2022

COMMUNITY BENEFIT REPORT/

PROGRESS ON 2021-2023 COMMUNITY HEALTH IMPROVEMENT PLAN

Queen of the Valley Medical Center

Napa, California

To provide feedback on this CB Report or obtain a printed copy free of charge, please email Teresa Smith, CHI Program Manager at Teresa.Smith@stjoe.org

Providence

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Napa County through Queen of the Valley Medical Center (QVMC). QVMC is an acute-care hospital with 208 licensed beds, founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including 140,394 people.

QVMC 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 FY22, the hospital provided **$51,924,754** in Community Benefit in response to unmet needs.

QVMC 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, Queen of the Valley Medical Center will focus on the following areas for its 2021-2023 Community Benefit efforts:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities, and discrimination prevents the LGBTQ+ community from receiving responsive health care.

2022 Accomplishments

Collaboration continues with OLE Health our local FQHC to ensure timely and adequate follow-up for patients. Bi-monthly calls occur including leaders from both entities working to improve workflows. QVMC also Health System population funding for OLE Health to hire a LCSW and for QVMC to hire an additional LCSW and CHW to improve access to follow-up care. LGBTQ Awareness and Inclusion trainings were held and with the implementation of Epic SOGI data can be collected for all QVMC patients. A workgroup of internal and external stakeholders are in discussions to become a second pilot site as part of a Trans+ Health Initiative. This effort aims to increase visibility of safe spaces, trainings for providers, and clinical pathways for all transgender health needs in our Napa Community.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

2022 Accomplishments

CHI invested $1,000,000.00 in one permanent supportive housing project to increase safe and affordable housing stock in FY22. Napa County Project Home Key round 2 acquired an existing 55 room

motel and is in the process of converting the motel into 54 permanent supportive housing units. Throughout the pandemic, CHI's CARE Network caregivers collaborated with Napa County, City of Napa, Abode, NEWS, OLE Health and Catholic Charities to serve high risk clients. CARE Network caregivers supported the unhoused through care management, outreach, and social work support and also assisted clients with the Section 8 housing waitlist applications.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the Napa community. School-age children, older adults, the Latino/a community, and individuals identifying as LGBTQ+ experience barriers to accessing responsive services.

2022 Accomplishments

CHI increased capacity to address mental health and substance use services through collaboration with Aldea, Mentis, Alternatives for Better Living and Center Point. Substance Use Navigators were successfully embedded into the hospital to assist with outreach and navigation. Mental health programs continue in both English and Spanish for high-risk CARE Network clients and for the elderly through Healthy Minds Healthy Aging. CHI invested in the local Youth and Young Adult Resource site for Mental Health Services.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa, transportation, and language barriers prevent individuals from accessing timely and responsive health care services.

2022 Accomplishments

CARE Network provided 36,990 total encounters to their clients through medical and social service care coordination and case management. CARE Network continued to hold a strong presence on the Napa County Continuum of Care Committee. The Children's Mobile Dental Clinic provided 4070 clinic services to 2035 low-income children in Napa County. The CHI investment in Operation Access allowed for 221 surgical and diagnostic services and 521 total specialty appointments for 154 unduplicated Napa residents.

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 120,000 caregivers (all employees) serve in fifty-two 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.
- Hoag Memorial Hospital Presbyterian in Orange County, 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

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 208 licensed beds, more than 1204 caregivers (employees), and professional relationships with many local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics. Synergy Health Club, a Providence owned facility offering fitness and studio classes, is located on the hospital's campus and Providence Prompt Care, an urgent care clinic, is located about a 10-minute drive from the hospital.

Our Commitment to Community

Queen of the Valley Medical Center 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, it provided **$51,924,754** in Community Benefit[1] in response to unmet needs and to improve the health and well-being of those served in Napa County.

