Dignity Health
St. Joseph's Behavioral Health Center

St. Joseph's Behavioral Health Center

Community Health Implementation Strategy 2016 - 2018

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EXECUTIVE SUMMARY

St. Joseph's Behavioral Health Center serves Stockton, California with a secondary service area of San Joaquin County. This community has great potential and also has great challenges. The community has strength in its diversity, agricultural heritage and geographic location. However, there are also great needs with nearly a fifth of the residents of Stockton (19.4%) living below the poverty line. There is a large immigrant population in the area with twenty-three percent of people who were born in another country and nearly forty percent who speak a language other than English at home. Primary languages include Spanish, Hmong, Khmer (Cambodian), and Vietnamese. In several of the low-income neighborhoods violence is a major concern, many residents do not have a safe and affordable housing, nearly a quarter of adults in San Joaquin County do not have a high school diploma, and the unemployment rate is over ten percent across the county.

The disproportionate health needs of the Stockton area are perhaps best reflected in the Community Needs Index score. The Community Needs Index (CNI), developed in 2005 by Dignity Health, accounts for the underlying economic and structural barriers that affect overall health. Using a combination of research, literature, and experiential evidence, Dignity Health identified five prominent barriers for health care access: income, culture/language, education, insurance, and housing. A score of 1.0 indicates a zip code with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers. The median CNI score for the service area of St. Joseph's Behavioral Health Center is 4.8.

The significant community health needs that form the basis of this report and plan were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at http://www.dignityhealth.org/stjosephsbehavioral. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are:

1. Obesity/ Diabetes
2. Education
3. Youth Development
4. Economic Security
5. Violence and Injury
6. Substance Use
7. Access to Housing
8. Access to Care
9. Mental Health
10. Oral Health
11. Asthma/ Air Quality

For 2016 – 2018, St. Joseph's Medical Behavioral Health Center plans to maintain our current actions to help address the Mental Health identified need with the following programs:

- Behavioral Evaluation Services: St. Joseph's Behavioral Health Center provides free Behavioral Evaluations to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the facility or at community hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.

- Support Groups & Aftercare Services: St. Joseph's Medical Center and St. Joseph's Behavioral Health Center sponsor support groups and free aftercare groups that support those in the community living with a new or continuing life-affecting diagnosis.

In addition, the hospital plans to add a new program:

- Greyhound bus and Yellow Cab transportation services to discharged patients that live outside of San Joaquin County.

This document is publicly available 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. Executive summaries of the Community Health Needs Assessment will be 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

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.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

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 128 employees and 18 medical staff. There were 1,913 admissions and 675 outpatient visits in FY2016. Specialized behavioral health services meet the mental health needs of our community population. 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.

The primary service area of St. Joseph's Behavioral Health Center is San Joaquin County, with a population of 726,000, as well as parts of Stanislaus, Merced, Sacramento and Calaveras Counties, which is a population total of 1,321,876 (2013).

Guided by our Mission and responding to the 2016 Community Health Needs Assessment priorities, we continue to focus on providing access to care and services to the underserved and uninsured members of San Joaquin County. The Community Health and Advocacy Board, the Community Board and hospital administration have set the Community Benefit program priorities based on the unmet behavioral health needs of the Stockton community as the following:

Rooted in Dignity Health's mission, vision, and values, St. Joseph's Behavioral Health Center is dedicated to delivering community benefit with the engagement of its management team and board, and in collaboration with the Healthier Community Coalition. The Healthier Community Coalition is composed of community members who provide input to the management team for stewardship and direction of the hospital as a community resource.

The Healthier Community Coalition is a robust consortium of all the local hospitals, the Medi-Cal managed care plans, the county public health department, and numerous community based organizations. The coalition has shared governance of all members, the chair position rotates annually. The Healthier Community Coalition provides continuous input on the community benefit work of the hospital. This coalition meets monthly to discuss community needs, revise strategies and programs to respond to changing needs, and monitor progress toward goals. It represents the community's needs, oversees and adopts the Community Health Needs Assessment, ranks the priority of community needs, develops a community action plan/strategy, creates programs to intervene in priority areas, and monitors programs that are developed. Feedback from the Healthier Community Coalition is provided to the hospital management to inform decisions regarding the hospital's community benefit strategies, and the board approves the implementation plan. Appendix A lists a roster of the board and the members of the Healthier Community Coalition, with affiliations.

