



St. Joseph's Behavioral Health Center

A Dignity Health Member



St. Joseph's Behavioral Health Center Community Health Needs Assessment Summary & Implementation Plan 2013

2013 St. Joseph's Behavioral Health Center Community Health Needs Assessment Summary

During 2012-13, a community health needs assessment (CHNA) was conducted by St. Joseph's Medical Center, St. Joseph's Behavioral Health, Dameron Hospital, Sutter Tracy Hospital, Kaiser Permanente, Health Plan of San Joaquin, Community Medical Centers and San Joaquin County Public Health Department for the 700,000 (approximate) residents of San Joaquin County. San Joaquin County includes its county seat, Stockton, a city of 296,357 (2011) residents located in the heart of California and is the state's top agricultural producing region. San Joaquin County has one county owned hospital, San Joaquin General Hospital, three smaller private hospitals, St. Joseph's Medical Center, Dameron, Sutter Tracy and Lodi Health who serve the city and surrounding rural areas.

Description of Community Served by the Hospitals

San Joaquin County is located in the Central Valley of Northern California and is home to approximately 700 thousand residents. The County seat is Stockton, the largest incorporated city in the county. Stockton is home to almost half of the county's residents.

Central California was hit hard in the recent recession, and San Joaquin County fared worse than the state average on many measures of economic distress. Unemployment for the county was 14.4% compared to the state rate of 10.1%. The County earned a nation-wide reputation for its high number of home foreclosures, and as of March 2013 22% of all homes were in some stage of foreclosure compared to the state rate of 14% and national rate of 12%. Like other counties in California's fertile central valley, San Joaquin is heavily agricultural. Data and a map detailing current demographics, including income levels, age, race/ethnicity, and educational attainment for the city and surrounding counties with a comparison to state and national information is included in Attachment A.

Who was Involved in the Assessment

The assessment process was initiated and co-chaired by St. Joseph's Medical Center, St. Joseph's Behavioral Health, Dameron Hospital, Sutter Tracy Hospital and Kaiser Permanente who provided equal financial and in-kind support for assessment process, however, First 5 of San Joaquin, Community Medical Centers, Health Plan of San Joaquin and San Joaquin County Public Health provided financial and in-kind support. Other agencies providing health or related services within the county were invited to participate.

Those who committed to the assessment and planning process, San Joaquin County Community Health Assessment Collaborative (SJC2HAC) are listed on Attachment B.

How the Assessment was Conducted

The San Joaquin County Community Health Assessment Collaborative was first formed in the late nineties. The SJC2HAC retained Valley Vision, Inc., to lead the assessment process. Valley Vision, Inc. is a non-profit (501(c) (3)) consulting firm serving a broad range of communities across Northern California. The organization's mission is to improve quality of life through delivery of high-quality research on important topics such as healthcare, economic development, and sustainable environmental practices. As the lead consultant, Valley Vision assembled a team of experts from multiple sectors to conduct the assessment that included: 1) a public health expert; 2) a geographer; 3) additional public health practitioners and consultants to collect and analyze data.

A community-based participatory research orientation was used to conduct the assessment, which included both primary and secondary data. Primary data collection included input from more than 180 members of the hospital service area (HSA), expert interviews with 45 key informants, and focus group interviews with 137 community members. Further input was gathered at meetings of the Healthier Community Coalition and the annual Community Health Forum, held in November 2012. In addition, a community health assets assessment collected information about more than 300 assets in the greater San Joaquin County area. Secondary data included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included Emergency Department (ED) visits, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, and safety and mental health conditions. Socio-demographic data included race and ethnicity, poverty (female-headed households, families with children, people over 65 years of age), educational attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data such as crime rates, access to parks, availability of healthy food, and leading causes of death helped describe the general living conditions in the HSA.

Analysis of both primary and secondary data revealed 10 specific Communities of Concern (defined by ZIP code boundaries) living with a high burden of disease in San Joaquin County. These 10 communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. They were confirmed by experts as areas prone to experiencing poorer health outcomes relative to other communities in the HSA. These Communities of Concern were identified as:

95202- Stockton/Downtown
95203 – Stockton/Downtown
95204 – Stockton/Central
95205 – Stockton/Southeast
95206 – Stockton/Southwest
95231 – French Camp
95258 – Woodbridge
95336 – Manteca
95376 – Tracy
95686 – Thornton

Health Needs Identified

The health needs identified through an analysis of both quantitative and qualitative data are listed below. These are prioritized according to the degree of support in the findings. All needs are noted as a “health driver”, or a condition or situation that contributed to a poor health outcome.

