

# 2024

COMMUNITY BENEFIT REPORT /

PROGRESS ON 2024-2026 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@Providence.org](mailto:Teresa.Smith@Providence.org)



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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, founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including 138,000 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 FY24, the hospital provided \$43,524,190 in Community Benefit in response to unmet needs.

## QVMC Community Health Improvement Plan Priorities

As a result of the findings of our [2023 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 2024-2026 Community Benefit efforts:

### PRIORITY 1: HOMELESSNESS & HOUSING INSTABILITY

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially demanding situation for those with low income. The cost of living is extremely high, and earning a livable wage is a struggle. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

#### 2024 Accomplishments

In FY24 Providence Queen of the Valley Medical Center Community Health made a financial investment to Jamboree Housing. Jamboree Housing will be building a new 40-unit permanent supportive housing complex in Napa County. Heritage House, a permanent supportive housing complex that Providence QVMC Community Health previously invested in, opened its doors. Multiple QVMC CARE Network clients have successfully been housed at Heritage House. Not only has Providence QVMC invested in the development of affordable housing stock in Napa County, but the CARE Network Program is also meeting monthly at the North Napa Center, a non-congregate shelter in Napa County, to coordinate care for shared Enhanced Care Management (ECM) clients to identify clients with complex medical conditions.

### PRIORITY 2: BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication.

There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

#### 2024 Accomplishments

QVMC Community Health has continued to increase capacity to provide culturally appropriate mental health services across Napa County. In FY24 the number of therapy sessions provided to pregnant women and new mothers through the Queen's Perinatal Emotional Wellness program increased by more than 10%. Also, in FY24 QVMC CARE Network transitioned four caregivers into Licensed Clinical Social Worker (LCSW) roles to provide Mental Health Therapy to high-risk CARE Network clients. This transition from a contracted service to services being provided by QVMC caregivers will increase retention of valuable caregivers and be a cost savings for CARE Network.

In FY24 Community Health was successful with moving the Behavioral Health Team into the walls of the hospital. This team is comprised of a bilingual LCSW, a bilingual Community Health Worker (CHW) and a Substance Use Navigator (SUN). This team meets vulnerable Emergency Room patients at the bedside. Screening, intervention, referrals, and follow-up are provided to patients presenting with mental health and substance use needs. Being present inside the hospital has increased the number of referrals to the team and increased the number of patients served. The SUN served 65 patients in the two quarters prior to moving into the hospital. The SUN served 156 patients in her first two quarters inside the walls of the hospital.

#### PRIORITY 3: ACCESS TO HEALTH CARE & DENTAL SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern about lack of access to health insurance for mixed-status families and people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be difficult for all ages because there are few dental appointments available locally.

#### 2024 Accomplishments

CARE Network provided over 30,000 total encounters to their clients through medical and social service care coordination and case management. The CARE Network has increased the number of CARE Network clients enrolled in Enhanced Care Management (ECM). The Children's Mobile Dental Clinic provided 5414 clinic services to 1624 low-income children in Napa County. Through a new collaboration and grant with Napa County Office of Education, the Mobile Dental Clinic provided early oral health screenings, treatment and education to 254 students in rural schools across Napa County.

#### PRIORITY 4: ECONOMIC STABILITY

Many participants spoke about the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A substantial proportion of employment opportunities center around agriculture and hospitality, which

often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

### 2024 Accomplishments

In FY24 Queen of the Valley Community Health shared 4 community grants to support and build capacity for fresh and nutritious food, accessible and affordable transportation and local emergency funds for basic needs.

## About Providence

Providence St. Joseph Health (Providence) is a national, not-for-profit Catholic health system comprising a diverse family of organizations driven by a belief that health is a human right. With 51 hospitals, over 1000 clinics, and many other health and educational services, our health System employs more than 122,000 caregivers serving patients in communities across seven Western states – Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington. Our caregivers provide quality, compassionate care to all those we serve, regardless of coverage or ability to pay.

