# St. Bernardine Medical Center Community Benefit 2021 Report and 2022 Plan

## **Adopted October 2021**





## A message from

Douglas Kleam, president and CEO of St. Bernardine Medical Center, and Wilfrid Lemann, Chair of the Dignity Health St. Bernardine Medical Center Community Board.

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 initiatives to deliver community benefit 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. Bernardine Medical 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 2021 Report and 2022 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 hospitals in Arizona and Nevada voluntary produce these reports and plans, as well. 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 2021 (FY21), St. Bernardine Medical Center provided \$44,826,152 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$36,736,320 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2021 Report and 2022 Plan at its October 6, 2021 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching to out to Kathleen McDonnell at 909.475.5083 or kathleen.mcdonnell@commonspirit.org.

Douglas Kleam President/CEO Wilfrid Lemann, Chairperson Board of Directors

## **Table of Contents**

At-a-Glance Summary	4
Our Hospital and the Community Served	6
About St. Bernardine Medical Center Our Mission Financial Assistance for Medically Necessary Care Description of the Community Served Community Need Index	6 6 6 7
Community Assessment and Significant Needs	8
Community Health Needs Assessment Significant Health Needs	8
2021 Report and 2022 Plan	9
Creating the Community Benefit Plan Impact of the Coronavirus Pandemic Report and Plan by Health Need Community Grants Program Program Digests Other Programs and Non-Quantifiable Benefits	9 10 10 16 16 20
Economic Value of Community Benefit	21
Hospital Board and Committee Rosters	22

## **At-a-Glance Summary**

# Community Served



St. Bernardine Medical Center (SBMC) serves a broad and diverse population residing in multiple zip codes. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. 75-80% of hospital discharges come from eight (8) zip codes concentrated in the following cities: Fontana, Highland, Rialto and San Bernardino. The total population of these communities is 477.556.

#### Economic Value of Community Benefit



\$44,826,152 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

\$36,736,320 in unreimbursed costs of caring for patients covered by Medicare

Significant Community Health Needs Being Addressed The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:



- Access to Healthcare
- Behavioral Health
- Chronic Diseases
- Housing & Homelessness
- Safety & Violence

FY21 Programs and Services



The hospital delivered several programs and services to help address identified significant community health needs in FY21. These included: programming at the Family Focus Center directed toward the youth of our community; the Bridges Program based at the Family Focus Center that focuses on young adults who have graduated high school but need assistance as they venture into adulthood; activities at the Baby & Family Center to promote healthy pregnancies and family lifestyles; a Community Health Navigator to work with the uninsured who visit our Emergency Department to find a medical home; a Community Grants program that awarded \$153,082 to local non-profit agencies that address identified health needs; community education focused on diabetes management and other chronic diseases. participation in the Accelerating Investments for Health Communities initiative focuses on creating affordable housing in San Bernardino. The COVID pandemic necessitated shifting the method of delivering services with an increased focus on remote meetings and education, ensuring safe social distancing and infection control for programs taking place in person, and an increase in food delivery in response to an increase in food insecurity in our community.



FY21 programs will continue; however, the coronavirus pandemic is causing a shift in priorities and activities. All programs will be modified to fit state guidelines to keep our staff and participants safe. This may include virtual education, phone call interventions, mailing and delivering resources and tools to participants, and working with our community grantees as they modify their delivery of services.

This document is publicly available online at

 $\frac{https://www.dignityhealth.org/socal/locations/stbernardinemedical/about-us/serving-the-community/community-health-needs-assessment-plan.\\$ 

Written comments on this report can be submitted to the St. Bernardine Medical Center Community Health Office, 2101 N. Waterman Avenue, San Bernardino, CA 92404 or by e-mail to Kathleen.McDonnell@DignityHealth.org.

## **Our Hospital and the Community Served**

#### About St. Bernardine Medical Center

St. Bernardine Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health. Founded in 1931 by the Sisters of Charity of the Incarnate Word, St. Bernardine Medical Center follows the Catholic faith tradition and offers a myriad of health care services both locally and to the tertiary communities within the Inland Empire. Licensed for 342 beds with an average daily census of 199 during Fiscal Year 2021, St. Bernardine Medical Center employs 1,893 employees and maintains professional relationships with 431 local physicians and 101 Allied Health Professionals. As one of two hospitals in the city of San Bernardino, St. Bernardine Medical Center has a busy Emergency Department that received 62,177 visits in FY 2021.

Major program and service lines include emergency services, wound care, cardiac services including open heart surgery, orthopedics including complex and joint replacement, maternal child, designated primary stroke center, surgical weight loss (bariatrics), robotic surgery (da Vinci Si and Xi robots) and urgent care centers.

#### Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

#### Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

#### Financial Assistance for Medically Necessary Care

St. Bernardine Medical Center is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. The hospital has financial assistance available to help pay for medically necessary services provided to those patients who meet certain income requirements. The financial assistance policy, a plain language summary of the policy, and a financial assistance application are on the hospital's web site.



### Description of the Community Served

The Inland Empire is a diverse region that has struggled with an unstable economy. St. Bernardine Medical Center is an identified Disproportionate Share Hospital, making it a safety net for the many low-

income, vulnerable populations and uninsured in the community. The service area encompasses 8 ZIP Codes representing 4 cities. Currently, 18.4% of the population lives at or below 100% of the Federal Poverty Level (FPL). In 2021, San Bernardino County was ranked 43th (down from 40th in 2020) among 58 counties in California for Health Outcomes by County Health Rankings & Roadmaps. The county lands in the bottom third of California counties for health outcomes. A summary description of the community is below, and additional details can be found in the CHNA report online.

The following reflects demographics for the service area<sup>1</sup>:

• Total Population: 477,556

• Race/Ethnicity: 73.6% Hispanic or Latino; 12.4% White; 9.1% Black/African American;

3.0% Asian/Pacific Islander; 2.0% All Other

Uninsured: 7.0 %Unemployment: 9.2%

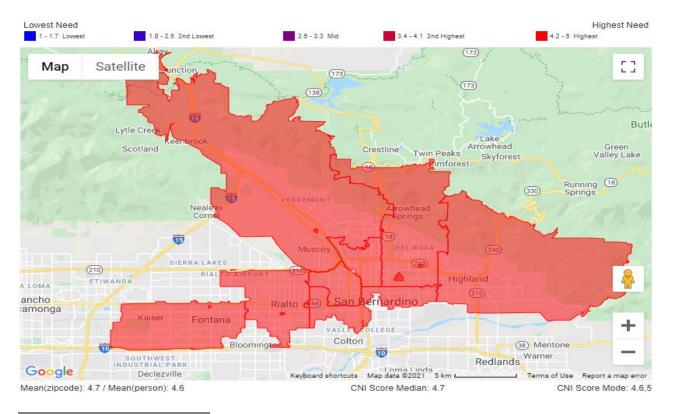
No High School Diploma: 31.7%
Medicaid Population: 12.8%
Other Area Hospitals: 6

Medically Underserved Areas or Populations: Yes

#### Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. 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.



<sup>&</sup>lt;sup>1</sup> Claritas Pop-Facts® 2021; SG2 Market Demographic Module

## **Community Assessment and Significant Needs**

The hospital engages in multiple activities to conduct its 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, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

#### Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in June 2019. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <a href="https://www.dignityhealth.org/socal/locations/stbernardinemedical/about-us/serving-the-community/community-health-needs-assessment-plan">https://www.dignityhealth.org/socal/locations/stbernardinemedical/about-us/serving-the-community/community-health-needs-assessment-plan</a> or upon request at the hospital's Community Health office.

#### Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

- Access to health care In San Bernardino County, 32.6% is covered by Medi-Cal and 7.8% of the population has coverage that includes Medicare.
- Chronic Diseases In San Bernardino County, 13.9% of the population has been diagnosed with asthma. Heart disease is the leading cause of death and stroke is the fourth leading cause of death in the service area. 11.4% of adults in San Bernardino County have been diagnosed with diabetes, and 15.2% have been diagnosed as pre-diabetic. 34.8% of the adult population reported being overweight.
- **Homelessness** The number of homeless persons in San Bernardino County increased 13.5% over the previous year. The unsheltered homeless make up the majority of the homeless and the percentage of unsheltered homeless increased in 2018.
- Mental health In San Bernardino County, 10.5% of adults experienced serious psychological distress in the past year. 8.1% of teens needed help for an emotional or mental health problem and 1% received counseling.
- **Violence and injury prevention** Crime statistics indicate that the rate of violent crime in the service area is 515.3 per 100,000 persons; higher than the rates for the county or state.

#### Significant Needs the Hospital Does Not Intend to Address

The hospital intends to take actions to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.

## 2021 Report and 2022 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 FY21 and planned activities for FY22, 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.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. 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 works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.



### Creating the Community Benefit Plan

St. Bernardine Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners. 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.