1. Access to primary and preventative care service
2. Lack of or limited access to health education
3. Lack of limited access to dental care
4. Limited cultural competence in health care and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

Following the prioritization and ranking noted above, SJBHC identified the three primary health needs among the seven that aligned with its mission and organizational capabilities. SJBHC’s mission is “...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 quality of life.” To identify these primary health needs, a facilitator administered a questionnaire to community benefit personnel using the criteria noted below.

1. Of the identified health needs for San Joaquin County, which are most closely connected to the mission of SJBHC?
2. From SJBHC’s point of view and priorities, rank the list of health needs in order of importance from most important (1) to least important (7).
3. Based on your responses to the questions above, what are the top three health needs SJBHC is interested in addressing in its specific service area? Why?

This prioritization process identified three priority issues for SJBHC:

1. Access to Primary and Specialty Care
2. Health Education
3. Culturally Competent Care

Community Assets Identified

The assessment identified a number of strong community assets (attachment C) including the hospitals and their community benefit programs, and community programs.

Analysis indicates that almost 300 distinct health assets are located in the San Joaquin County Communities of Concern or in adjacent Zip Codes. These assets include community-based organizations delivering health related services such as counseling, education programs, and primary care healthcare facilities, including FQHCs and free clinics, food pantries, and homeless shelters among others. The presence of these organizations presents San Joaquin County with a unique opportunity to enhance community health through increased collaboration and coordination of services

Summaries: Assessments & Priorities

Assessment data is summarized in Attachment D. Attachment F lists all needs identified and describes the priority setting approach. SJC2HC committed to focus on the affirmed priorities. In Summary, priority needs identified were:

1. Access to Primary and Specialty Care
2. Health Education
3. Culturally Competent Care

Next Steps

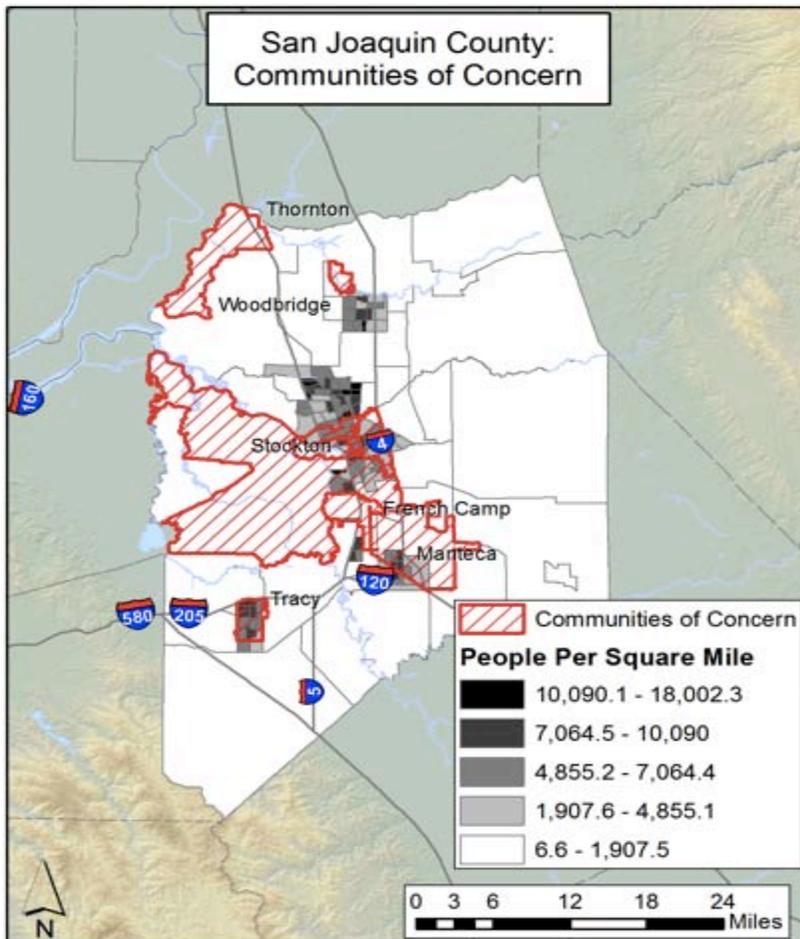
The San Joaquin County Community Health Assessment Collaborative will reconvene and revisit communities of concern to see how they can target specific interventions and improve health outcomes in some of the area’s more vulnerable communities.