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 198 licensed beds, more than 1280 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.

## 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 \$43,524,190 in Community Benefit<sup>1</sup> in response to unmet needs and to improve the health and well-being of those served in Napa County.

## Health Equity

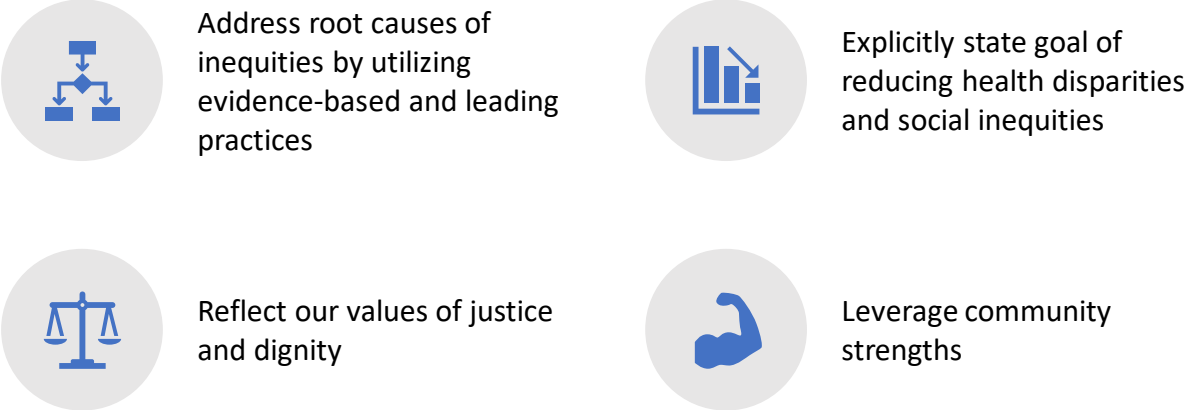
At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and 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 and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

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<sup>1</sup> 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.

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 2023 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Napa County for this 2024-2026 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. In FY24, QVMC provided \$1,751,274 in free and discounted care through our Financial Assistance Program.

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.providence.org/billing-support> .

