MISSION HOSPITAL - MISSION VIEJO AND LAGUNA BEACH
FY 2011 Community Benefit Report

EXECUTIVE SUMMARY

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

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

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

Who We Are and What We Do

Community Benefit is the cornerstone of who we are as a ministry of the Sisters of St. Joseph of Orange. We serve the dear neighbor and provide much needed services to our most vulnerable communities through our programs such as financial assistance and initiatives that are specifically designed for our low-income residents. We also provide programs for the broader community to improve health and quality of life.

Mission Hospital provides south Orange County communities with access to advanced care and advanced caring through two convenient locations, Mission Viejo and Laguna Beach. As a not-for-profit, Mission Hospital has been serving the greater needs of the community for nearly 40 years, improving the quality of life in the communities it serves. Mission Hospital in Mission Viejo is an acute care, full-service facility that houses the region's designated trauma center, one of only three in the county. A complete array of top-quality healthcare services are offered including 24-hour emergency care; Mission Imaging Center offering the most advanced diagnostic care, Mission Heart Center providing cardiac rehabilitation and chest pain center; Mission Stroke Center, providing the region's most comprehensive and advanced neurological care; Mission Maternity Center including special care for high risk pregnancy; and Mission Women’s Wellness Center offering comprehensive breast, heart and pelvic care. Mission Hospital also offers the highest level of care in orthopedics, rehabilitation, cancer, spine and vascular services. Mission Hospital Laguna Beach’s healthcare services include 24-hour emergency, intensive and medical-surgical care as well as behavioral health and chemical and pain medication dependency treatment.

The hospital has a medical staff of 795 physicians representing 50 specialties and subspecialties. Currently there are more than 2,700 employees and over 800 volunteers. As the largest medical center in south Orange County, licensed for 552 beds, Mission Hospital is fully accredited by The Joint Commission. Since 1980, the hospital has housed the region's designated trauma center that served 855 patients this past fiscal year.

Mission Hospital’s full-service facilities provide quality medical care to all residents of south Orange County. Mission Hospital is twice a recipient of the distinguished Ernest A. Codman Award for excellence in quality healthcare presented by The Joint Commission for our Traumatic Brain Injury Protocol and Rapid Response Nursing Team.
In FY 11, Mission Hospital provided a total of $38,599,801 in community benefit investment, an 18% increase from FY 10. Total dollars of unreimbursed cost of Medicare was $46,411,687 (compared to $32,972,000 in FY10, representing a 41% increase). In FY 11 Mission Hospital, provided $5,786,065 in charity care to 6,787 persons representing 8,922 encounters. (A 4.7% increase in expenses and a 246% increase in persons served from the previous year based on a new, more accurate accounting system).

Community Plan Priorities

Based on results from the FY08 Health Needs Assessment, Mission Hospital, along with our community partners, selected five key areas of focus for the FY 09 – FY 11 Community Benefit Plan. Our initiatives focus on Primary Care, Depression, Childhood Obesity, Post Secondary Education and Affordable Homes. Significant efforts and resources were allocated with the expectation of clear and measurable outcomes. Each initiative is based on evidenced-based practices in the field of community health and the Advancing the State of the Art in Community Benefit (ASACB) criteria.

Below is a brief description of each initiative and selected accomplishments from FY 11.

Primary Care

The Primary Care Initiative outcome goal is to increase access to primary care at Camino Health Center. In FY 11 Camino Health Center served 3,447 unduplicated patients from the cities of San Clemente, Dana Point, and San Juan Capistrano. The number of unduplicated patients served represents a 5% increase over the number of patients served during the FY08 baseline year. Primary medical care was delivered by Camino’s medical provider team which was operating at a full staffing level as of June 30, 2011. Net patient revenue for the medical clinic, mobile medical unit, and diabetes van in FY 11 excluding Mission Hospital Care for the Poor funds was $1,966,656, an increase of a $177,283 from the previous fiscal year.

Depression

The Depression Initiative outcome goal is to increase the number of persons 300% below the Federal Poverty Level (FPL) from south Orange County who engage in services for depression (services include counseling, support services and/or medication). The South Orange County Depression Coalition focused on increasing early identification and intervention and increasing capacity to provide services. The South Orange County Depression Coalition created and distributed the South Orange County Depression Resource Guide that was created by the Coalition. Feedback from the doctors was very positive, noting that the Resource Guide was “very helpful and well organized,” a “real time saver,” and that “no formal guide has ever been available.”

Childhood Obesity

The Childhood Obesity outcome goal is to reduce the prevalence of obesity in underserved children 3-11 years old. During the past 40 years, obesity rates for children age 6 to 11 nearly
tripled—from 5% to 14%—and more than tripled for adolescents age 12 to 19—from 5% to 17.1%. Over the last three years of this initiative, we have been able to stop the increase of obesity in the children participating in our programs. While this appears to be a minor achievement, when compared to obesity rates both nationally and at the State level, the fact that obesity did not increase is significant.

**Post-Secondary Education**

The Post-Secondary Education outcome goal will be to increase participation of youth in post-secondary education/training within three years of graduation with a focus on students in San Clemente, Dana Point and San Juan Capistrano.

Our work continued around increasing the number of students and parents participating in career/educational programs. Participation rates increased to 1,639 in 2011. We also measured the percent of graduating youth who believe they can pursue further goals to realize their greatest potential. In 2011, we saw almost a 3% increase in students reporting on this measure. The youth conference “Can’t Stop, Won’t Stop” for leadership development and youth empowerment in partnership with multiple agencies throughout south Orange County had an attendance of over 120 youth and staff and educators from 12 from local High Schools participating at the event.

**Affordable Homes**

The Affordable Homes outcome goal is to increase affordable homes in south Orange County, with a special focus on the cities of San Clemente, Dana Point, San Juan Capistrano and Mission Viejo. Three years after the strategic plan initiation in 2009, 121 new homes were approved for households with low moderate income levels in Mission Viejo, San Juan Capistrano, Dana Point and San Clemente.