St. Joseph's Behavioral Health Center's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide with St. Joseph's Medical Center to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

DESCRIPTION OF THE COMMUNITY SERVED

St. Joseph's Behavioral Health Center serves Stockton as its primary service 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, 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 the same issues that are seen across the state or nationally such as rising obesity, poor oral health, and 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. The direction that is taken now to address these various needs will help determine the future of the residents who make San Joaquin County their home.

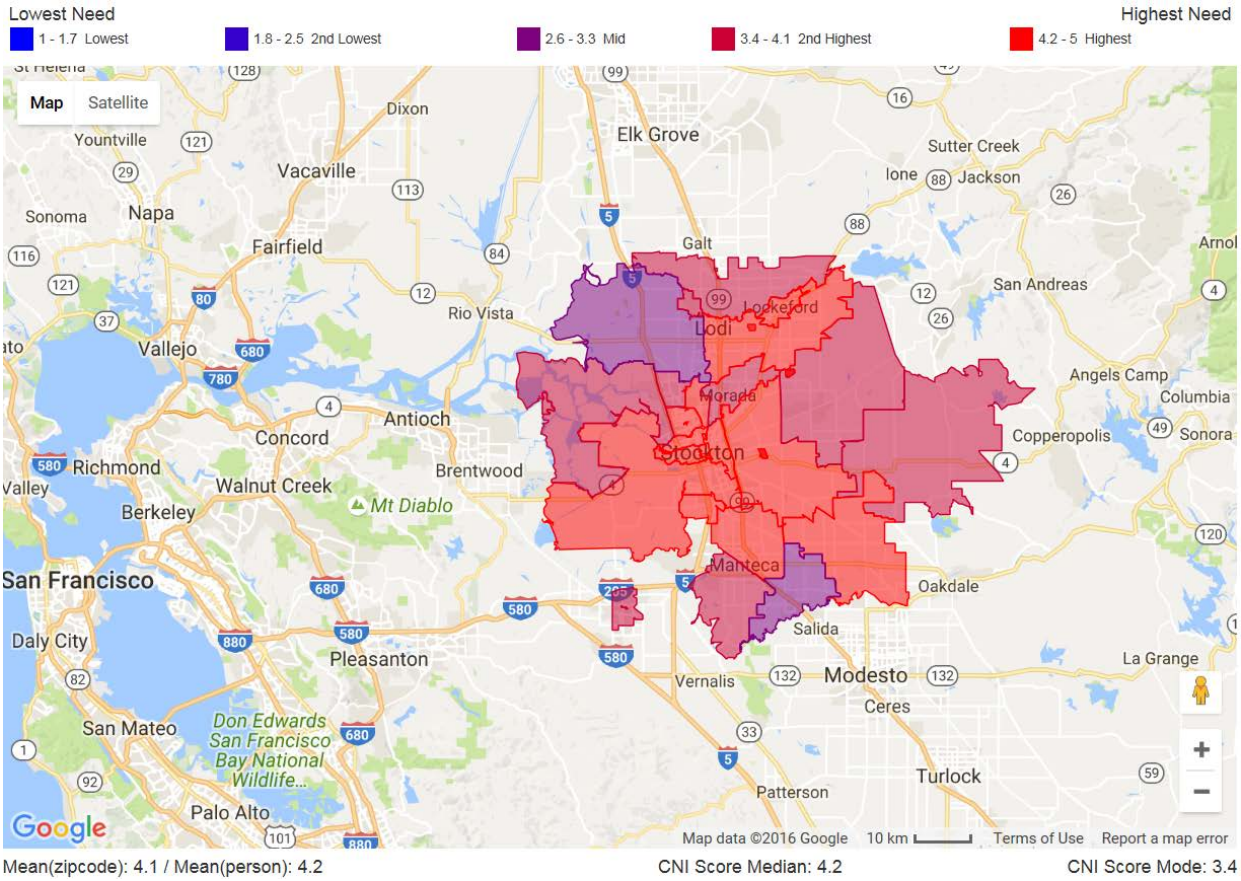
San Joaquin County faces many of the same challenges seen throughout the state, but often to a greater degree. In the County Health Rankings report San Joaquin County ranks as 41 out of 57 counties on overall health outcomes. On average, San Joaquin residents rate their health as poorer than the state overall, and there are notable disparities in health status between the county and the state.