## Medi-Cal (Medicaid)

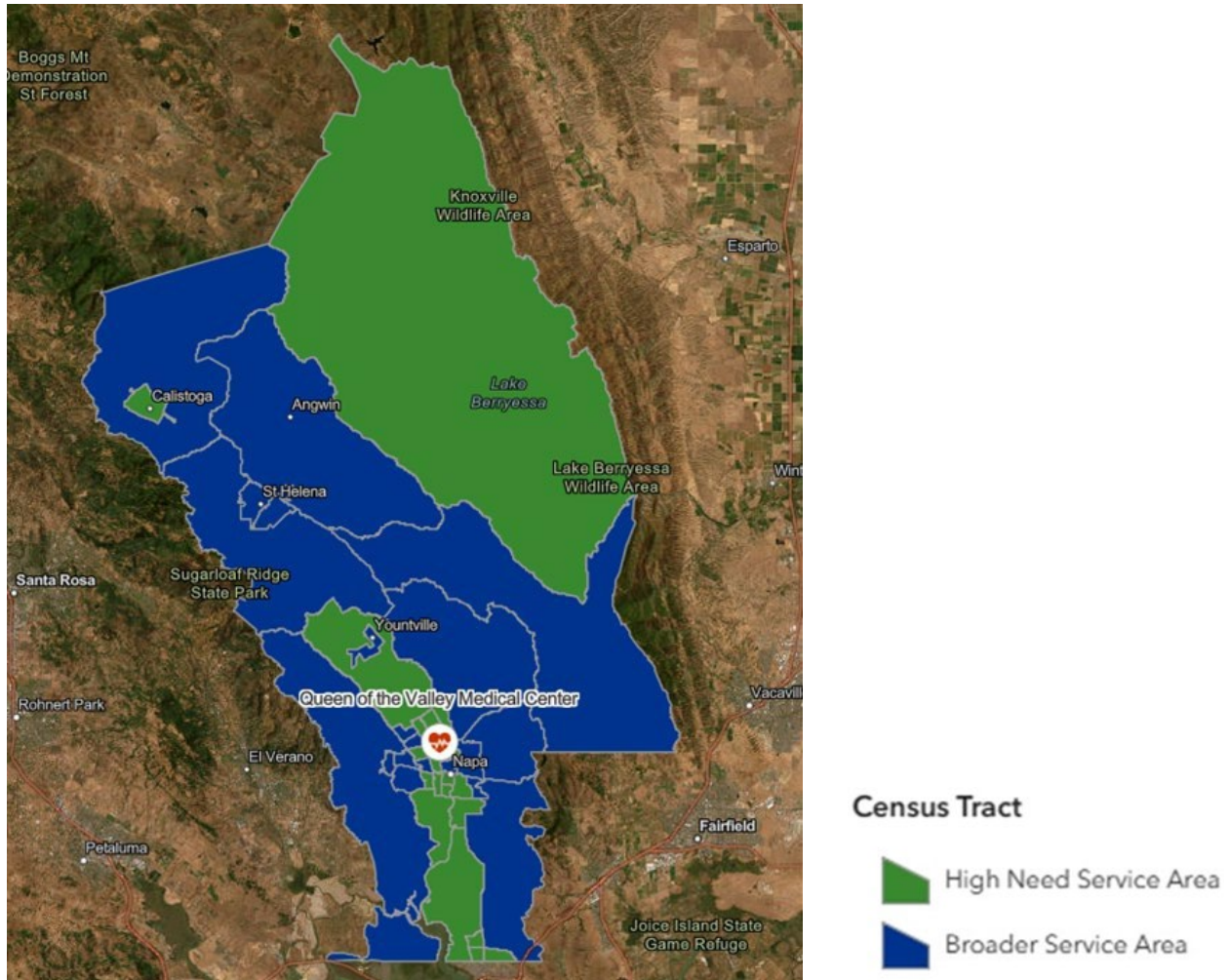
Queen of the Valley Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY24, Queen of the Valley Medical Center provided \$33,643,395 in Medicaid shortfall.

# OUR COMMUNITY

## Description of Community Served

Queen of the Valley Medical Center’s service area is Napa County and includes a population of approximately 138,000 people.

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



To facilitate identifying health disparities and social inequities by place, we designated a “high need” service area and a “broader” service area, which together make up the Napa County Service Area. Based on work done by the Public Health Alliance of Southern California and their [Healthy Places Index \(HPI\)](#) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.

## 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 2021, there were an estimated 26,755 adults aged 65 and above in Napa County and 6,662 children under the age of five (Figure 3). The older adult population has been steadily increasing, while the population of children under age five has been declining.

### 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
<b>Median Income</b> Data Source: 2021 American Community Survey Year: 5-year estimate	\$117,926	\$84,690	\$97,421
<b>Percent of Renter Households with Severe Housing Cost Burden</b> Data Source: 2021 American Community Survey Year: 5-year estimate	25.4% (1,625 renter households)	24.2% (2,510 renter households)	24.6% (4,135 renter households)

The median income in Napa County in 2021 was higher than the California median income (\$97,421 vs. \$83,226). In the high need service area of the county, the median income was \$84,690.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. Renters in Napa County have continued to face severe housing cost burdens in recent years, with approximately 1 in 4 renter households spending 50% or more of their income on housing.

Full demographic and socioeconomic information for the service area can be found in the [2023 CHNA for Queen of the Valley Medical Center](#).

# COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

## Summary of Community Needs Assessment Process and Results

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Healthy Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted 12 key informant interviews and 7 additional preliminary data feedback sessions with 13 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.
- Most key informants spoke of the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing.
- Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services.
- Some communities (for example, seniors, youth, LGBTQ, minorities) find their needs unmet and their perspective unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

## 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: HOMELESSNESS & HOUSING INSTABILITY**

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially demanding situation for those with low income. The cost of living is extremely high, and earning a livable wage is a struggle. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

## PRIORITY 2: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

## PRIORITY 3: ACCESS TO HEALTH CARE AND DENTAL SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern about lack of access to health insurance for mixed-status families and people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be difficult for all ages because there are few dental appointments available locally.