Health Equity

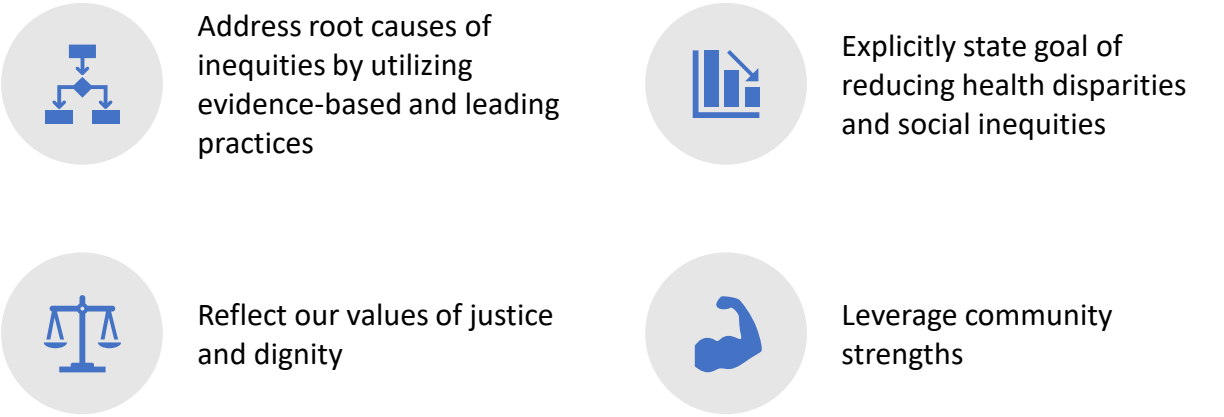
At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and 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

[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

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

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

The Community Benefit Committee (CBC) is the board appointed oversight committee of the Community Outreach department at Queen of the Valley Medical Center. The CBC is composed of Providence Queen of the Valley community board members, internal Providence stakeholders and staff (Chief Executive or designee, mission leader, community health leaders) and external community stakeholders representing subject matter experts and community constituencies (i.e., faith based, FQHC's, mental health, homeless services, education, and Public Health). The CBC reviewed the data collected in the 2020Community Health Needs Assessment process to identify and prioritize the top health-related needs in Napa County for this 2021-2023 CHIP. The committee also oversees and governs budget, investments, program continuation or discontinuation, populations of focus and community-wide engagement.

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 Queen of the Valley Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Queen of the Valley Medical Center 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 go to: https://www.stjosephhealth.org/patients-visitors/billing-payment/.

Medi-Cal (Medicaid)

