa Memorial Hospital.

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 hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the 2020 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 Santa Rosa Memorial 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.

Santa Rosa Memorial Hospital will collaborate with local federally qualified health centers and community-based organizations that address the community needs to coordinate care and referrals to address unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The Regional Director, Program Coordinator and local Program Manager developed strategies based on insight from stakeholder interviews and caregiver listening sessions, and input and feedback were provided by the Community Benefit Committee. While the strategies were developed to address specific local needs, the strategies were also designed with the intention of leveraging local strengths to scale efforts across the Northern California region.

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

This CHIP is currently designed to address the needs identified and prioritized through the 2020 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

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

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

2023 Accomplishments

COMMUNITY NEED ADDRESSED #1: HOUSING INSTABILITY & HOMELESSNESS

Population Served

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

Long-Term Goal(s)/ Vision

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

Table 2. Strategies for Addressing Housing Instability & Homelessness

Strategy	Population Served	FY23 Accomplishments
1. Leverage investments to increase safe and affordable housing stock.	BBIPOC & those experiencing health disparities	Generation Housing: Community Health Investment (CHI) provided a $250,000 grant to this advocacy organization that aims to increase the supply, affordability, and diversity of housing in Sonoma County through policy, advocacy, and communication. Providence CHI directed $4,384,486 of Care for the Poor funds towards permanent supportive housing (PSH) county-wide; these PSH projects have added a total of 184 PSH units in the community. Of this, $3,184,486 was contributed from Santa Rosa Memorial Hospital.
2. Leverage resources through partnerships to expand supportive services.	BBIPOC & those experiencing health disparities	Providence CHI continued to financially support the now-expanded Nightingale Recuperative Shelter, which now has the capacity to offer 38 beds for individuals experiencing homelessness who have recently been hospitalized. CHI financially supported 6 COTS recuperative beds, case management, and supportive services, including a full-time counselor on-site at COTS. CARE Network's Complex Care and Enhanced Care Management program worked with patients, 15% of which were identified as experiencing homelessness. Caritas Homes, a collaboration between Catholic Charities and Burbank Housing opened, providing 64 permanent supportive housing units to chronically homeless individuals and families. CHI provided $2.2 million in funding towards this housing project. Providence Mobile Health Clinic (MHC) continued to serve those experiencing homelessness and provided weekly visits to homeless shelters and encampments in Sonoma County. MHC expanded homeless

		primary care outreach to the L&M motel transitional housing site in Healdsburg.
3. Support policies that prevent homelessness and increase access to affordable housing.	At-risk populations	Providence CHI funded a full-time attorney for our medical legal partnership with Legal Aid of Sonoma County. This attorney worked with patients 54 Patients in FY23. Providence CHI continued to provide funding to support a Homeless Navigator through Catholic Charities. The position is embedded in SRMH and is available to CARE Network and care management staff to assist with immediate shelter placement and connects patients to the County's Coordinated Entry system for emergency and ongoing housing placement based on vulnerability.

Key Community Partners

- Burbank Housing
- Catholic Charities of the Diocese of Santa Rosa
- City of Petaluma
- City of Santa Rosa
- Community Action Partnership of Sonoma County
- Committee on the Shelterless (COTS)
- Community Support Network
- County of Sonoma, Community Development Commission
- Generation Housing (Gen H)
- Health Action NOW
- HomeFirst
- Kaiser Permanente, North Bay
- Legal Aid of Sonoma County
- The Living Room Center, Inc.
- Petaluma Health Center
- Petaluma People Services Center
- Providence Supportive Housing
- Reach for Home
- Redwood Gospel Mission
- Santa Rosa Community Health
- Sonoma County Continuum of Care
- Sonoma Intersections Coalition
- Sutter Health, North Bay
- West County Community Services
- West County Health Centers

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.

Long-Term Goal(s)/ Vision

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

Table 3. Strategies for Addressing Mental Health & Substance Use Services

Strategy	Population Served	FY23 Accomplishments
1. Increase capacity and reduce barriers to address mild-moderate mental health & substance use services.	Broader community	Providence Community Health Investment (CHI) invested $1,735,966 in community grants county-wide to address behavioral health and substance use. Of this, $1,290,387 was contributed from Santa Rosa Memorial Hospital (SRMH). CARE Network's Substance Use Navigators are access points to treatment at Santa Rosa Memorial and Petaluma Valley Hospital. CHI financially supported Mothers Care, maternal mental health programs, offering free and timely clinical counseling to new mothers exhibiting mood and anxiety disorders during postpartum well-baby visits. Mothers Care also added "Focus on the Fourth", providing culturally responsive social media content to promote education and support to mothers and families post-partum. Providence CHI manager, along with SRMH executive leadership, has participated in a monthly "solutions meeting" with Buckelew Services, Santa Rosa City Police, Catholic Charities, and Santa Rosa Fire Department to discuss best practices for collaboration between inReponse, a mobile crisis team, and the SRMH Emergency Department. CARE Network's Enhanced Care Management program added severe and persistent mental illness and substance use disorder population in collaboration with Partnership HealthPlan of California.