## PRIORITY 4: ECONOMIC STABILITY

Many participants spoke about the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A substantial proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

## 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 community grants to local non-profits in Napa County and in-kind services to multiple community collaborations.

The following community health need identified in the joint Napa County CHNA will not be addressed and an explanation is provided below:

- Childcare: Queen of the Valley Medical Center is not positioned to directly address the additional need for Childcare in Napa County; however, we actively partner with Community Resources For Children and other local Community Building Organizations to address the identified need.

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Summary of Community Health Improvement Planning Process

The 2024-2026 Community Health Improvement Plan (CHIP) is designed to address the needs identified and prioritized through the 2023 Community Health Needs Assessment (CHNA). We recognize the greatest needs of our community will change over time, and we are dedicated to adapting our efforts accordingly. Our commitment remains steadfast in supporting, strengthening, and serving our community in alignment with our Mission.

Queen of the Valley Medical Center’s CHIP involves a comprehensive approach led by the Community Health Department, Live Healthy Napa County, and the Community Benefit Committee. Strategies outlined in the CHIP encompass a diverse array of approaches, including direct service programming, support for community organizations, and collaborative commitments aimed at addressing the identified priority need areas.

While Racial Equity and LGBTQ Inclusion was not designated by Queen of the Valley as a standalone priority area, Queen of the Valley Medical Center Community Health will continue to incorporate strategies addressing the needs of the Black, Indigenous, and People of Color (BIPOC) community and those most likely to experience discrimination within each priority area. This acknowledgment underscores our commitment to addressing health disparities and promoting equity across all facets of our community health initiatives.

## Addressing the Needs of the Community: 2024-2026 Key Community Benefit Initiatives and Evaluation Plan

### 2024 Accomplishments

#### COMMUNITY NEED ADDRESSED #1: HOMELESSNESS & HOUSING INSTABILITY

##### *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 and access to supportive services.

**Table 2. Strategies and Strategy Measures for Addressing Homelessness and Housing Instability**

Strategy	Population Served	FY24 Accomplishments
1. Support the development of affordable housing stock, including permanent supportive housing units	Chronically homeless and very low-income individuals and older adults	A donation of \$500,000.00 was made to Jamboree Housing Corporation. This charitable donation was conditioned upon its use toward Silverado Trail Apartments, a future 40-unit permanent supportive housing project for older adults in Napa County.
2. Support the launch of a housing advocacy	Low-income individuals, families, older	A commitment of a CY2025 conditioned donation has been made to the Napa Valley

organization to promote effective housing policy to increase the supply, affordability, and diversity of homes	adults, Latine, and people experiencing homelessness	arm of Generation Housing, a project of the Tides Center (Generation Housing Napa Valley).
3. Invest in respite shelter services supported with CARE Network complex care management	Individuals experiencing homelessness who are being discharged from local hospitals and need respite services	A donation of \$350,000.00 was made to Catholic Charities of the Diocese of Santa Rosa. This charitable donation was conditioned upon its use toward Napa Nightingale. CARE Network along with the staff at Napa Nightingale cared for 27 number of clients for a total of 1810 bed nights.
4. Administer community grants to expand supportive services for those experiencing or at risk of homelessness	Individuals experiencing or at risk of homelessness, including older adults, and the Latine Community	Community Health shared an additional 5 community grants for a total of with Napa County non-profits focused on increasing capacity for local Napa County non-profits to serve individuals experiencing or at risk of homelessness.
5. Enhance CARE Network outreach at the South Napa Shelter and enhance CARE Network care management services at supportive housing locations	Individuals experiencing or at risk of homelessness	CARE Network had 96 encounters through outreach and brief interventions at the South Napa Shelter.  Care Network care management services are now offered at 5 supportive housing and shelter locations in Napa County.