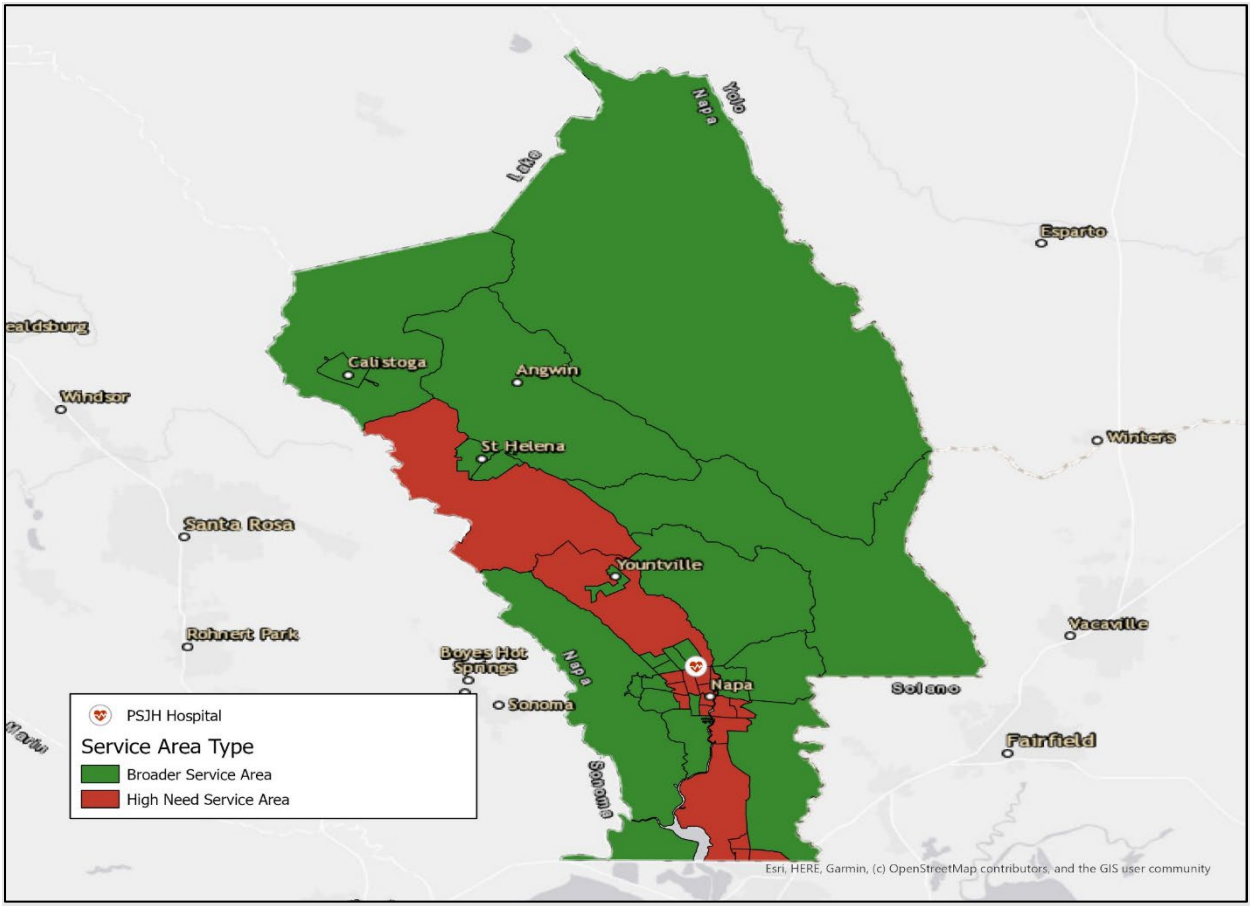
Queen of the Valley Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY22, Queen of the Valley Medical Center provided **$39,975,209** in Medicaid shortfall. The hospital received **$3,433,533** income from the Medi-Cal Hospital Quality Assurance Fee program. If it were not for the Hospital Quality Assurance Fee received, Unpaid cost of MediCal would have been $**43,408,742**.

OUR COMMUNITY

Description of Community Served

Queen of the Valley Medical Center's service area is Napa County and includes a population of approximately 147,000 people.

Figure 2. Queen of the Valley Medical Center Total Service Area



Of the over 140,000 permanent residents of Napa County, roughly 48% live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of $52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Younger age groups are disproportionately represented in the high need communities of Napa County, most likely representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts. The male-to-female distribution is roughly equal across Napa County geographies.

In Napa County, approximately 7% of the population are veterans, which is higher than that of the state of California, 5%.

POPULATION BY RACE AND ETHNICITY

Individuals who identify as Hispanic (below), Asian, or "other race," are more likely to live in high needs census tracts than their peers of other races.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Median Income Data Source: American Community Survey Year: 2019	$101,330	$77,129	$88,457
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	20.8%	25.2%	23.0%

The median income in the high need service area is about $11,000 lower than Napa County. There is about a $24,000 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 23% of households in Napa County are severely housing cost burdened. In the high need service area, 25.2% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which 30% to 43% 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 Queen of the Valley Medical Center.