**Youth Alcohol & Substance Use Prevention in Laguna Beach**

In 2010, the Laguna Beach community identified youth alcohol and substance use as a major concern through Mission Hospital’s needs assessment process. Over the course of Fiscal Year 2011, we have worked with the Laguna Beach Community Coalition (LBCC) in identifying our strategic plan.

Mission Hospital is committed to living out the loving legacy of the Sister’s of St. Joseph of Orange. Much like the sisters started their work in 1650 in Le Puy France, we look forward to working in collaboration with our community partners and the community to accomplish the ambitious goals that have been outlined in this plan. We are confident that together we will improve the health and quality of life of the people in the communities we serve.
INTRODUCTION

Who We Are and What We Do

Mission Hospital has a lengthy history of community service to the residents of south Orange County. As a member of the St. Joseph Health System, Mission Hospital is committed to improving the health status and quality of life of the people it serves. The values of Dignity, Excellence, Service, and Justice are the guiding principles which help to direct the mission of the hospital, and have compelled the Sisters of St. Joseph of Orange and all of their sponsored ministries to dedicate resources to the care of the medically underserved, and to advocate for the alleviation of conditions which limit access to basic health services. Policies have been established which mandate periodic assessments of the health needs of the poor and vulnerable. A specific percentage of net income is allocated to outreach programs to address specific unmet health needs, separate from the ordinary vehicle of acute health care delivery.

Mission Hospital provides south Orange County communities with access to advanced care and advanced caring through two convenient locations, Mission Viejo and Laguna Beach. As a not-for-profit, Mission Hospital has been serving the greater needs of the community for nearly 40 years, improving the quality of life in the communities it serves. Mission Hospital in Mission Viejo is an acute care, full-service facility that houses the region’s designated trauma center, one of only three in the county. A complete array of top-quality healthcare services are offered including 24-hour emergency care; Mission Imaging Center offering the most advanced diagnostic care, Mission Heart Center providing cardiac rehabilitation and chest pain center; Mission Stroke Center, providing the region’s most comprehensive and advanced neurological care; Mission Maternity Center including special care for high risk pregnancy; and Mission Women’s Wellness Center offering comprehensive breast, heart and pelvic care. Mission Hospital also offers the highest level of care in orthopedics, rehabilitation, cancer, spine and vascular services. Mission Hospital Laguna Beach’s healthcare services include 24-hour emergency, intensive and medical-surgical care as well as behavioral health and chemical and pain medication dependency treatment.

The hospital has a medical staff of 795 physicians representing 50 specialties and subspecialties. Currently there are more than 2,700 employees and over 1,200 volunteers. As the largest medical center in Orange County, licensed for 552 beds, Mission Hospital is fully accredited by The Joint Commission. Since 1980, the hospital has housed the region’s designated trauma center that served 855 patients this past fiscal year. As the largest medical center in the area, Mission Hospital’s full-service facilities provide quality medical care to all residents of south Orange County. Mission Hospital is twice a recipient of the distinguished Ernest A. Codman Award for excellence in quality healthcare presented by The Joint Commission for our Traumatic Brain Injury Protocol and Rapid Response Nursing Team.

In FY 11 a significant amount of work and resources were dedicated to the continued implementation of our three-year Community Benefit Strategic Plan. The plan focuses on Primary Care, Depression, Childhood Obesity, Post-Secondary Education and Affordable Homes. In addition, with the purchase of a second campus in Laguna Beach in 2009, we dedicated resources to that small coastal community to address the most pressing health and quality of life needs. All of these initiatives have sustained a collaborative that engages the community and maximizes existing community resources.
Mission Hospital provided a total of $38,599,891 in community benefit investment, an 18% increase from FY 10. Total dollars of unreimbursed cost to Medicare was $46,410,687 (compared to $32,971,816 in FY 10, representing a 41% increase).

Community Benefit Governance Structure

Mission Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff, financial resources, participation and collaboration. Quarterly presentations were made to the Community Benefit Committee to allow them the opportunity to ask questions and provide feedback on each initiative's progress. The community was engaged in the ongoing collaborative work created for each of Mission Hospital's Community Benefit Initiatives. These collaboratives have provided guidance and action within each of the initiatives and helped further our outreach efforts.

Full engagement of the Hospital's Community Benefit Committee, Board of Trustees and Executive Management Team occurred in the review of the FY 10 health needs assessment data for Laguna Beach and members actively participated in the prioritization of the programs and services necessary to impact the health and quality of life within the areas with disproportionate unmet needs.

Overview of Community Needs and Assets Assessment

Mission Hospital utilized a variety of data sources to compile the FY08 Health Needs Assessment that led us in developing our FY 09-11 community benefit priorities. Data was taken from the Orange County Health Needs Assessment, the St. Joseph Health System Professional Research Consultants Survey, the Mission Hospital Professional Research Consultants Survey, Census Data and focus groups in target communities. Specific emphasis was put on data collected through the Mission Hospital Professional Research Consultants Survey and the focus groups since they targeted our priority communities.

Mission Hospital partnered with Saddleback Memorial Hospital in Laguna Niguel and San Clemente in the implementation of the FY 08 needs assessment due to our similar service area. Representatives from both hospitals were engaged early on in the design of the survey to ensure that key pieces of data were collected that would meet both our needs.

In order to engage community residents, focus groups were implemented in the Cities of San Clemente, Dana Point and San Juan Capistrano, with a total of 40 community residents participating. Residents for the focus groups were recruited by several community leaders. The focus groups were implemented by Rigoberto Rodriguez, PhD from California State University Long Beach.