*Evidence Based Sources*

- [National Institute for Medical Respite Care](#)
- [National Health Care for the Homeless Council](#)
- [Healthy People 2030 Housing and Homes](#)

*Resource Commitment*

Queen of the Valley Medical Center will commit staff time from its Community Health department, community grants and restricted funding from its Care for the Poor budget. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for an increased supply and 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 Services
- Buckelew Programs
- Catholic Charities of the Diocese of Santa Rosa
- City of Napa Housing Division
- Generation Housing
- Jamboree Housing
- Napa County Housing and Homeless Services
- Napa County Housing Coalition
- Share the Care Napa Valley
- UpValley Family Centers

**COMMUNITY NEED ADDRESSED #2: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER**

*Long-Term Goal(s)/ Vision*

Ensure equitable access to high quality, culturally responsive, and linguistically appropriate mental health and substance use disorder services, especially for populations with low incomes.

**Table 3. Strategies and Strategy Measures for Addressing Behavioral Health and Substance Use Disorders**

<b>Strategy</b>	<b>Population Served</b>	<b>FY24 Accomplishments</b>
1. Increase local capacity to provide culturally appropriate mental health services	All of Napa County especially medically compromised, older adults, Spanish speaking residents, and new moms	440 mental health therapy sessions shared with CARE Network clients  659 Perinatal Emotional Wellness mental health therapy sessions occurred  589 Mental Health Therapy sessions provided to older adults through Healthy Minds Healthy Aging
2. Increase support to Emergency Department patients with substance use disorders	Patients cared for in the Emergency Department who desire treatment for substance use disorders	274 Substance Use Navigator encounters  2000 Narcan units and 1000 Fentanyl Testing strips have arrived at the medical center. Distribution to the community will begin in FY25.
3. CARE Network to enhance the continuum of care increasing identification, screening, and access to mental	Latine patients in the Emergency Room	604 total Emergency Room encounters  224 Emergency Room patients were screened for MH with the PHQ4

health and SDOH services for Emergency Room Latine patients		311 Emergency Room patients were screened for SDOH
4. CARE Network to increase percentage of enrolled ECM clients who are screened with the PHQ9	Eligible Partnership HealthPlan members	93.3% of CN ECM clients were screened with PHQ2/PHQ9 ( <i>data includes Q1 -Q3 FY24/ Q4 data not yet available</i> )
5. Administer community grants to enhance resources to expand prevention, education, and intervention of behavioral health services	All Napa County residents especially Older Adults, Latine residents, and the Youth	Community Health shared 8 community grants for a total of \$245,852 with Napa County non-profits focused on Mental Health and Substance Use as their primary focus.

*Evidence Based Sources*

- SAMHSA - Substance Abuse and Mental Health Services Administration
- 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 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 partner with the following organizations to address this need:

- Alternatives for Better Living
- Archway Recovery Services
- Buckelew Programs
- Center Point
- Communicare+OLE
- Community Resources for Children
- COPE
- Mentis
- Napa County HHS Behavioral Health Division

- Napa County Narcan Taskforce
- Napa County Suicide Prevention Council
- Napa Opioid Safety Coalition
- ParentsCAN
- Puertas Abiertas Community Resource Center
- Rianda House

### COMMUNITY NEED ADDRESSED #3: ACCESS TO HEALTH CARE & DENTAL SERVICES

#### Long-Term Goal(s)/ Vision

To ease the way for all people to access the appropriate level of care at the right time.