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 Community Health Needs Assessment process:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities and living their healthiest lives. Discrimination also prevents the LGBTQ+ community from receiving responsive health care and visibility in the community. A greater commitment to equity in all programs and collaboratives is warranted.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. A lack of affordable housing leads to over-crowding and poor living conditions. Housing is foundational to all other needs; once people are housed securely; they can address other needs related to their health and wellbeing. Two groups are of particular concern: the Latino/a community and older adults. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the community. School-age children and older adults need more mental health support in the current environment, increasing the demand for services. The Latino/a community is also underserved, especially mixed status families, with the following barriers preventing Latino/a individuals from receiving services: stigma, a lack of culturally relevant education and outreach, and a lack of bilingual and bicultural providers. LGBTQ-friendly mental health providers are also difficult to find in the area. There is limited access to mental health services for individuals who do not meet the high-acuity criteria for severe mental illness at Napa County Health and Human Services, as well as limited substance use disorder treatment options. The COVID-19 pandemic is creating a mental health crisis; people are feeling hopeless, afraid, stressed, anxious, and depressed. The stress from the COVID-19 pandemic is compounding trauma related to local fires.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa disproportionately affects individuals on Medi-Cal or without insurance. When individuals are referred to a specialist outside of the area, transportation then becomes a barrier to accessing care. Language barriers prevent Spanish-speaking individuals from receiving responsive care, and virtual interpreters are not nearly as effective as in-person options. Access to care challenges became especially apparent during the COVID-19 pandemic. While telemedicine has improved access to care for some populations, for others this transition has created additional barriers to care, including lack of smart phones or computers, lack of comfort with technology or stable internet access, language barriers, and lack of private space for appointments. Many individuals do not want to talk to their provider on the phone and are not receiving the care they need.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through the provision of financial grants and donations to community partners whose work aligns with the mission, vision, and values of the organization.

While Queen of the Valley Medical Center 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 long-term goals.

Queen of the Valley Medical Center will collaborate with Napa County, the City of Napa, OLE Health, Adventist Health, Mentis, Abode, and a variety of local family resource centers 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 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.

Queen of the Valley Medical Center's CHIP involves a comprehensive approach lead by the Community Health Investment Program Manager and Senior Program Coordinator. This process includes both internal and external stakeholders and subject matter experts. Coordinating within the organization and in our community is critical in leveraging the will and the resources required to improve community health. As part of the comprehensive approach, existing initiatives of Queen of the Valley's community benefit investments are reviewed to ensure alignment with 2020 CHNA priorities. The board appointed Community Benefit Committee is engaged throughout the process beginning with the development and approval of the CHNA, followed by CHIP development, review, and feedback, then final CHIP review and approval.

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

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

2022 Accomplishments

COMMUNITY NEED ADDRESSED #1: HEALTH EQUITY – RACIAL & LGBTQ

Long-Term Goal(s)/ Vision

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

Table 2. Strategies and Strategy Measures for Addressing Health Equity

Strategy	Population Served	FY22 Accomplishments
1. Partner with FQHC/OLE Health to ensure timely and adequate follow-up care for vulnerable patients	Individuals with low-income or experiencing vulnerabilities, with special focus on Latino/a patients	Bi-monthly calls occur including leaders from OLE Health and QVMC to review workflows. Secured population health funding for OLE Health to hire a LCSW and for QVMC CARE Network to hire a LCSW and CHW to improve access to follow-up care.
2. Improve infrastructure to serve LGBTQ+ patients and address disparities through provider training and adequate data collection.	LGBTQ+ individuals	With the implementation of Epic EHR SOGI data can be collected for all patients. A four-part training series called, Pride in Caregiving: LGBTQ Awareness and Inclusion, was made available to Napa and Solano providers. During FY22, CHI convened a workgroup of internal and external stakeholders to outline specific workstreams: Providence is piloting a Trans+ Health Initiative for which QVMC or NorCal service area is working to become a second pilot site. Conversations with critical leaders are on hold until early 2023. This effort aims at increasing visibility of safe spaces, training providers on respectful care, and incorporating clinical pathways for all transgender health needs. Partnered with Ole Health to share with providers existing and upcoming training opportunities around providing transgender care; and discussed how we will incorporate transgender care as part of the FQHC's primary care. Partnered with Live Healthy Napa County to bring 'Safe Space kits' to Provider offices to increase visibility of safe spaces.
3. Continue to provide community health and educational classes, including Parent University	Low-income and/or Spanish speaking	All Health Education and Perinatal Health Education classes are provided for our Spanish speaking population. In FY22 we hosted 141 classes engaging 1198 community members.

