St. Joseph’s Behavioral Health Center

Community Benefit 2018 Report and 2019 Plan
A message from

Paul Rains, president of St. Joseph’s Behavioral Health Center, and Karl Silberstein, Chair of the Board of Managers.

Dignity Health’s approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our multi-pronged initiatives to improve community health include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

St. Joseph’s Behavioral Health Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2018 Report and 2019 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health produces these reports and plans for all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2018 (FY18), St. Joseph’s Behavioral Health Center provided $530,360 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. The hospital also incurred $3,109,770 in unreimbursed costs of caring for patients covered by Medicare.

Board of Managers reviewed, approved and adopted the Community Benefit 2018 Report and 2019 Plan at its October 25, 2018 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 209.461.2019.

Paul Rains
President

Karl Silberstein
Chair, Port City Operating Company, LLC Board of Managers
# Table of Contents

At-a-Glance Summary ........................................... (3)

Mission, Vision and Values ................................... (4)

Our Hospital and the Community Served .................. (5)

Community Assessment and Planning Process .......... (8)
   Community Health Needs Assessment ................... (8)
   CHNA Significant Health Needs ......................... (8)
   Creating the Community Benefit Plan .................. (10)

2018 Report and 2019 Plan ................................... (11)
   Report and Plan Summary ................................. (11)
   Community Grants Program ............................... (12)
   Anticipated Impact ......................................... (12)
   Planned Collaboration ...................................... (12)
   Financial Assistance for Medically Necessary Care .. (13)
   Program Digests ............................................. (14)

Economic Value of Community Benefit .................... (17)

Appendices ....................................................... (18)
   Appendix A: Community Board and Committee Rosters (18)
   Appendix B: Other Programs and Non-Quantifiable Benefits (19)
   Appendix C: Financial Assistance Policy Summary ..... (20)
At-a-Glance Summary

| Community Served | St. Joseph’s Behavioral Health Center serves Stockton, California and San Joaquin County, some resident of these areas struggle with health issues, which include rising obesity, poor oral health, high rates of mental illness, and shortage of proper health education, economic security and affordable housing. |
| Economic Value of Community Benefit | $530,360 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits, $3,109,770 in unreimbursed costs of caring for patients covered by Medicare |
| Significant Community Health Need Being Addressed | The significant community health need the hospital is helping to address, mental health, was identified in the hospital’s most recent Community Health Needs Assessment (CHNA). |
| FY18 Actions to Address Needs | Behavioral Evaluation Services, which provides free evaluation to individuals with behavioral health concerns, and Community Support Groups and Aftercare Services, which provide a free support program to individuals living with life-affecting substance or continuing behavior health issues. |
| Planned Actions for FY19 | SJBHC will continue with providing to the communities that we serve the free Behavioral Evaluations, Support Groups and Aftercare Service Programs in FY19. |

This document is publicly available [http://www.dignityhealth.org/stjosephsbehavioral](http://www.dignityhealth.org/stjosephsbehavioral). The 2016 Community Health Needs Assessment executive summary and full report are available on this website, as well as on a public website that is owned collectively by the local collaborative that conducts the Community Health Needs Assessment, [www.healthiersanjoaquin.org](http://www.healthiersanjoaquin.org). Executive summaries of the Community Health Needs Assessment are published and distributed broadly to community groups and at public events.

Written comments on this report can be submitted to St. Joseph’s Behavioral Health Center Medical Administration, 2510 North California Street, Stockton, CA 95204 or by e-mail to raymond.sejas@dignityhealth.org.
MISSION, VISION AND VALUES

St. Joseph’s Behavioral Health Center is a part of Dignity Health, a non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:
- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

**Dignity** - Respecting the inherent value and worth of each person.

**Collaboration** - Working together with people who support common values and vision to achieve shared goals.

**Justice** - Advocating for social change and acting in ways that promote respect for all persons.

**Stewardship** - Cultivating the resources entrusted to us to promote healing and wholeness.

**Excellence** - Exceeding expectations through teamwork and innovation.
OUR HOSPITAL AND THE COMMUNITY SERVED

About St. Joseph’s Behavioral Health Center (SJBHC)

Established services in 1974 as a patient care unit at St. Joseph's Medical Center (SJMC) in Stockton. In 1988, the program expanded operations to the current location, 2510 North California Street. SJBHC is a 35 bed licensed not-for-profit psychiatric hospital serving Central California, with 154 employees and 18 medical staff. There were 2034 admissions and 10,067 outpatient visits in FY18. Inpatient and partial hospitalization services are provided to adults, 18 years and older. Outpatient services are provided for adults, adolescents and children older than 5 years.