San Joaquin County Community Health Assessment Core Group and the Collaborative will participate in the development and execution of a community-wide community benefit plan and implementation plan.

This assessment summary is on the websites of Dignity Health, St. Joseph’s Behavioral Health Center and Healthier San Joaquin, www.healthiersanjoaquin.org.

Attachment A

Diversity	San Joaquin County	Stanislaus County	California
Caucasian	68.7%	46%	39.7%
Hispanic/Latino	39.4%	42.6%	38.1%
Asian	15.5%	8.7%	13.6%
African American	8.2%	3.3%	6.6%
Two or more races	4.9%	3.8%	3.6%
Native American	2.0%	1.9%	1.7%
Pacific Islander	0.7%	8%	.5%
Average Income	\$53,764	\$50,671	\$61,632
Population			
Ages 0-5	10.8%	10.2%	8.6%
Ages 6-11	11.3%	10.7%	8.3%
Ages 12-17	10.4%	10.6%	9.3%
18 or older	67.5%	68.5%	73.8%
No High School Diploma	23%	16.7%	18.2



Attachment B

San Joaquin County Community Health

Assessment Collaborative

Alyssa Arismendi-Alvarez
Quality Coordinator
Dameron Hospital

Pat Collier
Director Community Health Services
St. Joseph's Medical Center

Cora Hoover, MD MPH
Assistant Health Officer
San Joaquin County Public Health

Andrew Mendoza
Community & Government Relations Mgr
Kaiser Permanente

William Mitchell
Director of Public Health
San Joaquin County Public Health

Robin Morrow
Health Education/Cultural &
Linguistics Administrator
Health Plan of San Joaquin

Karen Pfister
Supervising Epidemiologist
San Joaquin County Public Health

Denise Ranuio
Community Benefit Specialist
St. Joseph's Medical Center

Marie Sanchez
Community Benefits Manager
Kaiser Permanente /Central Valley Area

Tammy Shaff
Manager Community Benefits
Sutter Tracy Hospital

Joan Singson
Community Medical Center
Community Member

Jamie White
Epidemiologist
San Joaquin County Public Health

Valley Vision, Inc Consultants/Contractors

Dale Ainsworth, PhD
Managing Partner
Valley Vision, Inc.

Chris Aguirre, MS
Senior Project Manager
Valley Vision, Inc.

Suzanne Mayes
Project Manager
Valley Vision, Inc.

Heather Diaz, DrPh, MPH
Assistant Professor
California State University-Sacramento

Mathew Schmittlein, PhD
Assistant Professor
California State University-Sacramento

Attachment C

Asset Analysis

Care Van Mobile Health Clinic

Cancer Navigator Program

Hmong Outreach Services

St. Joseph's Interfaith Caregiver Program

Support of St. Mary's Dining Room "Vigil Gianelli" free clinic

Dignity Health Community Grants Program

- Dorothy L. Jones Community & Health Center Community Partnership for Families, "After School fitness Program"
- Mercy Housing California, "Healthy at Home Resident Services Program"
- YMCA of San Joaquin, "Healthy Youth & Families Living Initiative"

Basics to Healthy Life, Community Diabetes Education

Dobbins "Under 40 Program"