		Athena House: Providence provided gap funding to this program, which provides residential and outpatient treatment to women and women with children experiencing a substance use disorder. Athena House is now being operated by Buckelew Services and is awaiting a contract with Sonoma County to become a provider through Drug Medi-Cal.
2. Increase capacity and reduce barriers to provide bilingual/bicultural mental health & substance use services.	Latino/a & undocumented	Humanidad Therapy & Education Services: Providence financially supported 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.
3. Advocate for increased access to mental health and substance use care with focused community-based solutions.	Broader community	Providence CHI Manager participated as an interim board member for Health Action 2.0, now known as Health Action Now. Substance Use Navigators (SUN): Paid for and trained by California ED Bridge were embedded into Santa Rosa Memorial and Petaluma Valley Hospital. The SUNs worked with any patient identified as having a substance use disorder. SUNs specialize in Opioid treatment care, including medication-assisted treatment, harm reduction education, and treatment resources and placement. Additionally, SUNs champion harm reduction techniques and distribute Naloxone out of the 2 emergency departments for any community member, caregiver, or patient.

Key Community Partners

- Alexander Valley Health Center
- Alliance Medical Center
- Buckelew Programs
- California ED Bridge
- Committee on the Shelterless (COTS)
- County of Sonoma, Department of Health Services
- Hanna Institute
- Health Care Foundation of Northern Sonoma County
- Healthy Petaluma
- Humanidad Therapy and Education Services

- Kaiser Permanente, North Bay
- La Luz Center
- Latino Service Providers
- Mentis
- Mothers Care
- NAMI Sonoma
- Partnership Health Plan of California
- Petaluma Health Center
- Petaluma People Services Center
- Santa Rosa Community Health
- Sonoma County Indian Health Project
- SOS Community Counseling
- Sutter Health, North Bay
- West County Health Centers

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.

Long-Term Goal(s)/ Vision

To be a community partner in undoing institutional racism and other forms of discrimination that prevent our community members from feeling safe, respected, and heard when accessing health services.

Table 4. Strategies for Addressing Health Equity

Strategy	Population Served	FY23 Accomplishments
1. Develop Health Equity Playbook by Q1 2021	Latino/a individuals and families	The original system-wide plan to develop a Health Equity Playbook was changed and not implemented. Direction shifted to focus on breast cancer screenings and hypertension screenings for the Latino/a population. Providence Mobile Health Clinic and Promotores program participated in this health equity plan providing outreach and enrollment for mammography and also providing hypertension screenings at key locations across the county.
2. Partner with FQHC/other for COVID-19 outreach, prevention, testing, and mitigation of spread.	Latino/a individuals and families	Providence CHI's Promotores (Community Health Worker) attended a weekly COVID outreach meeting with local FQHCs, CBOs and Sonoma County Public Health to plan and outreach covid testing and vaccination to the

		Latino/a community. Promotores encounters were 1,193 county-wide.
3. Advocate for policies that address social and economic disparities.	Broader community	Providence CHI invested in the creation of a Medical Legal Partnership with Legal Aid of Sonoma County to provide legal guidance and representation to low-income patients to help them resolve their legal issues related to social determinants of health. The Medical Legal Attorney worked with 54 patients in FY23.

Key Community Partners

- Alliance Medical Center
- Buckelew Programs
- California Human Development
- Catholic Charities
- Corazon Healdsburg
- County of Sonoma, Department of Health Services
- Fulton Day Labor Center
- Graton Day Labor Center
- Healdsburg Day Labor Center
- Health Care Foundation of Northern Sonoma County
- Healthy Petaluma
- Humanidad Therapy and Education
- Kaiser Permanente, North Bay
- La Familia Sana
- La Luz Center
- Latino Service Providers
- Latinos Unidos del Condado de Sonoma
- Legal Aid of Sonoma County
- NAMI Sonoma
- On the Margins, Inc.
- Petaluma People Services Center
- Santa Rosa Community Health
- Sonoma County Health Action
- Sonoma County Office of Education
- Sonoma Intersections Coalition
- Sonoma Winegrowers Association
- Sutter Health, North Bay
- United Way of the Wine Country
- West County Community Services

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH CARE

Population Served

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

Long-Term Goal(s)/ Vision

To improve access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system.