Total Service Area Population	637,410
Race	
White	33.7%
Black/ African American	6.6%
Hispanic or Latino	42.5%
Asian/ Pacific Islander	13.3%
All Others	3.9%
Median Income	$52,070
Unemployment	9.2%
No High School Diploma	23.1%
Medicaid *	32.6%
Uninsured	8.1%

* Does not include individuals dually-eligible for Medicaid and Medicare

Source: 2016 The Nielsen Company, 2016 Truven Health Analytics, Inc.

Community Need Index



Mean(zipcode): 4.1 / Mean(person): 4.2 CNI Score Median: 4.2 CNI Score Mode: 3.4

Zip Code	CNI Score	Population	City	County	State
95202	5	6602	Stockton	San Joaquin	California
95203	4.8	16117	Stockton	San Joaquin	California
95204	4.4	28240	Stockton	San Joaquin	California
95205	5	39165	Stockton	San Joaquin	California
95206	4.8	69151	Stockton	San Joaquin	California
95207	4.6	48170	Stockton	San Joaquin	California
95209	3.4	41804	Stockton	San Joaquin	California
95210	5	40673	Stockton	San Joaquin	California
95212	3.6	28892	Stockton	San Joaquin	California
95215	4.8	23709	Stockton	San Joaquin	California
95219	3.4	30715	Stockton	San Joaquin	California
95220	4	8227	Acampo	San Joaquin	California
95230	3.4	942	Farmington	San Joaquin	California
95231	4.4	4372	French Camp	San Joaquin	California
95236	3.4	4933	Linden	San Joaquin	California
95237	4.2	3507	Lockeford	San Joaquin	California
95240	4.6	47441	Lodi	San Joaquin	California
95242	3.2	27284	Lodi	San Joaquin	California
95258	4	3937	Woodbridge	San Joaquin	California
95320	4.2	13083	Escalon	San Joaquin	California
95336	4.2	44770	Manteca	San Joaquin	California
95337	3.8	35877	Manteca	San Joaquin	California
95366	3	18109	Ripon	San Joaquin	California
95376	3.8	51690	Tracy	San Joaquin	California

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.

IMPLEMENTATION STRATEGY 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 engaging the Port City Board of Managers and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment Process

The Community Health Needs Assessment (CHNA) is a collaborative process that provides a deep exploration of health in San Joaquin County, updating and building upon work done in prior years. The most recent CHNA was approved by St. Joseph's board in May 2016

The San Joaquin County CHNA was a collaborative effort that included San Joaquin's nonprofit hospitals and San Joaquin County Public Health Services, as well as many partner organizations and individuals throughout the county. The process was guided by a Steering Committee that supported and provided input along the way, and was led by a Core Planning Group that was responsible for planning and key decision-making, including providing substantial assistance in developing the data collection instruments, working alongside consultants to collect and analyze data, and ultimately produce the report.

Core Planning Group Members

- Community Medical Centers
- Community Partnership for Families of San Joaquin
- Dameron Hospital Association
- Dignity Health—St. Joseph's Medical Center
- First 5 San Joaquin
- Health Net
- Health Plan of San Joaquin
- Kaiser Permanente
- San Joaquin County Public Health Services
- Sutter Tracy Community Hospital

Guided by the understanding that health encompasses more than disease or illness, the 2016 CHNA process placed emphasis on the social, environmental, and economic factors—"social determinants"—that impact health. Thus, the CHNA process identified top health needs by analyzing a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing factors to each health issue.

This assessment also explored the impact of identified health issues among vulnerable populations that disproportionately have poorer health outcomes across multiple health needs. These populations may be residents of particular geographic areas, or may represent particular race, ethnicity, or age groups. In striving towards health equity, strong emphasis was placed on the needs of these high-risk populations.