Description of the Community Served

St. Joseph’s Behavioral Health Center serves Stockton as its primary service area and San Joaquin County as the hospital’s secondary service area. A summary description of the community is below, and additional community facts and details can be found in the CHNA report online.

The service area of St. Joseph’s Behavioral Health Center Medical Center, San Joaquin County, lies in the midst of one of the most successful agricultural areas of the world, and at the same time is home to one of the largest cities in America to file for bankruptcy. The county is celebrated for its diverse communities of Latinos and African Americans as well as Asian immigrants; but there is also a big gap in health outcomes between ethnic groups. Some parts of the county have robust commuter neighborhoods with linkage to jobs in nearby counties, while other areas struggle with some of the highest homicide rates in the nation. There are some unique challenges such as access to care for the large undocumented immigrant population, the great need for substance use disorder treatment, and the high rates of asthma in the Central Valley.

San Joaquin County also struggles with nationwide health issues such as rising obesity, poor oral health, and high rates of mental illness; but these issues are compounded by underlying social determinants of health including education, economic security and affordable housing. It is a county of contrasts, holding in one hand enormous challenges and in the other hand exciting new opportunities. In the County Health Rankings report San Joaquin County ranks as 41 out of 57 counties on overall health outcomes. On average, San Joaquin residents rate their health as poorer than the state overall, and there are notable disparities in health status between the county and the state. Some key statistics for the area are in the table below.

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.
St. Joseph's Behavioral Health Center Service Area Demographics

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>1,256,299</td>
</tr>
</tbody>
</table>

**Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White - Non-Hispanic</td>
<td>37.6%</td>
</tr>
<tr>
<td>Black/African American - Non-Hispanic</td>
<td>5.2%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>41.7%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>11.5%</td>
</tr>
<tr>
<td>All Others</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

**Total Hispanic & Race**

<table>
<thead>
<tr>
<th></th>
<th>100.0%</th>
</tr>
</thead>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median Income</strong></td>
<td>$60,767</td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td>7.0%</td>
</tr>
<tr>
<td><strong>No High School Diploma</strong></td>
<td>21.1%</td>
</tr>
<tr>
<td>**Medicaid * **</td>
<td>33.3%</td>
</tr>
<tr>
<td><strong>Uninsured</strong></td>
<td>8.8%</td>
</tr>
</tbody>
</table>

Source: © 2018 IBM Watson Health
COMMUNITY ASSESSMENT AND PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators and impact; and engaging the Healthier Community Coalition and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment

The significant needs that form the basis of the hospital’s community health programs were identified in the most recent Community Health Needs Assessment (CHNA), which was adopted in May 2016.

The hospital conducts a CHNA at least every three years to inform its community health strategy and program planning. The CHNA report contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods, including: the data used; how the hospital solicited and took into account input from a public health department, members or representatives of medically underserved, low-income and minority populations; and the process and criteria used in identifying significant health needs and prioritizing them;
- Presentation of data, information and assessment findings, including a prioritized list of identified significant community health needs;
- Community resources (e.g., organizations, facilities and programs) potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

CHNA Significant Health Needs

The community health needs assessment, conducted with Dignity Health St. Joseph’s Medical Center and other area hospitals, identified the following significant community health needs:

Obesity and Diabetes: Diabetes is of particular concern as San Joaquin County has one of the highest rates in California for diabetes mortality.

Education: People with limited education tend to have much higher rates of disease and disability, whereas people with more education are likely to live longer, practice healthy behaviors, and experience better health outcomes for themselves and their children.1

Youth Growth and Development: Primary and secondary data indicate that youth development tends to be undermined by trauma and violence, unhealthy family functioning, exposure to negative institutional environments and practices, and insufficient access to positive youth activities.