Faith Community Nurse Program

St. Joseph's Medical Center

Sutter Tracy Healthy Connections Resource Center

Sutter Tracy Hospital

Volunteer Income Tax Assistance Program

Dorothy L. Jones Family Resource Center

Community Partnership for Families

First 5 of San Joaquin – Home Visiting Programs

El Concilio's Wellness Program

First 5 of San Joaquin & El Concilio

Also see website www.healthiersanjoaquin.org

Refer to Appendix H, Health Assets

Attachment D

Health Data

- Anselin, L. (2003). *Rate Maps and Smoothing*. Retrieved 2013 йил 16-February from http://www.dpi.inpe.br/gilberto/tutorials/software/geoda/tutorials/w6_rates_slides.pdf
- California Department of Public Health. (2012). *Individual County Data Sheets*. Retrieved 2013 йил 18-February from County Health Status Profiles 2012: <http://www.cdph.ca.gov/programs/ohir/Pages/CHSPCountySheets.aspx>
- CDC. (2011). *Matrix of E-code Groupings*. Retrieved 2013 йил 4-March from Injury Prevention & Control: Data & Statistics(WISQARS): http://www.cdc.gov/injury/wisqars/ecode_matrix.html
- Datasheer, L.L.C. (2012 йил 3-March). *ZIP Code Database STANDARD*. From Zip-Codes.com: <http://www.Zip-Codes.com>
- Datasheer, L.L.C. (2013). *Zip-Codes.com*. Retrieved 2013 йил 16-February from <http://www.zip-codes.com/>
- Dignity Health. (2011). Community Need Index.
- Esri. (2009 йил 1-Май). parks.sdc. Redlands, CA.
- GeoLytics, Inc. (2008). Estimates of 2001 - 2007. E. Brunswick, NJ, USA.
- Human Ecology, Evolution, and Health Lab. (2009 йил 2-March). *Life tables and R programming: Period Life Table Construction*. Retrieved 2013 йил 16-February from Formal Demogrpahy Workshops, 2006 Workshop Labs: <http://www.stanford.edu/group/heeh/cgi-bin/web/node/75>
- Klein, R. J., & Schoenborn, C. A. (2001). *Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, no. 20*. Hyattsville, Maryland: National Center for Health Statistics.
- R Development Core Team. (2009). R: A language and environment for statistical computing. Vienna, Austria: . R Foundation for Statistical Computing, Vienna, Austria. ISBN 3-900051-07-0, URL <http://www.R-project.org>.
- U.S. Census Bureau. (2013a). *2010 American Community Survey 5-year estimates*. Retrieved 2013 йил 14-February from American Fact Finder: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
- U.S. Census Bureau. (2013b). *2010 Census Summary File 1*. Retrieved 2013 йил 14-February from American Fact Finder: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
- U.S. Census Bureau. (2011). *2010 TIGER/Line(R) Shapefiles*. Retrieved 2011 йил 31-August from <http://www.census.gov/cgi-bin/geo/shapefiles2010/main>
- U.S. Department of Health and Human Services. (2012). *Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC*. Retrieved 2013 йил 18-February from <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

ATTACHMENT E

Summary of Community Engagement

San Joaquin County Community Health Assessment Collaborative Meetings

May 2012

- Initial meeting for 2013 Community Health Needs Assessment (CHNA), St. Joseph's Medical Center (SJMC)

June 2012 (SJMC)

- Contract with Valley Vision, Inc.
- Introductions of project teams
- Begin identifying area(s) of focus for the CHNA
- Begin identifying unique needs of individual hospitals, if any
- Discuss and plan next steps

July 2012 Health Plan of SJ (HPSJ)

- Introduction of additional Valley Vision project team members
- Introduction and discussion of draft project objective-refine and work toward completion
- Identify health data, variables, and other indicators
- Refine demographic map
- Planning for the August Coalition meeting

August 9, 2012, Healthier San Joaquin Coalition Meeting, HPSJ

- 3 hour meeting inclusive of Valley Vision, San Joaquin County Community Health Assessment Collaborative and community organizations and members. Meeting objectives:
 - Introduce coalition to Valley Vision
 - Provide an overview of the CHNA process, basic steps, phases, and timelines
 - The framework supporting the needs assessment
- To solicit input from attendees pertaining to several aspects of the CHNA
 - Geographic characteristics of significance
 - Data and indicators of importance
 - Responses to early analysis
 - Identification of community assets
- Groups of 10 sat with a facilitator who posed discussion questions

August 2012 San Joaquin Public Health

- Information sharing from Healthier San Joaquin Coalition Meeting

September 2012 SJMC

- Analytical & Prioritization Framework discussions

October 2012 SJMC

- Data Analysis and Interpretation

November 2012 Community Health Forum

December 2012 Conference Call

- Discussion of preliminary report and processes

February 2013 Health Need Prioritization Survey sent to collaborative for completion to be discussed at

February 26th meeting

February 2013 HPSJ

- Discussions of survey results indicated the groups prioritization below;
 - Access to Care
 - Safe Places to be Active

- Food Access
- Culturally competent Care
- Health Education
- Dental

April 2013 Review of Report

June 2013 SJMC

- Next steps planning

SJMC Implementation Plan Meeting, Valley Vision, Pat Collier, Denise Ranuio, Sister Abby Newton & Kathy Kohrman

April 2013

- Discussion around the development of specific goals and actions to address the health needs we select as priorities.