SBMC staff provided Community Benefit Initiative Committee (CBIC) members with information regarding current programs already addressing identified health needs as well as evidence of success. CBIC community stakeholder members provided valuable insight and connectivity to additional resources in the community. Hospital sponsored programs continue to be impacted by growing need, and it was determined these programs are valuable tools in improving community health. Discussion also focused on programs in the community and the importance of collaborating with local non-profits through the Dignity Health Community Grants Program. These programs and strategies are highlighted on pages 11-15.

# Impact of the Coronavirus Pandemic

- Increase in food insecurity in our service area due to COVID. The hospital addressed food insecurity by offering fresh food delivery, aka the "Kindness Box," to community members who have chronic conditions and are home bound due to coronavirus. In addition, fresh food boxes were also sent to families living near or served by the Family Focus Center.
- Loss of healthcare due to loss of job/benefits. By working with our community partners we have many resource referral sites to help access health care, including telehealth options (https://www.dignityhealth.org/mobile-apps/video-visits).
- Temporary suspension of in-person support, educational classes, symposiums, and community events.
  The hospital was able to provide support to people without having them leave their homes by providing
  virtual education. In addition, staff delivered suicide prevention and Mental Health First Aid training to
  youth and adults to better prepare community partners who work with our most vulnerable populations
  via ZOOM education.
- Loss of Stepping Stones Program participants. The hospital is keeping in contact with many of our volunteers and is offering virtual health education to keep them engaged until it is safe to return to the hospital. Some volunteers aided in contactless fresh food deliveries to families in need.
- Loss of in-person programs that work with at-risk youth. These programs include afterschool activities, career development, Late Night Hoops, Summer Camp, and Drug & Violence Prevention. When the schools closed to in-person learning, the Family Focus Center opened a Learning Lab for those most at risk of falling behind, offering consistent internet access and support to keep them on track with their studies.
- COVID vaccine hesitancy among communities of color. St. Bernardine Medical Center and Community
  Hospital of San Bernardino jointly hosted a virtual vaccine seminar to address specific concerns and
  encourage vaccinations. The panel of experts included hospital physicians and nurses as well as local
  church, educational and political leaders in the community.

For FY22, we plan to always provide the maximum programming while keeping compliant to current coronavirus safety guidelines.

### Report and Plan by Health Need

The following tables present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.





#### **Health Need: Access to Health Care**

Strategy or Program Name			
Financial Assistance	Financial assistance is offered in accordance with Dignity Health's Financial Assistance Policy.	$\boxtimes$	$\boxtimes$
Community Education	Offered free of charge to community members, classes address a variety of health issues.		$\boxtimes$
Community Health Navigator	Navigator contacts uninsured individuals who are high utilizers of the Emergency Department in an effort to find a more suitable medical home as well as connections to other social services agencies providing basic needs.		×
Free Flu Shots	It was anticipated that we would continue to offer free flu shots to the community; however, this was not possible with the COVID-19 pandemic. We plan to offer this outreach in FY22 as COVID protocols allow.		$\boxtimes$
Residents Training Program	School of Medicine to address the shortage of physicians		$\boxtimes$
Community Grants Program	Partner with local non-profit agencies that share common values and work together to improve access to care for our community.		$\boxtimes$

**Impact:** The hospital's initiatives to address access to health care/preventive practices are anticipated to result in: increased access to basic health information in both culturally appropriate and understandable terms; gains in public or private health care coverage; increased knowledge about how to access and navigate the health care system; access to agencies providing basic needs, thereby providing a critical safety net; increased primary care "medical homes"; and an increase in primary care physicians (long term strategy).

**Collaboration:** Key partners include community clinics (e.g. Lestonnac Free Clinic and other clinics in the Community Health Association Southern Region), community-based organizations (e.g. Family Assistance Program, Mary's Mercy Center and others), schools and school districts (including Making Hope Happen Foundation), faith groups, public health and local cities.



#### **Health Need: Chronic Disease (including Overweight and Obesity)**

Strategy or Program Name			
Chronic Disease Self-Management Program	Classes for chronic disease will be offered in English and Spanish to community members free of charge. Primary request was for Diabetes education. In FY21, many of these classes were conducted via virtual trainings in order to comply with COVID safety guidelines, and we anticipate a similar process for FY22.	$\boxtimes$	$\boxtimes$
Diabetes Empowerment Education Program (DEEP)	Classes for diabetes will be offered in English and Spanish to community members free of charge. These classes were not offered in FY21 due to licensing constraints. However, this was addressed and classes will be offered in FY22.		$\boxtimes$
Sweet Success Program	Provides monitoring and education to gestational diabetic women.		$\boxtimes$
Support groups for chronic health conditions include obesity, breast cancer (groups in both English and Spanish), and a bereavement support group that meets virtually with a hospital chaplain.		$\boxtimes$	$\boxtimes$
Community Grants Program	Partner with local non-profit agencies that share common values and work together to improve access to care for our community.	$\boxtimes$	$\boxtimes$

Impact: The hospital's initiatives to address chronic disease are anticipated to result in: a better understanding of an individual's chronic condition, including measures to control or improve the medical condition; a healthy birth for gestational diabetic women; better health for the gestational diabetic mother post-partum; an improved sense of self through the support groups.