Table 5. Strategies for Addressing Access to Health Care

Strategy	Population Served	FY23 Accomplishments
1. Engage high-risk individuals with CARE Network complex care management teams.	Co-occurring socioeconomic and complex medical needs	CARE Network saw just over 1,700 patients. CARE Network encounters were 42,749 for FY23 county-wide. CARE Network became an Enhanced Care Management (ECM) provider, partnering with Partnership HealthPlan of California to serve high-risk populations. ECM enrolled 21 patients.
2. Partner with FQHC / County Public Health	Un- and underinsured individuals and families	The Open Access to Community Care project directly referred 1,440 patients to primary care in FY23. In addition, CARE Network continued to work with and fund the Homeless Care Transitions project at Santa Rosa Community Health in FY23. 2,234 patients were scheduled at local FQHCs for primary care through the Emergency Department Diversion program.
3. Engage un- and underinsured youth in dental care through Providence fixed site and mobile dental clinics.	Un- and underinsured youth	Providence Dental Clinic served 3,633 patients and encounters were 8,657 county-wide, 8,274 for Santa Rosa. Mobile Dental Clinic served 703 patients and encounters were 985 county-wide, 963 for Santa Rosa. The Mighty Mouth program screened 1,874 children and provided education to 3,542 children.
4. Engage un- and underinsured youth and adults by providing medical care through the Providence Mobile Health Clinic.	Un- and underinsured youth and adults	Mobile Health Clinic encounters were 3,949 county-wide, 3,300 for Santa Rosa.

Key Community Partners

- Alliance Medical Center
- Adult Protective Services
- Bellevue Union School District
- Buckelew Programs
- Burbank Housing
- Center for Well-Being
- Ceres Community Project
- Community Action Partnership of Sonoma County
- County of Sonoma, Department of Health Services
- Eye Care Institute
- Give Kids a Smile
- Graton Day Labor Center
- Fulton Day Labor Center
- Healdsburg Day Labor Center
- Healdsburg Unified School District
- Health Care Foundation of Northern Sonoma County
- Humanidad Therapy and Education Services
- Kaiser Permanente, North Bay
- La Luz Center
- Legal Aid of Sonoma County
- Mendonoma Health Alliance
- NAMI Sonoma
- North Bay Children's Center
- Operation Access
- Petaluma City Schools
- Petaluma Health Care District
- Petaluma Health Center
- Petaluma People Services Center
- Redwood Community Health Coalition
- Redwood Empire Food Bank
- River People Health Center
- Roseland Public Schools
- Santa Rosa City Schools
- Santa Rosa Community Health
- Santa Rosa Junior College
- Shoreline Unified School District
- Sonoma Valley Unified School District
- Sonoma County Public Health
- Sutter Health, North Bay
- TheKey
- West County Community Services
- West County Health Centers
- Windsor Unified School District

FY23 COMMUNITY BENEFIT INVESTMENT

In FY23 Santa Rosa Memorial Hospital invested a total of $14,283,781 in key community benefit programs. Of the total, $14,098,010 was invested in community health programs specifically for the economically poor, including $4,349,163 in charity care and $185,771 was invested in community benefit programs for the broader community. Santa Rosa Memorial 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 Santa Rosa Memorial 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	$4,349,163
	Unpaid cost of Medicaid	-
	Unpaid other govt. programs	-
Other Benefits for Vulnerable Populations	Community Health Improvement Services	$3,455,126
	Subsidized Health Services	$733,421
	Cash and In-Kind Contributions	$5,197,350
	Community Building	-
	Community Benefit Operations	$362,950
	Total Benefits for Vulnerable Populations	**$14,098,010**
Other Benefits for the Broader Community Populations	Community Health Improvement Services	-
	Subsidized Health Services	-
	Cash and In-Kind Contributions	$61,500
	Community Building	-
	Community Benefit Operations	$124,271
Health Profession Education, Training and Research	Health Professions Education and Research	-
	Total Benefits for the Broader Community	**$185,771**
	Total Community Benefit	**$14,283,781**
Medical Care Services for the Broader Community	**Total Medicare shortfall**	**$31,940,023**

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.

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.

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 Health Promotion: Providence CHI’s community health worker (CHW) organizes and offers public health screening and education events throughout the year and 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. The CHW also participates in many health fairs and community events representing Providence’s CHI department.

2023 CB REPORT GOVERNANCE APPROVAL

This 2023 Community Benefit Report was adopted by the Community Benefit Committee of the Santa Rosa Memorial Hospital's Board of Trustees on November 14, 2023. The final report was made widely available by November 30, 2023.

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Bruce Okrepkie
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11/21/2023

Bruce Okrepkie — Date
Chair, Community Benefit Committee, Sonoma County

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