May 2013

- Valley Vision to present the Implementation Plan in draft form for review

Focus Groups

September 2012

- (9.21.12) French Camp Migrant Center, age 30-40's, demographic information Latino, rural, low income

October 2012

- (10.1.12) St. Mary's Dining Room, age 40-60's, demographic information Latino, low income
- (10.18.12) Thornton Community Center, age 30-60's, demographic information Caucasian, Latino, low income, rural
- (10.24.12) North School, Tracy, age 20-30's, demographic information Caucasian, Latino, low income
- (10.25.12) First 5 Manteca, age 20-30's, demographic information Caucasian, Latino, low income

November 2012

- (11.18.12) Dorothy L. Jones Family Resource Center, age 20-60's, demographic information African American, Latino, low income
- (11.15.12) Lao Khmu Family, age 30-60's, demographic information Asian
- (11.17.12) Stockton NAACP, age 30-60's, demographic information African American

Key Informant Interviews

- (9.7.12) Manteca Unified School District, Caroline Thibodeau, Director of Health Services, Area of Expertise-Community Health, children & families
- (9.21.12) San Joaquin Public Health, Bill Mitchell, Director & Dr. Karen Furst, Health Officer San Joaquin County Public Health, Area of Expertise-Community and Public Health
- (10.8.12) Sutter Tracy Community Resource Center, Anna Rodriguez, Iris Rodriguez, & Patricia Alvarez-Palma, Area of Expertise-Community Health & Social Services
- (10.9.12) San Joaquin County Public Health, Breast Feeding Initiative, Area of Expertise-Community Health, Social Services for children and families
- (10.15.12) Lodi-Woodbridge Medical Group, Dr. Marietta Sumaqual, Clinic Manager, Area of Expertise-Community Health-Pediatrics
- (10.16.12) Dameron Hospital, Carolyn Sanders, RN, Community Outreach & Education Nurse, Area of Expertise-Community Health

- (10.17.12) Tracy Unified School District, Cindy Edmiston, Health Services Manager, Area of Expertise-Community Health, children and families
- (10.19.12) Community Medical Centers, Dr. Thomas Mahoney, Clinic Director, Area of Expertise-Community Health and Social Services
- (10.22.12) Early Childhood Education Department, San Joaquin County Office of Education Staff, Area of Expertise-Rural communities, health education, children and families
- (10.22.12) Planned Parenthood, Tracy, Clinic Staff, Area of Expertise-Community Health, reproductive health and health education
- (10.23.12) Kaiser Permanente, Raquel Moreno, Health Education Manager, Area of Expertise-Community Health
- (10.25.12) San Joaquin Medical Society, Public Health Committee, Area of Expertise-Public Health and Community Health
- (10.30.12) San Joaquin County Behavioral Health, Vic Singh, Jean Anderson, Kerrie Melton, Doris Cody, Area of Expertise-Behavioral and Mental Health
- (11.7.12) San Joaquin Community Health Forum, Area of Expertise-Community leaders representing business, Community Health and Education
- (ongoing) Healthier San Joaquin Coalition, Area of Expertise-Community Health & Social Services

Key findings from the community engagement process:

Community members who participated in focus groups and key informants provided several recommendations for changes or actions they believed would improve the health of their communities. Many believed that the first step is to increase the number of sites where residents can obtain affordable medical care, including the uninsured and undocumented. This was especially important to community members living in rural areas of the county, and those with limited access to transportation. The need for more treatment and support services for people experiencing challenges related to mental health and substance abuse was also mentioned frequently. In addition, focus groups consistently expressed the desire for additional education about topics including maintaining health, purchasing and preparing nutritious foods, chronic disease management, and physical activity. Finally, community members stressed the importance of having safe places to engage in both physical and social activities.

ATTACHMENT F

Priority Health Needs for San Joaquin County

A list of priority health needs, which were identified through an analysis of both quantitative and qualitative data, is included below. All needs are noted as a “health driver,” or a condition or situation that contributed to poor health outcomes.

1. Access to primary and preventative care service
2. Lack of or limited access to health education
3. Lack of or limited access to dental care
4. Limited cultural competence in health care and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

This prioritization process identified three priority issues for SJBHC:

1. Access to Primary and Specialty Care
2. Health Education
3. Culturally Competent Care

Implementation Plan

How the Plan was Developed

The implementation plan was developed following a strategic planning process led by a facilitator that included three distinct steps. First, the priority health needs identified in the CHNA were prioritized, or ranked, by members of the Collaborative working as a group. Second, SJBHC selected three of the prioritized health needs as primary areas of focus for the purposes of this implementation plan. Although strategies to address the remaining four health needs are not included in this plan, SJBHC will address these as secondary priorities through other hospital programs and activities. The three primary health needs selected were those that most aligned with the hospital's core mission and capabilities. Finally, an implementation plan was developed to address the three health needs identified in the previous step. Each step is described in greater detail below.