**Economic Security:** Concerns surrounding economic security were particularly important to community members, who highlighted the need for jobs that pay a living wage and the ability to afford descent and safe housing.

**Violence and Injury:** The homicide rate is much higher than California as a whole, particularly among men of color. Human trafficking was also noted as a growing concern by interviewees.

**Substance Use:** San Joaquin County’s rate of drug-induced deaths is 56% higher than average rate across California (17.3 per 100,000 compared to 11.1 per 100,000).

**Access to Housing:** In San Joaquin County, the foreclosure crisis, limited subsidized housing, rising rents, absentee landlords, and deteriorating housing stock are all significant contributing factors to the lack of safe and affordable housing.

**Access to Medical Care:** San Joaquin County has been successful in enrolling residents in Expanded Medi-Cal under the Affordable Care Act; however, learning how to use services, retention of coverage, and the shortage of primary care providers that will accept new Medi-Cal patients remain challenges.

**Mental Health:** Interviewees noted that the psychology of poverty, including living day-to-day and struggling to provide basic needs, can negatively impact one’s ability to make long-term plans, and can interfere with parenting abilities. In addition, poor mental health frequently co-occurs with substance use disorders.

**Oral Health:** Access to oral health services is a concern in all age groups, marked by limited dental visits and difficulty finding affordable and nearby care.

**Asthma/Air Quality:** Asthma and breathing problems are a health need in San Joaquin County, as marked by high prevalence of asthma in adults and youth.

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**Significant Health Needs Not Being Addressed**

As a hospital exclusively delivering behavioral health services, needs identified in the broader CHNA beyond mental health are not ones that the hospital is able to address. Other hospitals and community service organizations in the region are addressing these needs.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at [www.healthiersanjoaquin.org](http://www.healthiersanjoaquin.org) or upon request at the hospital’s Community Health office.
Creating the Community Benefit Plan

Rooted in Dignity Health’s mission, vision and values, St. Joseph’s Behavioral Health Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board and Healthier Community Coalition. The board of managers and committee are composed of community members who provide stewardship and direction for the hospital as a community resource (see Appendix A). These parties review community benefit plans and program updates prepared by the hospital’s community health director and other staff.

As a matter of Dignity Health policy, the hospital’s community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

The hospital identified community and hospital resources potentially available to address identified needs, including any community input to do so.

The process used to identify, select and design the programs and initiatives described in the community benefit plan as done in collaboration with the Healthier Community Coalition as part of the Community Health Improvement Plan. The CHNA Core Planning Group provided guidance for the process that was led by Harder+Company consulting group. Participants included healthcare leaders from across the community, St. Joseph’s Medical Center management, CHNA stakeholders, county public health, and community members. Community input was obtained at a series of community Healthier Community Coalition meetings to develop the Community Health Improvement Plan. Programs and initiatives were selected to address identified needs based on the following criteria:

- Evidence-based or promising practice
- Aligned with ongoing community efforts
- Feasible to make progress within 5 years
- Measurable via an objective and an indicator in the Community Health Needs Assessment
2018 REPORT AND 2019 PLAN

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY18 and planned activities for FY19, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs’ goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital’s mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

Report and Plan Summary

<table>
<thead>
<tr>
<th>Health Need: Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy or Activity</strong></td>
</tr>
<tr>
<td>Behavioral Evaluation Services</td>
</tr>
<tr>
<td>Support Groups and Aftercare Services</td>
</tr>
<tr>
<td>Reinvent South Stockton partnership</td>
</tr>
</tbody>
</table>

**Anticipated Impact** Identify and support behavioral health needs in acute and community settings, so that individuals can access appropriate preventive or care services.
Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY18, the hospital awarded one (1) grant totaling $8,824, in conjunction with St. Joseph’s Medical Center which contributed its additional resources to this and other grants.

<table>
<thead>
<tr>
<th>Grant Recipient</th>
<th>Project Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Medical Centers</td>
<td>Behavioral Health Navigator program</td>
<td>$8,824 *</td>
</tr>
</tbody>
</table>

* The total grant to Community Medical Centers, including St. Joseph’s Medical Center’s contribution, was $27,749.