Below is a brief summary of key indicators that were reviewed to determine Community Benefit Priorities for FY 09-11.
<table>
<thead>
<tr>
<th>Data Source</th>
<th>Health Insurance Coverage</th>
<th>Access Difficulties</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Insurance</td>
<td>Financial, transportation etc</td>
<td>Yes-% w/in past year</td>
</tr>
<tr>
<td>OCHNA 2007 (Orange County) N=5,000</td>
<td>4.8% (Adult), 3.4% (Children)</td>
<td>37.5% Financial (Child)</td>
<td>92.90%</td>
</tr>
<tr>
<td>SJHS PRC Survey N= 500</td>
<td>11.03% (Adults)</td>
<td>25.80%</td>
<td>QNA</td>
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<tr>
<td>MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000</td>
<td>18.4% (Adults) 80.7% (Children out of 22 respondents)</td>
<td>23.6% (Adults)</td>
<td>64.2%, 71.3% have a specific source of ongoing care.</td>
</tr>
<tr>
<td>Community Focus Groups (San Clemente N=20) San Juan Capistrano N=20)</td>
<td>Residents in San Juan Capistrano expressed lack of insurance coverage for adults that are undocumented.</td>
<td>Residents in San Clemente expressed difficulty getting to local community clinics due to a lack of bus routes.</td>
<td>Community residents in San Clemente and Dana Point expressed need of an affordable and accessible community clinic.</td>
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<tr>
<td>Data Source</td>
<td>Mental Health</td>
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<td></td>
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<tr>
<td></td>
<td>Diagnosed Major Depression</td>
<td>Fair Poor Rating</td>
<td>Poor Mental Health last 30 days</td>
</tr>
<tr>
<td>OCHNA 2007 (Orange County) N=5,000</td>
<td>21.40%</td>
<td>Question Not Available</td>
<td>1.90%</td>
</tr>
<tr>
<td>SJHS PRC Survey N= 500</td>
<td>6.96%</td>
<td>7.90%</td>
<td>QNA</td>
</tr>
<tr>
<td>MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000</td>
<td>7.1% 26.7% report Chronic Depression</td>
<td>8.40%</td>
<td>1.80%</td>
</tr>
<tr>
<td>Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)</td>
<td>Residents in San Juan Capistrano cited high rates of depression in the community due to the stressful situation in which they live in.</td>
<td>Residents in San Clemente asked for family Mental Health Services.</td>
<td>Residents in San Clemente and San Juan Capistrano expressed the need for mental health services for youth.</td>
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<tr>
<td>Data Source</td>
<td>Heart Disease</td>
<td>Asthma</td>
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<td></td>
<td>Hypertension</td>
<td>Cholesterol</td>
<td>Adults</td>
</tr>
<tr>
<td>OCHNA 2007 (Orange County) N=5,000</td>
<td>Question Not Available</td>
<td>Question Not Available</td>
<td>Question Not Available</td>
</tr>
<tr>
<td>SJHS PRC Survey N= 500</td>
<td>27.35%</td>
<td>31.85%</td>
<td>3.83%</td>
</tr>
<tr>
<td>MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000</td>
<td>26.4% have been told that blood pressure is high.</td>
<td>26.9% have been told cholesterol was high.</td>
<td>12.70%</td>
</tr>
<tr>
<td>Data Source</td>
<td>Obesity</td>
<td>Cancer</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Adults</td>
<td>Children</td>
<td>NO Access to Recreation</td>
</tr>
<tr>
<td>OCHNA 2007 (Orange County) N=5,000</td>
<td>40.5% Overweight</td>
<td>6.7% Overweight</td>
<td>10.50%</td>
</tr>
<tr>
<td>SJHS PRC Survey N= 500</td>
<td>18.04</td>
<td>14.40%</td>
<td>QNA</td>
</tr>
<tr>
<td>MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000</td>
<td>16.7% are Obese</td>
<td>6.4 are Overweight</td>
<td>4.6% lack of outdoor areas, 3.6% neighborhood concerns.</td>
</tr>
<tr>
<td>Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)</td>
<td>Residents in Dana point expressed concerns for high level of obesity in the community.</td>
<td>Residents in Dana Point and San Juan Capistrano expressed the need for activities to keep youth active. Residents in San Juan Capistrano mentioned lack of space for adult recreation.</td>
<td></td>
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<tr>
<td>Data Source</td>
<td>Mammogram</td>
<td>Pap Smear</td>
<td>Influenza Vaccinations</td>
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<tr>
<td></td>
<td>Past 2 years</td>
<td>Past 3 years</td>
<td>18-64 (Have Not)</td>
</tr>
<tr>
<td>OCHNA 2007 (Orange County) N=5,000</td>
<td>95.30%</td>
<td>96%</td>
<td>24.3% have not had a flu shot.</td>
</tr>
<tr>
<td>SJHS PRC Survey N= 500</td>
<td>79.88%</td>
<td>88.58%</td>
<td>27.40%</td>
</tr>
<tr>
<td>MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each % = 935 People) N= 1000</td>
<td>85.40%</td>
<td>84.10%</td>
<td>65.6% have not had a flu shot.</td>
</tr>
<tr>
<td>Data Source</td>
<td>Pneumonia Vaccinations</td>
<td>Alcohol Use</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>18-64</td>
<td>65+</td>
<td>Binge Drinking</td>
</tr>
<tr>
<td>OCHNA 2007</td>
<td>QNA</td>
<td>QNA</td>
<td>9.5%( avg. 5+ drinks in the past 30 days.)</td>
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<tr>
<td>(Orange County) N=5,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJHS PRC Survey</td>
<td>21%</td>
<td>61.90%</td>
<td>16.57%</td>
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<tr>
<td>N= 500</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MH PRC 2008</td>
<td>27.8% have received.</td>
<td>69.2% have received.</td>
<td>18.40%</td>
</tr>
<tr>
<td>(San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td>Affordable Housing</td>
<td>Median Contract Rent</td>
<td>Household Size</td>
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<tr>
<td>OCHNA 2007 (Orange County) N=5,000</td>
<td>QNA</td>
<td>QNA</td>
<td>21.70%</td>
</tr>
<tr>
<td>SJHS PRC Survey N= 500</td>
<td>QNA</td>
<td>QNA</td>
<td>12.40%</td>
</tr>
<tr>
<td>MH PRC 2008 (San Clemente, Dana Point, San Juan Capistrano) (Each %= 935 People) N= 1000</td>
<td>QNA</td>
<td>17% worked extra job/hours to pay rent. 75.4% rate availability fair/poor.</td>
<td>19.8% pay $1,500 or more on rent, 19.5% spend $2,500 or more on rent</td>
</tr>
<tr>
<td>Community Focus Groups (San Clemente N=20) San Juan Capistrano (N=20)</td>
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</table>
In fall 2009, after the purchase of a second campus in Laguna Beach, and as part of our commitment to continuing the legacy of the Sisters of St. Joseph of Orange in the communities we serve, Mission Hospital embarked in a Health and Quality of Life Needs Assessment process for the Laguna Beach community. A total of 401 phone surveys were completed for the General Population and 58 in-person surveys with the Homeless Community (Friendship Shelter and Unsheltered Homeless). Although results indicated that the Laguna Beach community was healthier overall when compared to state and national levels there were some key areas that were identified as opportunities to impact health and quality of life. Additionally, the Homeless Community was found to have a lower level of health and quality of life when compared to the general population.