classes to increase knowledge around the health and education systems	individuals and families	In collaboration with community partners, Parent University offered bilingual classes to over 4600 parents in Napa County.
4. Partner with FQHCs, other providers and CBOs for COVID19 outreach, education, testing, vaccination, mitigation of spread, and mitigation of impacts on Latino/a communities	Latino/a and/or Spanish-speaking individuals and families	Assisted Napa County with testing, contact tracing and positive case investigation CHI caregivers volunteered at the OLE Health Vaccine Clinic as needed CHI caregivers partnered with Napa County Public Health to provide consistent messaging.

Evidence Based Sources

- Listening to the Voices of Californians - California Health Care Foundation
- Health Equity | IHI - Institute for Healthcare Improvement
- Health Equity | CDC

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Population Health Division's Health Equity Initiative to support efforts that directly address health disparities. In partnership with the Providence Government and Public Affairs Division, local CHI leaders will advocate for policies that address social and economic disparities.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- OLE Health
- On The Move – LGBTQ Connection
- UpValley Family Centers
- Napa County Public Health
- Community Organizations Active in Disaster
- Napa Valley Farmworker Foundation
- Napa Solano Medical Society

COMMUNITY NEED ADDRESSED #2: HOUSING & HOMELESSNESS

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 3. Strategies and Strategy Measures for Addressing Housing & Homelessness

Strategy	Population Served	FY22 Accomplishments
1. Support the development of affordable housing stock, including innovative models of permanent supportive housing.	Chronically homeless and very low-income individuals and families; seniors and individuals on a fixed income	Funding support in the amount of $1,000,000 to Napa County Project Home Key round 2 to acquire an existing 55 room motel and convert to 54 units of permanent supportive housing units.
2. Leverage resources through partnerships to expand supportive services for those unstably housed and experiencing homelessness.	Individuals experiencing or at risk of experiencing homelessness, including older adults, Latino/a, and undocumented individuals	Funding in the amount of $10,000 to NEWS in support of flexible financial assistance for Domestic Violence and Sexual Assault survivors to ultimately secure their own safe housing In partnership with OLE Health, Catholic Charities, Abode and Napa County, CARE Network engaged with high-risk unhoused community members with Care Management, Outreach and Social Work Support at: • Napa's South Shelter Clinic • Napa Nightingale • Wine Valley Lodge – Project Roomkey • Adrian Street Apartments – Project Homekey Assisted CARE Network clients with Section 8 housing waitlist applications
3. Invest in respite shelter services supported with complex care management	Individuals experiencing homelessness who are being discharged from local hospitals and need respite services	Funded $350,000.00 in support of respite care operations and in-kind support by CARE Network for complex care management for 32 community members for a total of 1984 bed nights.

Evidence Based Sources

Queen of the Valley Medical Center believes in working upstream to prevent homelessness as well as responding to the immediate needs of individuals and families experiencing housing instability or homelessness, This CHIP includes both prevention and intervention strategies and draws from the following sources:

- Housing is Health | Providence
- National Institute for Medical Respite Care (nimrc.org)
- National Health Care for the Homeless Council
- Reduce poverty by improving housing stability | Urban Institute
- Housing Instability | Healthy People 2020

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding. Approximately $4,500,000 in Care for the Poor reserve funds are earmarked for reducing housing instability and homelessness in Napa County between 2022 and 2025. Financial support is provided to Nightingale House annually for continuation of respite shelter care. Grant funds through the Housing Opportunities for Persons with AIDS (HOPWA) program will continue to assist with preventing a subset of unstably housed individuals from experiencing homelessness.