**Table 4. Strategies and Strategy Measures for Addressing Access to Health Care and Dental Services**

Strategy	Population Served	FY24 Accomplishments
1. Build a Network of bilingual bicultural Birth Doulas in Napa County	Uninsured and underinsured Latine women, MediCal population	A collaboration between Communicare+OLE, Napa County Health and Human Services Agency, Partnership HealthPlan of California, Providence Queen of the Valley Community Health, and community members exists in Napa County. The Doula Task Force is meeting monthly to increase the number of bilingual bicultural birth doulas credentialed by MediCal in Napa County to serve the Latinx community by improving their maternal care during and after pregnancy.
2. Identify transgender care service gaps, and specific service needs, to increase access to local transgender care.	All Napa County residents	A collaboration between Communicare+OLE, Napa County Health and Human Services Agency, and Providence Queen of the Valley plan to convene in FY25.
3. 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 of age	The Queen’s Mobile Dental Clinic completed 254 Oral Health screenings, 5414 clinic services serving 1686 unduplicated Napa County children.

<p>4. Increase access to specialty care including HIV care, diagnostic screenings, and procedures</p>	<p>Low-income and/or uninsured Napa County residents</p>	<p>170 HIV Clinic Contacts  105 Napa County residents received services through Operation Access  274 specialty appointments were provided to Napa County residents through Operation Access  132 diagnostic and surgical services were provided to Napa County residents through Operation Access</p>
<p>5. Maintain number of CARE Network clients enrolled in Enhanced Care Management</p>	<p>Eligible Partnership HealthPlan members</p>	<p>199 unduplicated enrolled ECM clients</p>

*Evidence Based Sources*

- Healthy People 2030 Health Care Access and Quality
- Health Equity IHI Institute for Healthcare Improvement
- Health Equity CDC

*Resource Commitment*

Queen of the Valley Medical Center will commit caregiver time, provide grants to local community partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for improvements in access to care.

*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:

- Communicare+OLE
- COPE Family
- Napa County HHSA
- Napa County Office of Education
- Napa Valley Unified School District
- Operation Access
- Partnership HealthPlan of California
- Providence Medical Group

## COMMUNITY NEED ADDRESSED #4: ECONOMIC STABILITY

### *Long-Term Goal(s)/ Vision*

Increase economic stability for populations with low incomes.

**Table 5. Strategies and Strategy Measures for Addressing Economic Stability**

<b>Strategy</b>	<b>Population Served</b>	<b>FY24 Accomplishments</b>
1. Administer community grants to support and build capacity to fresh, nutritious, culturally, and/or medically appropriate food	Latine residents Low income Older Adults	A community grant was shared with Napa Farmers Market. This grant is focused on increasing the CalFresh Market Match available to Napa County low-income community members.
2. Administer community grants to support and build capacity to accessible and affordable transportation	Latine residents Low income Older Adults	A community grant was shared with Molly’s Angels. This grant is focused on transportation for Seniors and decreasing social isolation for Napa County older adults.
3. Administer community grants to support and build capacity of local emergency funds for basic needs	Low income and Latine residents	Two community grants were shared with local non-profits to support and build capacity of local emergency funds. The non-profits that were recipients of these dollars included NEWS and UpValley Family Centers.

### *Evidence Based Sources*

[Healthy People 2030 Economic Stability](#)

[Centers for Disease Control and Prevention – Economic Security](#)

[Feeding America](#)

### *Resource Commitment*

Queen of the Valley Medical Center will commit caregiver time, provide grants to local community partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for accessible and affordable basic needs.

### *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:

- Live Healthy Napa County
- Napa Farmers Market
- Napa County Safety Food Network
- UpValley Family Centers
- Napa Valley Community Organizations Active in Disaster
- Molly’s Angels
- NEWS

## Other Community Benefit Programs

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

<b>Initiative (Community Need Addressed)</b>	<b>Program Name</b>	<b>Description</b>	<b>Population Served (Low Income, Vulnerable or Broader Community)</b>
1. Racial Equity	Latines Lead Napa Initiative	The Latines Lead Napa initiative increases the capacity of community and government systems to partner with Latine community members, build Latine residents’ capacities and abilities to co-create system improvements and advocate for policy change.	Low-income, Vulnerable, Latine Community
2. Racial Equity	Parent University	Napa Valley Parent University addresses the long-term economic, social, and academic impacts local Latine families face following the multiple natural disasters, the pandemic, and decades of inequity. NVPU equips parents to become more involved in their children’s education through more than 50 classes surrounding family literacy, wellness, financial health, housing, and parent leadership.	Low-income, Vulnerable, Latine Community
3. Racial Equity and Mental Health	Healthy for Life	A school-based physical and wellness program at 7 Title 1 schools in Napa County designed to increase physical activity, improve self-esteem, and promote healthy behaviors.	Low Income or Vulnerable
4. Access to Health Care	Perinatal Education	The Napa County community is invited to take part in both virtual and in-person perinatal classes in both English and Spanish.	Broader Community