Anticipated Impact

The anticipated impacts of the hospital’s activities on significant health needs are summarized above, and for select program initiatives are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

Planned Collaboration

St. Joseph’s Behavioral Health community benefit activities are guided by our Mission and thus are integrated through all levels of the organization.

Infrastructure supporting community benefit activities include:

- Executive Leadership: Our hospital President Mr. Paul Rains along with the Administrative team ensures that the hospital allocates adequate resources to assess, develop and implement community benefit initiatives that respond to the unmet health priorities selected in collaboration with community partners based on the Community Health Needs Assessment.

- The hospital’s Board of Managers participates in the process of establishing program priorities based on community needs and assets, developing the hospital’s community benefit plan and monitoring progress toward identified goals. The Board of Managers provides oversight for community benefit activities.
Financial Assistance for Medically Necessary Care

St. Joseph’s Behavioral Health Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital’s Financial Assistance Policy is in Appendix C. The amount of financial assistance provided in FY18 is listed in the Economic Value of Community Benefit section of this report.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital’s web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.

Notice of the financial assistance program is posted in locations visible to the public, including the lobby, reception/admissions office, outpatient services and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital’s web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages. In addition the plain language summary was shared with the Healthier Community Coalition and the Transitional Council for dissemination through their networks, and it was e-mailed out to a list of over 100 community partners.

Bi-lingual signage that addresses the hospital’s Patient Payment Assistance Program is posted in key areas of the hospital facility. Payment Assistance information can be found at http://www.dignityhealth.org/stjosephs-stockton/patients-and-visitors/patients/billing-information/payment-assistance.
### Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

#### Behavioral Evaluation Services

| Significant Health Needs Addressed | ➢ Significant Health Need 1: Access to primary and preventive care services  
➢ Significant Health Need 2 Lack or limited access to health education  
➢ Significant Health Need 3: Limited cultural competence in healthcare and related systems  
➢ Mental Health |
|-----------------------------------|---------------------------------------------------------------------------------|
| Core Principles Addressed        | ➢ Disproportionate Unmet Health-Related Needs  
➢ Primary Prevention  
➢ Seamless Continuum of Care |
| Program Description              | Twenty-Four (24) Hour Behavioral Evaluations for patients with behavioral health and substance abuse issues. |
| Community Benefit Category       | A2. Community-based clinical services – Behavioral health services |

#### FY 2018 Report

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Provide evaluations 100% of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>Building on a population served last year of 2,419. The number of patients evaluated will increase with growth of marketing in this area.</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>Continue to staff Behavioral Evaluation Department on a 24 hour, 365 day basis for walk ins and in emergency rooms. Continue to maintain call logs and monitor the process for necessary changes.</td>
</tr>
<tr>
<td>Planned Collaboration</td>
<td>This program is run by the hospital.</td>
</tr>
<tr>
<td>Program Performance / Outcome</td>
<td>Provide support and meeting the needs in the community for patients, since patient access to 24 hour crisis intervention is limited in the San Joaquin and surrounding communities.</td>
</tr>
<tr>
<td>Hospital's Contribution / Program Expense</td>
<td>Staff the Behavioral Evaluation Department on a 24 hour, 365 day basis for walk ins and in emergency rooms. Maintain call logs and monitor the process for necessary changes.</td>
</tr>
</tbody>
</table>

#### FY 2019 Plan

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Provide free Behavioral Evaluations to assess patient needs and risks, provide referrals 24-hours daily, 365 days per year to anyone who presents at the our hospitals or at community hospital ERs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>Increase community hospitals On-Site and Tele-Health evaluations by 2%. Quarterly monitoring reports.</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>Market behavioral health evaluation service, by attending more community events.</td>
</tr>
<tr>
<td>Planned Collaboration</td>
<td>This program is run by the hospital.</td>
</tr>
</tbody>
</table>

St. Joseph’s Behavioral Health Center  
Community Benefit FY 2018 Report and FY 2019 Plan  