We engaged the community by holding a variety of forums. We presented the assessment results and then worked with those community members to prioritize and select top issues. Additional outreach was conducted with the Homeless Community in to ensure we were hearing from one of the most vulnerable sectors in the community. Feedback was also garnered from the Mission Hospital Laguna Beach Advisory Council as they have been tasked with providing feedback related to our Community Benefit efforts. To determine key priorities for the General population, the following criteria were used and respondents were asked to rate (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree) how they felt about the following statements in relation to the issue being highlighted.

- The issue affects poor and vulnerable community members.
- The issue is widely felt in the community.
- There are resources and/or infrastructure available to address the issue.
- There is ample passion or energy in the community to address the issue.

Based on a compilation from all of these diverse stakeholders, we have arrived at our Community Benefit priority areas of focus for the Laguna Beach community. In order to make the greatest impact on the greatest needs, our primary focus will be on alcohol and substance use prevention for the youth of the community. We are also looking beyond our focus on alcohol and substance use to determine if there are synergies with existing community partners to provide resources in the areas of depression as well as job skill development for the homeless.

We are now embarking on the second phase of our journey: strategic planning. Over the coming year, we will be working with the community to identify how Mission Hospital can help to meet these needs and continue our collaborative workings of the Sisters of St. Joseph of Orange.
Mission Hospital provides south Orange County communities with access to advanced care and advanced caring through two convenient locations, Mission Viejo and Laguna Beach. The hospital's service area extends from the junction of the 405 and 5 freeways in the north to Camp Pendleton in the south. Geographically, South County is bordered by the Pacific Ocean to the west, the Santa Ana Mountains to the north and east, and the marine base Camp Pendleton to the south. Our Primary Service Area includes the cities of Mission Viejo, Laguna Beach, Laguna Niguel, San Juan Capistrano, San Clemente, Rancho Santa Margarita, Lake Forest, Laguna Hills, Dana Point Ladera Ranch Trabuco Canyon, Capistrano Beach and Aliso Viejo. This includes a population of approximately 623,000 people, an increase of 4% from the prior assessment. Mission Hospital's Secondary Service area includes Laguna Woods, Irvine, Foothill Ranch and Silverado. South Orange County is a relatively affluent community with a median household income of $92,124 compared to the Orange County median household income of $58,605 (US Census Quick Facts). The average household size is 2.70 compared to the Orange County wide household size of 3.00.

Demographically, the area is primarily Caucasian (78%, an increase of 8% from prior assessment), with the Hispanic population growing to 19.2%, an increase of 1.8% overall. The Asian representation is at 8.5%, an increase of 1.5% from the past assessment.

In general, Mission’s service area reflects a high degree of health and quality of life. Mission provides broad community benefit services to its primary and secondary service area (which includes Laguna Beach as of July 2009). However, isolated areas of high need have been identified in the cities of San Clemente, Dana Point, San Juan Capistrano, Laguna Niguel, Mission Viejo, Lake Forest and Rancho Santa Margarita. These areas were determined based on Key Drivers for Community Vulnerability, which include median household income, number of people living in a home, health insurance coverage, highest educational level, etc.
Although high needs were identified in these 8 areas, based on hospital resources and partnerships and in an effort to show significant outcomes at the end of the three-year plan, a decision was made to primarily focus on the cities of San Clemente, Dana Point, San Juan Capistrano, Laguna Beach and Lake Forest. This decision was made in partnership with Community Benefit Department Staff, the hospital Executive Team and the Community Benefit Committee.

**Patient Financial Assistance Program**

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 St. Joseph Health System has a **Patient Financial Assistance Program** that provides free or discounted services to eligible patients. In FY 11, Mission Hospital, provided $5,786,065 in charity care to 6,787 persons and 8,922 encounters. (A 4.7% increase in expenses and a 246% increase in persons served from the previous year due to a new system that enables more accurate capturing of patients that fit charity care criteria).

The Health System enhanced its process for determining charity care by adding an assessment for presumptive charity care. This assessment used predictive modeling and public records to identify and qualify patients for charity care, without a traditional charity care application.
MISSION HOSPITAL
FY 09 – FY 11 Community Benefit Plan:
FY 11 Accomplishments

ACCESS TO PRIMARY CARE

The Primary Care Initiative outcome goal is to increase access to primary care at Camino Health Center. The strategies to increase access focus on enhancing revenue streams for the clinic, enhancing and implementing information technology systems, strengthening provider teams to provide high quality and efficient care, and improving efficiencies of workflow by using performance improvement methodologies.