# FY24 COMMUNITY BENEFIT INVESTMENT

In FY24 Queen of the Valley Medical Center invested a total of \$43,524,190 in key community benefit programs. \$43,037,514 was invested in community health programs for the poor which includes \$1,751,274 in charity care provided, \$33,643,395 in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program, and \$486,676 in community benefits for the broader community. 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.

## FY2024 Queen of the Valley Medical Center (July 1, 2023 - June 30, 2024)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	\$1,751,274
	Unpaid cost of Medicaid	\$33,643,395
	Unpaid other govt. programs	-
Other Benefits for Vulnerable Populations	Community Health Improvement Services	\$4,536,352
	Subsidized Health Services	\$58,028
	Cash and In-Kind Contributions	\$2,241,555
	Community Building	-
	Community Benefit Operations	\$806,910
	<b>Total Benefits for Vulnerable Populations</b>	<b>\$43,037,514</b>
Other Benefits for the Broader Community Populations	Community Health Improvement Services	\$429,654
	Subsidized Health Services	-
	Cash and In-Kind Contributions	\$30,000
	Community Building	-
	Community Benefit Operations	\$27,022
Health Profession Education, Training and Research	Health Professions Education and Research	-
	<b>Total Benefits for the Broader Community</b>	<b>\$486,676</b>
	<b>Total Community Benefit</b>	<b>\$43,524,190</b>
Medical Care Services for the Broader Community	<b>Total Medicare shortfall</b>	\$18,718,406

## 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.

### **Health Equity**

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. Throughout FY24 Community Health served as a Health Equity Dyad partner to meet new health equity related requirements from the Joint Commission. These work streams included workflows designed to complete Social Determinants of Health (SDoH) screenings, interventions, and referrals for all admitted patients at QVMC. The second workstream focuses on 30-day readmissions for Hispanic/Latinx Heart Failure patients. A third Health Equity project has been implemented to create a continuum of care to improve identification and access to behavioral health services for Emergency Department Latinx patients. The purpose of the health equity project is to address disparities of care and access barriers for Latinx individuals with mental health and SDoH concerns. Funding has been secured to sustain the Health Equity Behavioral Health project through June of 2026.

### **Live Healthy Napa County (LHNC)**

Live Healthy Napa County (LHNC) seeks to promote and protect the health and wellbeing of every member of the community by bringing together diverse partners to develop shared vision of a healthier Napa County and to create an action agenda to realize that vision. Napa County community members take responsibility for improving and sustaining health through shared leadership, strategic planning, meaningful community engagement and coordinated action. In FY24 LHNC worked to finalize the Napa County Community Health Improvement Plan which will align closely with the final Queen of the Valley Medical Center 2024-2026 Community Health Improvement Plan. Together with all partners a healthier Napa County will exist for all.

# 2024 CB REPORT GOVERNANCE APPROVAL

This 2024 Community Benefit Report was adopted by the Community Benefit Committee of the hospital on September 26, 2024. The final report was made widely available by November 30, 2024.

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Greg Bennett  
Chair, Community Benefit Committee  
Providence Queen of the Valley Medical Center

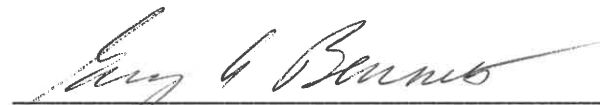
Date

**Contact:**

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October 1, 2024

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