14
## Community Groups

| Significant Health Needs Addressed | - Significant Health Need 1: Access to primary and preventive care services  
- Significant Health Need 2 Lack or limited access to health education  
- Significant Health Need 3: Limited cultural competence in healthcare and related systems  
- Mental Health |
| Core Principles Addressed | - Disproportionate Unmet Health-Related Needs  
- Primary Prevention  
- Seamless Continuum of Care |
| Program Description | Provide support groups for patients with substance use and/or mental health problems. |
| Community Benefit Category | E3-In-kind Donations - Services for orgs/community groups |

### FY 2018 Report

| Program Goal / Anticipated Impact | To promote wellness and maximize remission rates for previous patients. Increase the number of patients in the community groups. |
| Measurable Objective(s) with Indicator(s) | The number of patients attending the support groups by 3% |
| Intervention Actions for Achieving Goal | Provide support in the community for patients since community groups are limited in our community. |
| Planned Collaboration | This program is run by the hospital. |
| Program Performance / Outcome | Continue to assess the needs in the community and develop new groups as needed. |
| Hospital’s Contribution / Program Expense | In-kind services include the cost of meeting space provided to community groups, including to hold community groups for community residents. |

### FY 2019 Plan

| Program Goal / Anticipated Impact | Continue to promote wellness and maximize remission rates for previous admitted patients |
| Measurable Objective(s) with Indicator(s) | Increase the awareness and the number of patients attending the community groups. |
| Intervention Actions for Achieving Goal | Provide community education and training, by attending more community events. |
| Planned Collaboration | This program is run by the hospital. |
### Significant Health Needs Addressed
- Significant Health Need 1: Access to primary and preventive care services
- Significant Health Need 2: Lack or limited access to health education
- Significant Health Need 3: Limited cultural competence in healthcare and related systems
- Mental Health

### Core Principles Addressed
- Disproportionate Unmet Health-Related Needs
- Primary Prevention
- Seamless Continuum of Care

### Program Description
Provide aftercare programs to former patients to address social, psychological, or emotional issues related to specific diagnoses or occurrences that represent a community need, for patients, families and the community.

### Community Benefit Category
A1-Community Health Education - Support groups

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#### FY 2018 Report

| Program Goal / Anticipated Impact | To promote wellness and maximize remission rates for previous patients. Increase the number of patients in the support groups. |
| Measurable Objective(s) with Indicator(s) | The number of patients attending the support groups by 3% |
| Intervention Actions for Achieving Goal | Provide support in the community for patients since support groups are limited in our community. |
| Planned Collaboration | This program is run by the hospital. |
| Program Performance / Outcome | Continue to assess the needs in the community and develop new groups as needed. |
| Hospital’s Contribution / Program Expense | Staff that educates and trains, provides materials and meeting space to community groups. |

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#### FY 2019 Plan

| Program Goal / Anticipated Impact | Continue to promote wellness and maximize remission rates for previous admitted patients |
| Measurable Objective(s) with Indicator(s) | Increase the awareness and the number of patients attending the support groups. |
| Intervention Actions for Achieving Goal | Provide community education and training, by attending more community events. |
| Planned Collaboration | This program is run by the hospital. |
ECONOMIC VALUE OF COMMUNITY BENEFIT

The economic value of community benefit for patient financial assistance is calculated using a cost-to-charge ratio, and for Medicaid and other categories of community benefit using a cost accounting methodology.

St. Joseph's Behavioral Health Center
Complete Summary - Classified Including Non Community Benefit (Medicare)
For period from 7/1/2017 through 6/30/2018