In order to identify health needs, the Core Planning Group utilized a mixed-methods approach, examining existing data sources (secondary data), as well as key informant interviews, focus group discussions and a survey of residents (primary data). The Core Planning Group and consulting team reviewed secondary data and compiled additional data from national, statewide, and local sources to provide a more complete picture of health in San Joaquin County. These data were compared to benchmark data and analyzed to identify potential areas of need. In addition examples of existing resources that works to address those needs, and suggestions for continued progress in improving these issues was obtained. The analyzed quantitative and qualitative data were triangulated to identify the top health needs in the county. A summary health need profile was then created for each of these.

Once these health needs were identified, a larger group of community stakeholders met to discuss the health need profiles and reached consensus as to which of the health needs should be a priority for action. This prioritization was based on criteria identified by the Core Planning Group.

A major focus of the CHNA was to ensure input from persons who represent the broad interests of the community. This included the local public health department, other local government officials, members of the medically underserved, low-income families, and minority populations. This was done through 34 key informant interviews, 27 focus groups, and 2,927 resident surveys. In addition, representatives from all of these groups participated on the Steering Committee to guide the CHNA process.

The hospital identified community and hospital resources potentially available to address identified needs, including any community input to do so. These can be found in the CHNA report. To date no public comments have been received regarding the CHNA or the annual report from 2015. A complete CHNA report is publicly available at: http://www.dignityhealth.org/stjosephsbehavioral. This report will be published and distributed widely with the community.

CHNA Significant Health Needs

The secondary data were compared to a benchmark estimate, in most cases the California state estimate. It was considered to indicate concern if the San Joaquin County estimate was poorer by at least 1% when compared to the benchmark estimate. Additionally, content analysis was used to analyze key themes in both the Key Informant Interviews and Focus Groups. Section V contains more information on quantitative and qualitative data analysis.

Potential health needs were included in the prioritization process if:

a. Multiple distinct indicators reviewed in secondary data demonstrated that the county estimate was poorer by more than 1% when compared to the benchmark estimate (in most cases, California state average).
b. Health issue was identified as a key theme in at least five interviews.
c. Health issue was identified as one of the top three health issues, health behaviors, or social and economic issues by at least 20% of survey respondents.

If a health need was mentioned overwhelmingly in interviews but did not meet criteria related to secondary data, the analysis team conducted an additional search of secondary data to confirm that all valid and reliable data concurred with the initial secondary data finding and to examine whether indicators for the health need disproportionately impact specific geographic, age, or racial/ethnic subpopulations. However, no potential health need was identified to move forward for discussion and prioritization by the Steering Committee unless it was confirmed by both secondary and primary data.

Harder+Company summarized the results of this analysis in a matrix which was then reviewed and discussed by the Core Planning Group.

Eighteen health needs were identified that met the first criterion of having a high secondary data score. Only 12 of these health needs met the additional criteria of being identified as a theme in key leader interviews or focus groups. Of these, the salient theme related to Climate and Health was poor air quality. For this reason, the Core Planning Group decided not to include Climate and Health as an identified health need, but rather to capture data about poor air quality data with data about Asthma and COPD. As such, the final prioritized list reflects 11 distinct health needs.

Process and Criteria Used for Prioritization of the Health Needs

The Criteria Weighting Method, a mathematical process whereby participants establish criteria and assign a priority ranking to issues based on how they measure against the criteria, was used to prioritize the 11 health needs. This enabled consideration of each health need from different facets, and allowed the Core Planning Group to weight certain criteria to use a multiplier effect in the final score.

Additionally, while the calculated values provide an overall priority score to help indicate which health needs are the highest priorities, the results are not intended to dictate the final policy decision, but offer a means by which choices can be ordered.

To determine the scoring criteria, the Core Planning Group reviewed a list of potential criteria and selected a total of four:

Criteria	Definition
Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Disparities	The health need disproportionately impacts specific geographic, age, gender, or racial/ethnic subpopulations.
Impact	Solution could impact multiple problems. Addressing this problem would impact multiple health issues.
Prevention	Effective and feasible prevention is possible. There is an opportunity to intervene at the community level and impact overall health outcomes. Prevention efforts include those that target individuals, communities, and policies.