Providence Supportive Housing Division and Real Estate and Strategic Operations Division are available to assist with decisions around investments in and support for additional housing units. Additionally, and in partnership with the Providence Government and Public Affairs division, local CHI leaders will support policies that prevent homelessness and increase access to affordable housing.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Abode Housing Services
- Burbank Housing
- Housing Authority of the City of Napa
- Napa County Housing and Homeless Programs
- Gasser Foundation
- Napa Valley Community Housing
- Community Development Department, City of Napa

COMMUNITY NEED ADDRESSED #3: MENTAL HEALTH & SUBSTANCE USE SERVICES

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 populations with low incomes.

Table 4. Strategies and Strategy Measures for Addressing Mental Health and Substance Use Services

Strategy	**Population Served**	**FY22 Accomplishments**
1. Increase local capacity to provide culturally appropriate mental health services when needed	All of Napa County, especially youth and older adults, and Spanish speaking individuals	Mentis Contract for CARE Network Mental Health Counselors Mentis Contract for Healthy Minds Healthy Aging prevention and early intervention for individuals who are 60 years and older showing early signs of depression and/or cognitive decline.
2. Increase local capacity to provide appropriate level of substance use services when needed.	All of Napa County, especially youth and older adults, and Spanish speaking individuals	Embedded Alternatives for Better Living Substance Use Navigators into the Emergency Room and onto hospital units Embedded an Alternatives for Better Living Substance Use Navigator onto the OB Unit and within the network of perinatal providers throughout Napa County Center Point contracts for Fee for Service bed nights and dedicated Substance Use Counselor onsite Funded Aldea's "Stash Bags" outreach campaign for teenagers providing resources to prevent substance use or overdose.
3. Enhance the capacity of our community for prevention, education, and intervention of behavioral health treatment to youth	Teens and preteens	Investment of $125,000.00 in multiple prevention-based programs for teenagers and preteens including the local Youth Resource Mental Health data base, wellness cafés and parent support groups.
4. Support 24-hour crisis response and crisis stabilization services to ensure immediate mental health needs are met	Napa County residents	Two QPR trainings were taught to Napa County residents. In-patient and out-patient hospital caregivers collaborate with new Napa

		County Crisis Stabilization Unit and Mobile Response Unit.
5. Provide Mental Health First Aid training throughout the community to better address immediate mental health needs	Napa County residents	Five Mental Health First Aid training opportunities were attended by 64 Napa County residents.

Evidence Based Sources

Queen of the Valley Medical Center believes in working upstream to prevent mental health and substance use concerns as well as responding to immediate needs for crisis interventions. This CHIP includes both primary prevention and crisis intervention strategies and draws from the following sources:

- SAMHSA - Substance Abuse and Mental Health Services Administration
- Mental Health & Resilience Support for Teens and Adults (work2bewell.org)
- Prevention Institute
- Board of Behavioral Sciences (BBS)
- NAMI: National Alliance on Mental Illness

Resource Commitment

Queen of the Valley Medical Center will commit staff time across the CARE Network program, provide grants to local partners and facilitate funding from various health system sources. In partnership with the Providence Government and Public Affairs division, local CHI leaders will advocate for increased access to mental health and substance use care with focused community-based solutions.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- OLE Health
- Mentis
- Collabria
- Alternatives for Better Living
- Center Point
- Aldea Children & Family Services
- Napa County Health & Human Services
- On The Move – Parent University
- COPE Family Services
- Crestwood Crisis Stabilization Unit

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH SERVICES

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, and to ease the way for people to access the appropriate level of care at the right time.