Key Community Partners:
- Camino Health Center Management Team
- Mission Hospital
- Community Benefit Committee Liaison and Camino Board of Directors representative

Target Population: Federally designated underserved communities in the cities of San Clemente, Dana Point, and San Juan Capistrano

Goal: Increase access to Primary Care

How will we measure success?:
Increase the number of unduplicated medical patients from the cities of San Clemente, Dana Point, and San Juan Capistrano.

Strategy 1: Enhance Revenue
Strategy Measure 1: Net revenue for Primary Care (includes total dept revenue for Camino’s Medical Clinic, Mobile Medical Unit, and Diabetes Van)

Strategy 2: Enhance Information Technology (IT) Systems
Strategy Measure 2: Number of components that are implemented

Strategy 3: Strengthen Provider Team
Strategy Measure 3: Provider vacancy rate as of June 30, 2010

Strategy 4: Improve Work Flow Efficiencies and Clinical Quality
Strategy Measure 4: Number of improvements implemented and sustained

FY 11 Accomplishments:

In FY 11 Camino Health Center served 3,447 unduplicated patients from the cities of San Clemente, Dana Point, and San Juan Capistrano. The number of unduplicated patients served represents a 5% increase over the number of patients served during the FY 08 baseline year. Primary medical care was delivered by Camino’s medical provider team which was operating at a staffing level of 6.1 FTEs out of a 6.1 FTEs as of June 30, 2011. Net patient revenue for the
medical clinic, mobile medical unit, and diabetes van in FY 11 excluding Mission Hospital Care for the Poor funds was $1,966,656, an increase of a $177,283 from the previous fiscal year. As part of the strategy to Enhance Information Technology systems, Camino’s practice management system CCPro.Net was upgraded at no cost to the health center. The new system is called Axeium. In June 2011 Axeium received upgrades to the billing module in order to enhance the health center’s ability to accurately track outstanding patient balances and create patient statements. These improvements have enabled the health center to be more efficient at collecting patient co-payments and managing bad debt.

Under the clinical quality strategy, eight clinical performance measures were adopted by the health center in FY 11. The eight clinical performance measures include care that focuses on the following: diabetes, cardiovascular, cancer, prenatal, birth weight, childhood immunizations, prenatal oral health, and depression.

Overall, Camino Health Center experienced a 13% increase in total patients served since FY 09 due to system improvements and dedication to increasing access to the underserved.
MISSION HOSPITAL
FY 09 – FY 11 Community Benefit Plan:
FY 11 Accomplishments

INCREASING ACCESS TO SERVICES FOR DEPRESSION

The Depression Initiative’s aim is to increase the number of persons 300% below the Federal Poverty Level (FPL) from south Orange County who engage in services for depression (services include counseling, support services & medication). The strategies focus on increasing early identification and intervention for individuals and families, increasing community awareness and acceptance of depression, increasing capacity to provide services, increasing availability of services and increasing cultural and linguistic appropriateness of providers.

Key Community Partners:
- BBK Psychological Services
- Cal Optima
- Camino Health Center
- Caregiver Resource Center
- Capistrano Beach Calvary Church
- Children’s Bureau
- Community Services Programs, Inc.
- Capistrano Unified School District Family Resource Center
- Human Options
- Help Me Grow
- Laguna Beach Community Clinic
- Mission Basilica
- Mission Hospital
- Mission Lutheran Church
- NAMI OC
- O.C. Health Care Agency
- St. Edwards Parish
- St. Timothy’s
- San Clemente Collaborative
- San Clemente Presbyterian
- Shanti O.C.
- Toby’s House
- WECARE
- Western Youth Services
- Private Mental Health Providers

Target Population: Persons of all ages at or below 300% of the FPL living in South Orange County
**Goal:** Number of persons at 300% or below FPL from SOC who engage in services for depression (services include counseling, support services & medication)

**How will we measure success?:** Number of persons who attend 3 or more sessions/services

**Strategy 1:** Increase early identification and intervention for individuals and families

**Strategy Measure 1:** Number of Primary Care Practitioners that make referrals for depression

**Strategy 2:** Increase community awareness and acceptance of depression

**Strategy Measure 2:** Number of people seeking information or help

**Strategy 3:** Increase capacity to provide services

**Strategy Measure 3:** Number of providers serving targeted area

**Strategy 4:** Increase availability of services

**Strategy Measure 4:** Number of services in non-clinical settings

**Strategy 5:** Increase cultural/linguistic appropriateness

**Strategy Measure 5:** Number of service providers who are bilingual/bicultural

**FY 11 Accomplishments:**

For the last three years, our overarching goal has been to increase the number of persons below 300% of FPL that have accessed at least three services for depression. In FY 09, our target was to demonstrate an increase of 17% from our baseline of 1,518. With our continued efforts, we were able to achieve this goal and in FY 11 reached 1,790 persons. Our focus has primarily been on increasing early identification and intervention (Strategy 1) and increasing capacity to provide services (Strategy 3) based on hospital and resources in the South Orange County Depression Coalition.

Under Strategy 1, increasing early identification of depression, our measure has been the percent of primary care practitioners (e.g. family practice doctors, OB/GYNs, internists) who refer their clients for depression. Our baseline survey in 2009 showed that 94% of physician offices (n=31) were referring their clients to depression services. Physicians requested a compendium of low/no cost services to refer clients without mental health insurance coverage. To address this, the SOCDC created the South Orange County Depression Resource Guide and distributed to physicians throughout south Orange County. Feedback from the doctors was very positive, noting that the Resource Guide was “very helpful and well organized,” a “real time saver,” and that “no formal guide has ever been available.” In 2011, Mission Hospital once again surveyed the doctors to determine if they were screening for depression. Disappointingly, the return rate on this survey was lower than the initial survey in 2009 and the results could not be considered valid.