In order to develop a weighted formula to use in prioritization, each member of the Core Planning Group assigned a weight to each criterion between 1 and 5. A weight of 1 indicated the criterion is not that important in prioritizing health issues whereas a weight of 5 indicated the criterion is extremely important in prioritizing health issues. The average of weights assigned by members of the Core Planning Group for each criterion were used to develop the formula below to provide a final formula to use in scoring health needs for prioritization.

Overall Score = (1.5*Severity) + (1.5*Disparities) + (1.4*Impact) + (1.3*Prevention)

The Steering Committee with additional hospital representatives was convened on November 12, 2015, to review the health needs identified, discuss the key findings from CHNA, and prioritize top health issues that need to be addressed in the County. A total of 45 participants attended this half-day session.

In descending priority order, established per the rating at the end of the half-day Steering Committee convening, these priority health needs have been identified in San Joaquin County. It was also the consensus of the group that the order should not be used to discount the importance of any of the 11 problems discussed since the differences were so slight. All 11 of the health needs will be considered in the subsequent CHIP. As a key component of the Community Health Needs Assessment, the Health Profiles were created as a separate document to easily access key data elements and provide a comprehensive assessment of each priority health need.

The following health needs have been identified as priorities in San Joaquin County.

Obesity and Diabetes: Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. These chronic diseases represent leading causes of death nationwide, as well as among residents of San Joaquin County. Diabetes is of particular concern as San Joaquin County has one of the highest rates in California for diabetes mortality.

Education: There is an important relationship between education and health. 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 In San Joaquin County, graduation rates are lower than the California state average, as is reading proficiency among third graders.

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, among other things. In San Joaquin County, the disparate levels of exposure to these risk factors contribute to outcome disparities during youth and throughout adulthood. This includes disparities by race, ethnicity, gender, sexual orientation, and income, with respect to outcomes such as juvenile justice involvement, foster placement, adult incarceration, educational attainment, and chronic disease.

Economic Security: Economic security is very strongly linked to health; it can impact access to healthy food, medical care, education and safe environments.2 Poverty and unemployment are higher in San Joaquin County than California as a whole. 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: San Joaquin County's injury rates remain substantially higher that the California averages. Among unintentional injuries, the leading causes of death in San Joaquin County are poisoning, motor vehicle crashes, falls, and drowning/submersion. Among intentional injuries, core concerns are often associated with family and community violence. 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. Survey respondents identified violence as a core issue in their communities and cited concerns such as gun violence, gang activity among youth, and domestic violence as key themes.

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). Primary data collection from surveys, focus group discussions and interviews highlighted the importance of this issue for the county; 41.1% of community survey respondents report that drug abuse is among the most concerning health behaviors in their community.

Access to Housing: Primary and secondary data indicate that access to safe and affordable housing is an important health concern in San Joaquin County, reflective of the rapid rise of housing costs occurring in California overall in recent years. 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 ACA; 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. The fact that the County's many undocumented adult residents are without insurance also remains a barrier to care.

Mental Health: Mental health was a key concern among surveyed community members. 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. Youth, notably foster youth and lesbian, gay, bisexual, transgender and queer and/or questioning (LGBTQ) youth, and residents experiencing homelessness, were noted as particularly high risk populations for mental health concerns.

Oral Health: Secondary data indicate that oral health outcomes are worse in San Joaquin County than in other parts of California, particularly among children. 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. In particular, asthma disproportionately impacts non-Hispanic Blacks. The percentage of days exceeding Fine Particulate Matter (PM 2.5) standards is high throughout the county and affects breathing and lung health for all residents.

The hospital intends to take steps to help address mental health-related needs identified in the CHNA. 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.

Creating the Implementation Strategy

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**: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration**: Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

The process used to identify, select and design the programs and initiatives described in the Implementation Strategy was 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

Planning for the Uninsured/Underinsured Patient Population

St. Joseph's Behavioral Health Center seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial 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 hospital notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process.

At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, 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. Payment Assistance information can be found http://www.dignityhealth.org/stjosephsbehavioral/patients-and-visitors/patients/billing-information/.

2016 – 2018 IMPLEMENTATION STRATEGY

This section presents strategies, programs and initiatives the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed "program digests" on select initiatives.

The strategy and plan 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.