Prioritizing Health Needs

Working as a group, the Collaborative prioritized health needs identified in the CHNA (ranked in priority order). To accomplish this, a facilitator led members of the Collaborative through a ranking process. The process allowed each need to be ranked along two dimensions: 1) the significance or severity of the health need; and 2) the ability of a hospital to make a notable impact on the identified health need. This process resulted in ranking the seven health needs in the order shown below.

1. Lack of access to primary and preventative care services
2. Lack of or limited access to health education
3. Lack of or limited access to dental care
4. Limited cultural competence in health and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

Identifying Health Needs that the Hospital will Address

Following the prioritization and ranking noted above, SJBHC identified the three primary health needs among the seven that aligned with its mission and organizational capabilities. SJBHC's mission is "...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 quality of life." To identify these primary health needs, a facilitator administered a questionnaire to community benefit personnel using the criteria noted below.

1. Of the identified health needs for San Joaquin County, which are most closely connected to the mission of SJBHC?
2. From SJBHC's point of view and priorities, rank the list of health needs in order of importance from most important (1) to least important (7).
3. Based on your responses to the questions above, what are the top three health needs SJBHC is interested in addressing in its specific service area? Why?

Developing a Strategic Plan to Address Health Needs

Building on the step describe above, a facilitator led SJBHC community benefit personnel through a strategic planning process to develop the implementation plan. The process followed three key steps. First, key personnel and stakeholders in hospital were recruited to participate in the planning process.

Second, SJBHC evaluated all current Community Benefit programs and their relation to the selected primary health needs. In virtually all instances (with some modifications) existing programs were in place to address the selected primary health needs. In those instances where existing programs did not address identified health needs, new programs or practices were developed. This process resulted in the development of the implementation plan described in the Table 3. In the table, the first column contains each of the three identified health needs. The second column lists the goals of the hospital to address the health need. The third column identifies specific objectives that will lead to the accomplishment of these goals, and the fourth column identifies measureable outcomes that will allow SJMC to monitor its progress toward attaining each of the goals. Last, the fifth column lists the individual, department, and/or agency primarily responsible for ensuring the goals are attained.

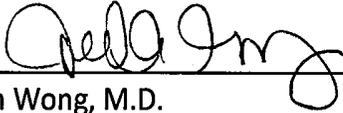
Table 1: St. Joseph Behavioral Health Center Implementation Plan

Health Need	Goal (the overarching goal to address the prioritized health need)	Specific Objectives (the specific actions taken to achieve the goal)	Measureable Outcomes (the indicators that will be used to measure effectiveness)
Access to Primary and Specialty Care	SJMC's Behavioral Health will partner with multiple facilities to improve the transitioning of patients from hospital to home	<ol style="list-style-type: none"> 1. Provide support for patients with chronic medical conditions and co-occurring mental health conditions 2. Train transitional care team and hospital discharge staff to better identify issues and qualify patients 	<ol style="list-style-type: none"> 1.(a) Case management staff will become proficient at utilizing referral network 1.(b) Assist patients to improve health and reduce unnecessary utilization of healthcare resources 2. Complete training by 12/31/13
Health Education	Support community partners in developing programs to assist SJBHC in addressing health needs priorities	Continue community grants program aimed at education efforts related to priority health needs	<ol style="list-style-type: none"> 1. Qualify community partners having a collaborative approach to address identified health priorities by 1/1/14
Culturally Competent Care	Explore best practices that can be integrated into the community to deliver culturally competent care.	<ol style="list-style-type: none"> 1. Develop competences to better serve Hispanic population as applied to Behavioral Health 	<ol style="list-style-type: none"> 1. Develop a list of partner organizations that can deliver existing training and education to SJBHC staff 2. Document best practices and feasible model for service delivery in Behavioral Health

Approval

Each year the St. Joseph's Community Board of Directors reviews the prior fiscal year's Community Benefit Report and approves the Community Benefit Implementation Strategy for addressing priorities identified in the most recent Community Assessment and other plans for community benefit. This report was prepared for the May 31, 2013 meeting of the St. Joseph's Community Board of Directors.

St. Joseph's Medical Community Board of Directors Approval:



Robin Wong, M.D.

Chair, St. Joseph's Community Board of Directors



Date

Signed by Joelle Gomez

Vice Chair, St. Joseph's Community Board of Directors