For Strategy 3, to increase capacity to provide services to those under 300% FPL, our measure was on the number of providers in south Orange County serving this community. Our baseline in 2009 showed 75 providers (public agencies and private providers) were offering services to low income clients at reduced fees. Through the efforts of the SOCDC and Mission Hospital, we were able to increase the number of providers to over 106 in 2011, with all private providers agreeing to a consistent, low-cost per session fee ($40 per session compared to rates often exceeding $100).
In September 2010, the FRC Clinical Team completed a strategic plan to improve clinical outcomes of FRC clients seeking services for depression. Based on best practice research, the team changed the length of treatment, identified ways to decrease the current 40 day waitlist, created a protocol for making referrals for psychotropic medications and created and implemented a 6-week Life Skills educational series for all clients to complete prior to/or concurrently with counseling. While the group only had 6 months to address these issues, we have already seen tremendous results, including a 15% increase in persons who begin or remain on medication and a 23% increase in persons who complete their treatment plan.
DECREASING CHILDHOOD OBESITY

The Childhood Obesity Program was created to fight the epidemic of childhood obesity in underserved children 3-11 years old in south Orange County through three strategies:

- **Families Strategy:** Educate families and children about healthy food options, portion control, and physical activity.
- **Schools Strategy:** Engage schools in creating changes that increase new or expanded school-based program/policies addressing student obesity
- **Environmental Strategy:** Create environmental changes in local communities that will increase access to healthy foods and built physical activity opportunities.

**Key Community Partners:**
- American Heart Association
- Beach Cities YMCA
- Boys and Girls Club of Capistrano valley
- Boys and Girls Club of South Coast Area
- Boys and Girls Club of Laguna Beach
- Cal-Optima
- Camino Health Center
- Capistrano Unified School District
- CHOC at Mission
- City of San Clemente
- Dairy Council of CA
- Ecology Center
- Great Opportunities
- Help Me Grow-OC
- Laguna Beach Unified School District
- Nutrition and Physical Activity Council of Orange County (NuPAC)
- OC Health Care Agency
- Saddleback Memorial Hospital
- Saddleback Valley Unified School District
- Western Youth Services

**Target Population:** Underserved children 3-11 years old.

**Goal:** To decrease the prevalence of overweight and obese children

**How will we measure success?:** Decrease percentage of underserved children 3 – 11 years old with Body Mass Index ≥ 85th percentile
Strategy 1: Increase regular practice by families around healthy foods and physical activities
Strategy Measure 1: Number of families making positive changes in physical activities and/or eating behaviors, based on self-report

Strategy 2: Increase number of new or expanded school-based program/policies addressing student obesity
Strategy Measure 2: Number of new or expanded school-based nutrition and/or physical activity programs/policies

Strategy 3: Increase accessible built-community options for healthy foods and physical activities
Strategy Measure 3:
   a. Number of new, culturally appropriate, affordable food options within walking distance of low-income neighborhoods
   b. Number of accessible, new or expanded, community-based physical activity options

FY 11 Accomplishments:

During the past 40 years, obesity rates for children age 6 to 11 nearly tripled—from 5% to 14%—and more than tripled for adolescents age 12 to 19—from 5% to 17.1% (see Figure 1). Health Needs Assessment data conducted by Mission Hospital in 2011 indicates that the prevalence of obesity in survey respondents did not decrease since last measured in 2008. While this appears to indicate a lack of effectiveness, when compared to obesity rates both nationally and at the State level, the fact that obesity did not INCREASE is significant.

For Strategy 1, increasing regular practice by families around healthy eating and activity, our baseline data showed 87% of families were making changes after attending a program. In 2011, 100% of families show changes were made. In addition, year-end data for a hospital sponsored program, Play More. Eat Better. indicates that since 2009, the number of overweight children dropped by 2%, the number of obese children dropped by 1%, and the number of children in the “normal” range increased by 3%. Of the 198 children who had their BMI measurements taken at more than one event, 52 of them had BMIs indicative of

![Figure 1. Trends in obesity among children and adolescents: United States, 1963–2008](image-url)
overweight/obesity. Of the 52 children, 14 of them (27%) were able to reduce their BMI to normal levels (below 85th percentile).

For our strategy focused on school programs and policies, in 2009, 18 programs or policies were in place in south Orange County schools in our targeted cities. By 2011, we increased that number to 28 through programs such as Healthy For Life, a SJHS-wide project and efforts by the city of San Clemente.

And for Strategy 3, increasing environmental options, we have succeeded in influencing four projects among our targeted cities, including new community gardens in low-income areas, renovation of recreational facilities in San Juan Capistrano, and increasing access of free public recreation programs in San Clemente.
MISSION HOSPITAL
FY 09 – FY 11 Community Benefit Plan:
FY 11 Accomplishments

AFFORDABLE HOMES

Our goal is to increase affordable homes in south Orange County, with a special focus on the cities of San Clemente, Dana Point, San Juan Capistrano and Mission Viejo. The strategies focus on increasing the number of public or private policies that support affordable homes, increasing broad based community advocacy groups/organizations that identify and act on affordable homes as a priority, and collaborating to create new affordable homes.

Key Community Partner(s):

- Affordable Housing Clearing House
- City of Dana Point
- City of Mission Viejo
- City of San Clemente
- City of San Juan Capistrano
- CREER Comunidad y Familia
- Dayle McIntosh Center
- Family Assistance Ministries
- Habitat for Humanity of OC
- Hanover Pacific
- Kennedy Commission
- Mary Erickson Housing
- MDM Associates
- Mission Hospital
- Mission Hospital Community Benefit Committee
- Mission Hospital Foundation
- Neighborhood Housing Services of OC
- Our Lady of Fatima Catholic Church
- Saddleback Memorial Medical Center
- San Juan Capistrano Housing Advisory Board
- St. Joseph Health System
- Welcome Inn

Target Population: Persons with low-moderate income levels living in the cities of Mission Viejo, San Juan Capistrano, Dana Point and San Clemente.