STRATEGY AND PROGRAM PLAN SUMMARY

For 2016 – 2018, St. Joseph's Medical Behavioral Health Center plans to maintain our current actions to help address the Mental Health identified need with the following programs:

- Behavioral Evaluation Services: St. Joseph's Behavioral Health Center provides free Behavioral Evaluations to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the facility or at community hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.

- Support Groups & Aftercare Services: St. Joseph's Medical Center and St. Joseph's Behavioral Health Center sponsor support groups and free aftercare groups that support those in the community living with a new or continuing life-affecting diagnosis.

In addition, the hospital plans to add a new program:

- Greyhound bus and Yellow Cab transportation services to discharged patients that live outside of San Joaquin County.

Anticipated Impact

The anticipated impacts of specific program initiatives, including goals and objectives, 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 care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The St. Joseph's Community Benefit/Health Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

Planned Collaboration
St. Joseph's Behavioral Health Center's 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 Port City Operating Company, LLC, 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. (See Appendix A for a roster of Community Board members.)

The Port City Operating Company, LLC, Board of Manager provides oversight for community benefit activities. The membership of the Committee includes representation of community-based organizations, and represents the ethnic diversity of the community. The Director of St. Joseph's Medical Center, Community Health facilitates the meeting, coordinating content with the Chair, who is a member of the St. Joseph's Community Board.

Program Digests

The next page includes 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
Program Emphasis	✓ 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
Planned Collaboration	This program is run by the hospital
Community Benefit Category	Access to Primary and Preventive Care
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Provide evaluations 100% of the time with an increase by 3%
Measurable Objective(s) with Indicator(s)	Building on a population served last year of 2,582. The number of patients evaluated will increase by 3% with growth of marketing in this area
Baseline / Needs Summary	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
Intervention Actions for Achieving Goal	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

Support Groups & Aftercare 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
Program Emphasis	✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care
Program Description	Continue to provide support groups (AA, NA, Cocaine Anonymous, Crystal Meth Anonymous, and Women's Continued Care) and Aftercare Groups (Celebrate Life Meth. Free, Adolescent Continuing Care Group, Continuing Care, Friends of BHC) for patients with substance use and/or mental health problems
Planned Collaboration	Community Groups
Community Benefit Category	Lack or limited access to health education
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	To promote wellness and maximize remission rates for previous patients. Increase the number of patients in the support groups and aftercare program.
Measurable Objective(s) with Indicator(s)	The number of patients attending the support groups and aftercare program will increase by 3%
Baseline / Needs Summary	Provide support in the community for patients since support groups and aftercare are limited in the community.
Intervention Actions for Achieving Goal	Continue to assess the needs in the community and develop new groups as needed. Continue to maintain attendance sheets in the aftercare groups

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Port City Operating Company, LLC, Board of Managers

Debra Cunningham	SVOP, Strategy & Business Dev, Kaiser Permanente
Stephen Foerster	Chief Strategy Officer & VP Bay Area, Dignity Health
Deborah Friberg	Sr. Vice President/ Area Manager, Kaiser Permanente
Thomas Meier	Treasury, Kaiser Foundation Health Plan, Inc.
John Petersdorf	SVP Operational Effectiveness, Dignity Health
Karl Silberstein	SVP Financial Operations, Dignity Health
John VanBoening	Sr. Vice President, Dignity Health
Don Wiley	President & CEO, St. Joseph's Medical Center

Healthier Community Coalition

Sothea Ung	Asian Pacific Self-Development and Residential Association
Elvira Ramirez	Catholic Charities
Sandra Beddawi	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
Jason Whitney	Lodi Health
Jeff Slater	San Joaquin General Hospital
Barb Alberson	San Joaquin County Public Health
Petra Stanton	Dignity Health - St. Joseph's Medical Center
Mary Jo Cowan	Stockton Unified School District
Tammy Shaff	Sutter Tracy Community Hospital

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 and a Community Health Department 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 Port City 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.

St. Joseph's Behavioral Health Center 2510 North California St, Stockton, CA 95204 | Financial Counseling 209-461-2000 | Patient Financial Services 866-397-9252 | www.dignityhealth.org/stjosephsbehavioral/paymenthelp