<table>
<thead>
<tr>
<th></th>
<th>Persons Served</th>
<th>Net Benefit</th>
<th>% of Org. Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits for Living in Poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>21</td>
<td>31,668</td>
<td>0.2</td>
</tr>
<tr>
<td>Medicaid *</td>
<td>5</td>
<td>0</td>
<td>(0.0)</td>
</tr>
<tr>
<td>Community Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A - Community Health Improvement</td>
<td>100</td>
<td>2,435</td>
<td>0.0</td>
</tr>
<tr>
<td>E - Cash and In-Kind Contributions</td>
<td>0</td>
<td>8,464</td>
<td>0.0</td>
</tr>
<tr>
<td>Totals for Community Services</td>
<td>100</td>
<td>10,899</td>
<td>0.1</td>
</tr>
<tr>
<td>Totals for Living in Poverty</td>
<td>126</td>
<td>42,567</td>
<td>0.2</td>
</tr>
</tbody>
</table>

| Benefits for Broader Community       |                |             |                    |
| Community Services                   |                |             |                    |
| A - Community Health Improvement     | 1,614          | 250,776     | 1.3                |
| B - Health Professions Education     | 145            | 218,916     | 1.1                |
| E - Cash and In-Kind Contributions   | 2,221          | 14,411      | 0.1                |
| G - Community Benefit Operations     | 13             | 3,690       | 0.0                |
| Totals for Community Services        | 3,993          | 487,793     | 2.5                |
| Totals for Broader Community         | 3,993          | 487,793     | 2.5                |
| Totals - Community Benefit           | 4,119          | 530,360     | 2.7                |
| Medicare                             | 1,487          | 3,109,770   | 16.1               |
| Totals with Medicare                 | 5,606          | 3,640,130   | 18.8               |

Net Benefit equals costs minus any revenue from patient services, grants or other sources.

* The hospital received more Medicaid revenue than the expense it incurred in FY18. Thus, there was $0 net benefit for Medicaid.
**APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS**

Karl Silberstein  
Chair, Dignity Health

Debra Cunningham  
Vice-Chair, Kaiser Permanente

Corwin Harper  
Secretary, Kaiser Permanente

Tom Hanenburg  
Member, Kaiser Permanente

John Petersdorf  
Member, Dignity Health

Elise Dempsey  
Member, Dignity Health

Jon VanBoening  
Member, Dignity Health

**Healthier Community Coalition**

Sothea Ung  
Asian Pacific Self-Development and Residential Association

Elvira Ramirez  
Catholic Charities

Sarah Taft  
Community Medical Centers

Hector Lara  
Reinvent South Stockton

Brent Williams  
Delta Health Care

Alejandra Gutierrez  
Fathers & Families of San Joaquin

Britton Kimball  
Gospel Center Rescue Mission

Martha Geraty  
Health Net

Jenny Dominguez  
Health Plan of San Joaquin

Marie Sanchez  
Kaiser Permanente

Barb Alberson  
San Joaquin County Public Health

Mary Jo Cowan  
Stockton Unified School District

Tammy Shaff  
Dignity Health - St. Joseph’s Medical Center
APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital’s mission and its commitment to improving community health and well-being.

St. Joseph’s Behavioral Health Center serves an important role in improving the mental health of the community through working collaboratively with community partners, providing leadership and advocacy, carefully managing resources, assisting with local capacity building and participating in community-wide health planning. The leadership role is especially important in San Joaquin County where individual and community resources are very limited.

The hospital is also a key partner in community building and ensuring environmental improvement through the ecology initiatives.

SJBHC has dedicated leadership to work closely with other healthcare providers, community based organizations and individuals to develop and share resources. The resultant information sharing is an on-going process that provides opportunity for forming partnerships and maximizing existing resources.

The Community Benefit Report and Plan is completed and reviewed annually, and presented to the Board of Managers for their review and approval. Key information is presented at the Managers Meeting. Input for the Implementation Plan and selection of interventions comes from the Healthier Community Coalition.

The Community Health Implementation Strategy is posted on St. Joseph’s Behavioral Health Center’s website www.dignityhealth.org/stjosephsbehavioral/ and at www.dignityhealth.org under Who We Are/Community Health. The 2013 & 2016 Community Health Needs Assessment executive summary and full report are available on both these websites as well as on a public website that is owned collectively by the Collaborative, www.healthiersanjoaquin.org.
APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health’s Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care
- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care
- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital’s Financial Assistance Policy and financial assistance application forms are available online at your hospital’s website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to “Admitting” or “Registration”). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital’s website, in your hospital’s Admitting area, or by calling your hospital’s telephone number. Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital’s Admitting area and can be reached at the telephone number listed below for your hospital.