Goal: Increase affordable homes in south Orange County

How will we measure success?: Number of new homes approved for households with low-moderate income levels.
Strategy 1: Increase number of public policies that support affordable homes
Strategy Measure 1: Number of polices passed and active

Strategy 2: Increase broad-based community advocacy groups/organizations that identify and act on affordable homes as a priority
Strategy Measure 2: Number of groups/organizations that identify and act on housing initiatives

Strategy 3: Collaborate to create new affordable homes
Strategy Measure 3: Number of initiatives, weighted by phase

FY 11 Accomplishments

Three years after the strategic plan initiation, 121 new homes (72 rentals and 49 ownership) were approved for households with low moderate income levels in Mission Viejo, San Juan Capistrano, Dana Hills and San Clemente. In the last year of the strategic plan, the weighted score for number of polices passed and active increased from 54.25% to 60%. 79 groups and organizations identified and acted on housing initiatives compared to 70 in 2009. And the weighted score for number of housing initiatives in the three targeted cities (by phase completed) increased from 24.3% in 2009 to 46.75%.

The hospital-facilitated coalition SOCAHOC (South Orange County Alliance for Housing Our Communities) successfully implemented the Community Dialogue “Opportunities for Economic Development and Revitalization: Linking Housing, Land Use and Transportation” with participation from over 100 attendees and 60 organizations.
MISSION HOSPITAL
FY 09 – FY 11 Community Benefit Plan:
FY 11 Accomplishments

POST SECONDARY EDUCATION

Our goal is to increase participation of youth in post-secondary education/training within three years of graduation with a focus on students in San Clemente, Dana Point and San Juan Capistrano. The strategies used focus on changing expectations about post-secondary education/training careers with teachers, students, parents and the community; increasing exposure to careers, educational options and the process; and empowering students to take control of their futures.

Key Community Partner(s):
- Boys and Girls Club SJC
- California State University Fullerton - Irvine Campus
- Capo Valley High School
- Center for Educational Partnerships, UCI
- CREER Comunidad y Familia
- CUSD Adult and Community Education
- CUSD Capistrano-Laguna Beach High School, ROP
- CUSD SSA Bridges Project
- CUSD SSA Bridges Project
- Dana Hills High School
- J Serra High School
- Marco Forster Middle School
- Mission Hospital
- OCCC
- Orange County Human Relations
- ROP CVHS
- Saddleback College Division of Health Sciences and Human Services
- Saddleback College EOPS Program
- Saddleback Community College District
- Saddleback Memorial Medical Center
- San Clemente Collaborative Youth Committee
- San Clemente High School
- San Juan Hills High School
- SOC Community College District
- St. Margaret’s Episcopal School

Target Population: Middle and high school students in the Capistrano Unified School District.

Goal: Increase participation of Youth in post secondary education training within 3 years after graduation
How will we measure success?: Percent of youth who start post-secondary education or training within 3 years after graduation.

**Strategy 1:** Change expectations about post-secondary education/training careers with teachers, students, parents and community  
**Strategy Measure 1:** Percent of graduating youth who believe they can pursue education/training career to realize their greatest potential.

**Strategy 2:** Increase exposure to careers, educational options, and process  
**Strategy Measure 2:** Total number of students and parents participating in career/educational programs and events

**Strategy 3:** Empower students to take control of their futures  
**Strategy Measure 3:** Students sense of control, measured through periodic survey

**FY 11 Accomplishments**

We have achieved several major accomplishments since 2009 in our efforts toward post-secondary education. For Strategy 1, the percent of graduating youth who believe they can pursue education to realize their potential increased by just over 3% (95% to 98.2%). Strategy 3, focusing on increasing students’ sense of control over their own futures, demonstrated an improvement from a 2009 baseline of 2.75 rating average (of a 5 point scale) for all 6-12 graders interviewed to 3.25 in 2011. A large contribution to these results was the implementation of the *Can’t Stop, Won’t Stop*’ Youth Conference for leadership development and youth empowerment. This program was implemented with multiple community partners and had an attendance of over 120 youth and staff and educators from 12 from local High Schools.

In addition, our efforts for Strategy 2, increasing exposure to careers, educational options and progress shows that since our baseline in 2009, we have increased the number of students and parents participating in these programs by 175% (631 in 2009 to 1,639 in 2011).

Over the last three years, our goal has been to increase the percent of students who participate in post-secondary education within three years of high school graduation. We have had a strong partnership with Capistrano Unified School District who has the ability to collect this information, but due to budget and staffing cuts faced by the district, this data has become unavailable.

In January FY 11, we embarked upon a collaboration with Santa Ana College, Saddleback College, CUSD, and University of California, Irvine to initiate a pilot program, Padres Promotores, in South Orange County. This program’s focus is on parent engagement, communication and education. Together, we coordinated the first “Padres Promotores” (PP) Volunteer training where 40 parents and 10 School Liaisons completed a 3-day training. Ten organizations and 24 staff members supported the event. Of the volunteers who continued with the program, 134 home visits have been conducted to educate local parents and two community forums at Kinoshita Elementary School reaching 112 parents have been held.
PREVENTION OF YOUTH ALCOHOL & SUBSTANCE USE IN LAGUNA BEACH

This initiative was developed in FY10 in response to the Laguna Beach Health Needs Assessment. The goal is to reduce the use of alcohol or other substances among 9th Graders in Laguna Beach. Our strategies are evidence-based and focus on three main issues: increasing a child's own problem-solving skills; improving adult/child relationships at home; and decreasing access to alcohol.