Table 5. Strategies and Strategy Measures for Addressing Access to Health Services

Strategy	Population Served	FY22 Accomplishments
1. Partner with FQHC/OLE Health to ensure timely and adequate follow-up care for vulnerable patients	Low income and/or medically vulnerable	Bi-monthly calls occur including leaders from OLE Health and QVMC to review workflows. Secured population health funding for OLE Health to hire a LCSW and for QVMC CARE Network to hire a LCSW and CHW to improve access to follow-up care.
2. Ensure residents are enrolled in health coverage through referrals to Community Health Initiative.	Uninsured and underinsured individuals	With the public health emergency ending in 2023 this will be a focus to ensure Medicaid beneficiaries maintain coverage.
3. Ensure that all Community Outreach clients/patients have seen their medical provider at least once in the past year.	Low-income and/or vulnerable individuals	In FY22 a process was implemented to collect data for all clients.
4. Increase access to specialty care, diagnostic screening, and procedures through "Operation Access"	Low-income (up to 200% of FPL) and/or uninsured Napa County residents	OA provided 221 surgical services and diagnostic services and 521 total specialty appointments for 154 unduplicated Napa residents.
5. Provide early oral health screening, prevention, treatment and education to low-income children; complete dental care delivery, including checkup, treatment, and oral health education for patient/parent	Low-income, uninsured and under-insured individuals age 6 months to 26 years	This year our mobile dental clinic provided 4,070 clinic services to 2035 low-income children in Napa County.

Evidence Based Sources

- Prevention Institute
- Health People 2020 – Access to Health Services
- Health Equity | IHI - Institute for Healthcare Improvement
- Health Equity | CDC

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding from its Care for the Poor account. The CARE Network program will continue to provide complex care management and medical care coordination for some of the most vulnerable individuals in our community.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- OLE Health
- Napa County Health & Human Services
- Providence Medical Group
- Community Health Initiative
- Operation Access
- Partnership HealthPlan of CA
- Collabria
- Share the Care

Other Community Benefit Programs

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Complex Care Management	CARE Network	This program is integral to addressing all four priority need areas. The CARE Network provides socio-economic and medical care coordination to low-income vulnerable individuals with complex needs serving individuals along with additional caregivers and family members through a continuum of services and supports linked to community-based services, financial assistance, and medical resources.	Low income or vulnerable
2. Health Equity and Mental Health	Healthy for Life	A school-based wellness program at Title 1 schools designed to emphasize lifelong wellness and behavior change among the pediatric population. In FY22 facilitated 24,783 encounters with Napa Valley Unified School.	Low Income or vulnerable
3. Health Equity	Napa Valley Parent University	In partnership with Napa Valley Unified School District and a local nonprofit, On the Move, Parent University took place at 5 Title one schools and offered virtual classes in FY22.	Low income

		There were 4632 participants in the learning environment. Parents gain critical parenting and leadership skills to support their child's academic success. Classes are bilingual.	
4. Access to Healthcare	HIV Clinic	There were 154 clients cared for by the collaboration between Ole Health and QVMC to provide HIV clinic services	Broader Community
5. Access to Healthcare	Community Health and Resource Fairs	Offer bilingual education and health screenings at multiple community events	Low Income
6. Mental Health	Perinatal Emotional Wellness Program	Assessed and provided 823 brief counseling sessions for pregnant and postpartum women screened for depression	Broader Community

FY22 COMMUNITY BENEFIT INVESTMENT

In FY22 Queen of the Valley Medical Center invested a total of **$51,924,754** in key community benefit programs. **$51,002,521** was invested in community health programs for the poor. In addition, **$3,716,522** in charity care was provided, **$39,975,209** in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program, and **$922,233** in community benefits for the broader community. The hospital received **$3,433,533** from the MediCal Hospital Quality Assurance Fee program for FY22. If it were not for the Hospital Quality Assurance Fee received, Unpaid Cost of MediCal would have been **$43,408,742**. Queen of the Valley Medical Center 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.

FY2022 Queen of the Valley Medical Center (July 1, 2021 - June 30, 2022)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	$3,716,522
	Unpaid cost of Medicaid	$39,975,209
	Unpaid other govt. programs	$10,266
Other Benefits for Vulnerable Populations	Community Health Improvement Services	$4,438,885
	Subsidized Health Services	$0
	Cash and In-Kind Contributions	$2,528,611
	Community Building	$0
	Community Benefit Operations	$333,028
	Total Benefits for Vulnerable Populations	**$51,002,521**
Other Benefits for the Broader Community Populations	Community Health Improvement Services	$488,262
	Subsidized Health Services	$0
	Cash and In-Kind Contributions	$83,408
	Community Building	$0
	Community Benefit Operations	$350,563
Health Profession Education, Training and Research	Health Professions Education and Research	$0
	Total Benefits for the Broader Community	**$922,233**
	Total Community Benefit	**$51,924,754**
Medical Care Services for the Broader Community	**Total Medicare shortfall**	$52,628,963

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

Before the inception of community benefit, the Sisters of St. Joseph of Orange established a priority to care for the poor and vulnerable. Carrying out their mission that extends back to LePuy, France, 1650, these women were brought together by a Jesuit priest, Father Jean Pierre Medaille, who formed a new association of women, without cloister or distinctive dress, consecrated to God, to live together combining a life of prayer with an active ministry to the sick and poor. With the overwhelming need of that time he instructed these women to go into the community, divide it into sectors, identifying the greatest needs while also seeking like-minded people who can help. To this day, now entrusted in the hands of the laity, we continue with this mission and follow these same instructions and inspiration from our founding Sisters.

Community Leaders Coalition (CLC)

The CLC's mission is to mobilize community leaders to collectively advocate for the needs of vulnerable populations throughout Napa County. The group is comprised of nonpartisan community leaders working together to leverage their resources and voices to influence positive change in our community. Proactive efforts include promoting voter registration and participation, paving the way for an open and effective local government by enabling participation in the budget and redistricting processes, and strengthening immigrant families through knowledge and resources. A Queen of the Valley, Community Outreach caregiver serves as a member of the CLC and participates in relevant workgroups and advocacy efforts.

Napa Valley Community Organizations Active in Disaster (COAD)

The Napa Valley COAD develops and enhances partnerships for communication, coordination & collaboration amongst the whole community including non-profit & faith-based organizations, government agencies, and the private sector during all phases of disaster. The organization was developed in response to the 2014 South Napa Earthquake and 2015 Lake County Valley Fire, and to develop a structure in Napa County to improve community resilience by identifying and directing vital resources to help residents recover from a disaster. Local government cannot meet these needs alone and relies on partnerships with local non-profit agencies for service delivery. Cross-sector and multidisciplinary collaborations have been enhanced during the Covid-19 pandemic because of COAD's coordination throughout the county. In partnership with the Sonoma County COAD, the Napa Valley COAD assisted Humboldt County launch a COAD of their own. A Queen of the Valley, Community Outreach caregiver serves as an executive board member of Napa Valley COAD.

Blood Drives:

Another form of non-profit collaboration is partnering with Vitalant to host blood drives on the Providence Queen of the Valley campus. We create awareness while inviting the community to join Queen of the Valley caregivers, physicians, and volunteers to meet the chronic shortage of lifesaving blood products. In FY22 Vitalant conducted three blood drives at Queen of the Valley with a total of 67 units collected.

2022 CB REPORT GOVERNANCE APPROVAL

This 2022 Community Benefit Report was adopted by the Community Benefit Committee of the hospital on November 17, 2022. The final report was made widely available by November 30, 2022.

Sister Nadine McGuinness *November 17, 2022*

Sister Nadine McGuinness Date
Chair, Community Benefit Committee, Queen of the Valley Medical Center

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