Key Community Partners:
- Boys & Girls Club of Laguna Beach
- California Youth Services
- Capistrano-Laguna Beach ROP
- Center for Drug Free Communities
- City of Laguna Beach Police Department
- Community Alliance Network
- CSP, Inc.
- Laguna Beach City Council
- Laguna Beach Community Clinic
- Laguna Beach Presbyterian Church
- Laguna Beach Unified School District
- Laguna Beach USD School Board
- MADD
- Mission Pacific Coast Recovery Center
- The Place Media Group
- Western Youth Services

Target Population: youth in Laguna Beach, California

Goal: Reduce use of alcohol among 9th graders in the Laguna Beach USD

How will we measure success? Percent of 9th graders who report using alcohol in the last 30 days. 2010=35%

Strategy 1: Increase child problem solving skills
Strategy Measure 1: Percent of 7th graders who rate high on problem solving skills

Strategy 2: Increase caring relationships at home
Strategy Measure 2: Percent of 7th graders who rate high on having a caring relationship with an adult at home

Strategy 3: Reduce access to alcohol
Strategy Measure 3: Percent of 9th graders who say it is easy or very easy to get alcohol
FY 11 Accomplishments

Over the course of Fiscal Year 2011, finalizing our strategic plan goal, strategies, activities and outcome measures was our primary focus. Mission Hospital staff researched best practices in the areas of alcohol and substance use, and based upon this research, determined that the primary focus needed to be on prevention – specifically of alcohol, as research shows that youth who consume alcohol are three times more likely to use other substances. Research also shows that areas such as increasing a child’s own problems solving skills, improving caring relationships with adults in the home and youth access to alcohol are some of the strongest methods to prevent youth from using alcohol. Using this research, the Laguna Beach Community Coalition (LBCC) identified current programs and activities in the community that supported these three strategies.

In December 2010, a final strategic plan was presented to the LBCC and approved. Instead of focusing only on a few community programs that might meet best practice criteria, the Coalition agreed that as an activity for all three strategies, each agency would look at aligning their programs with best practices. Mission Hospital offered to assist agencies with this process on an individual basis and in May and June 2011, worked with the Boys and Girls Club of Laguna Beach to engage in this process.

At the final meeting of the fiscal year, the LBCC decided the focus for the next several months would be on Strategy 3, Access to Alcohol, and the passing of a Social Host Ordinance for Laguna Beach. In FY12, the LBCC will strategize on how to implement this ordinance to reduce access to alcohol.

Community Benefit Investment FY 2010 and FY 2011

Charity Care increased by 4.7% from FY 10 (5.7 million vs. 5.5 million in FY 10) and due to a new accounting system we were able to more accurately capture patients eligible for the program, which resulted in a 246% increase in persons served in FY 11 (6,787 in FY 11 vs. 1,958 in FY 10).

Community Services for vulnerable residents were 6.15% higher due to losses of revenue at Camino Health Center (changes in medical group reimbursement and Women, Infants, and Children (WIC) program expenses). In addition, the Orange County Recuperative Project to care for homeless patients post-discharge increased by $43,000 from FY 10.

Community Services for the Broader Community were higher than prior year due to Access to care for uninsured patients seen in the hospital ($119,000). Unreimbursed costs of state and local programs were high due to state budget cuts for Medical Services Initiative (MSI) Program. Community Services for the Broader Community were fairly consistent compared to FY 10. Unreimbursed costs of Medicare was high due to increase in persons served and less reimbursement.
## FY 11 COMMUNITY BENEFIT INVESTMENT

**MISSION HOSPITAL- MISSION VIEJO AND LAGUNA BEACH**

*(ending June 30, 2011)*

<table>
<thead>
<tr>
<th>CA Senate Bill (SB) 697 Categories</th>
<th>Community Benefit Program &amp; Services</th>
<th>FY 11 Financials</th>
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<td>Medical Care Services for Vulnerable(^2) Populations</td>
<td>Mission Hospital Financial Assistance Program (FAP) (Charity Care-at cost)</td>
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<td></td>
<td>Unreimbursed cost of MediCal(^3)</td>
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<td></td>
<td>Unreimbursed cost of other state and local government programs</td>
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<td>Other benefits for Vulnerable Populations</td>
<td>Community Health Improvements Services</td>
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<td>Other benefits for the Broader Community</td>
<td>Community Health Improvements Services</td>
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<td>Subsidized Services</td>
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<td>Community Building</td>
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<td>Cash and in-kind contributions</td>
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<td>Community Benefit Operations</td>
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<td>Health Research, Education and Training</td>
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<td>Medical Care Services for the Broader Community</td>
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1 Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

2 CA SB697: “Vulnerable Populations” means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for MediCal (Medicaid), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude unreimbursed cost of Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

3 Accounts for Hospital Fee.

4 Reported below the line per requirement of SB 697.
Telling Our Community Benefit Story:  
Non-Financial\textsuperscript{5} Summary of Accomplishments

Mission Hospital's employees serve as volunteers in the community in a variety of ways. In addition to their participation in community walks, such as the American Heart Association’s Heart and Soul Classic, employees have been committed to helping the underserved families within the area through the Student Angel and Christmas Angel projects. In the Student Angel project, employees or entire departments within the hospital "adopt" a child and outfit him or her for school. During the holiday season, the concept expands to include the "adoption" of an entire family in need.

The many community volunteers that assisted in the hospital’s efforts evidenced the spirit of giving this past year. The hospital auxiliary consisting of 320 members donated over 70,276 hours of their time. In addition to hospital work, these volunteers staff the Mission Hospital’s Thrift and Gift shop, which raises funds to support Camino Health Center and the South Orange County Family Resource Center in Lake Forest. In addition, community and employee volunteers provided assistance during health fairs, screenings and community plunges in support of the Mission Hospital’s community benefit initiatives.

\textsuperscript{5} Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.
St. Joseph Health System (SJHS) is an integrated healthcare delivery system providing a broad range of medical services. The system is organized into three regions—Northern California, Southern California, and West Texas/Eastern New Mexico—and consists of 14 acute care hospitals, as well as home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician organizations. The ministries that comprise SJHS offer a wide variety of services within each of the three regions. From well-established acute care hospitals to clinics in non-traditional settings like school rooms and shopping malls, SJHS is establishing a "continuum of care," that is, a system that links and coordinates an entire spectrum of health services.