Collaboration: Key partners include public health, faith community, community clinics, communitybased organizations, the Mexican Consulate, American Heart Association, American Cancer Society, and the American Diabetes Association.



#### **Health Need: Housing and Homelessness**

Strategy or Program Name	Summary Description		Planned FY22
Accelerating Investment for Healthy Communities	In FY21 SBMC participated in a national initiative designed to increase investments in the social determinants of health with an emphasis on affordable housing. While the initiative funding does not extend into FY22, SBMC will continue to collaborate with local non-profits and businesses to address affordable housing.	$\boxtimes$	×
Community Health Navigator	The Community Health Navigator will follow up with homeless persons who seek care in the ER, but are not admitted to the hospital. The Community Health Navigator will provide connections to social service agencies to meet the needs of the individual.		×
Community Grants Program	Grant funds will be awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.	×	×

**Impact:** The hospital's initiatives to address housing and homelessness are anticipated to result in: an increase in affordable housing options for the community; early identification of the homeless and faster connections to appropriate agencies for basic needs; appropriate housing for homeless patients upon discharge; and increased primary care "medical homes" and access to health insurance among those reached by navigator.

**Collaboration:** Key partners include housing developers (e.g. National Community Renaissance, mary Erickson Community Housing, Neighborhood Partnership Housing Services and other non-profit housing developers), Mary's Mercy Center (including Mary's Village and Veronica's Home of Mercy), City of San Bernardino and related city agencies, funders, the Center for Community Investment (FY21 only), hospitals and health systems, Diocese of San Bernardino and other faith communities, community clinics, community-based organizations, and other housing agencies.



# Health Need: Behavioral Health (includes Mental Health & Substance Use and Misuse)

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Cultural Trauma & Mental Health Resiliency Program	SBMC is partnering with UniHealth Foundation in a multi-hospital initiative to increase the capacity of local community organizations and community members to identify mental distress, address the impacts of trauma, and increase resiliency via delivery of mental health awareness education. The project focuses on children and youth of color living in underserved neighborhoods and provides funding to Making Hope Happen Foundation to conduct training.	$\boxtimes$	
Community Health Education	Community education will be offered to the community free of charge and will address a variety of behavioral health care topics, including identifying those who are at risk for suicide with appropriate referrals.	×	×
Community Grants Program	Grant funds will be awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations		×

**Impact:** The hospital's initiatives to address behavioral health are anticipated to result in: better support system for youth mental health issues resulting from poverty and trauma; trained adults to better recognize and support youth, including recognizing signs of suicide ideation; youth more focused on school with a plan for continued education and career path; healthier lifestyles; and a support system to help them achieve their goals.

**Collaboration:** Key partners include behavioral health providers, Making Hope Happen Foundation (non-profit foundation of San Bernardino Unified City School District), schools and other school districts, community-based organizations, the UniHealth Foundation, Dignity Health Southern California Hospitals, law enforcement, and regional collaboratives that seek to support individuals' mental health, substance use and case management needs.



### Health Need: Safety & Violence

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Cultural Trauma & Mental Health Resiliency Program	SBMC is partnering with UniHealth Foundation in a multi-hospital initiative to increase the capacity of local community organizations and community members to identify mental distress, address the impacts of trauma, and increase resiliency via delivery of mental health awareness education. The project focuses on children and youth of color living in underserved neighborhoods and provides funding to Making Hope Happen Foundation to conduct training.	$\boxtimes$	$\boxtimes$
Family Focus Center	The Family Focus Center will provide services and programs for at-risk youth. Many of these programs were put on hold in FY21 due to the COVID pandemic and safety protocols. As safety protocols allow, services will include: after school activities during the school year and Summer Camp in the summer. Programs will increase knowledge of healthy behaviors, helped build character and promote a sense of self-worth and self-efficacy. The Bridges program will support young adults who have graduated high school but need assistance in navigating college, careers and housing.		
Stepping Stones Program	The Stepping Stones Program will provide an opportunity for teens and young adults to gain valuable hospital workplace experience through volunteer and mentor activities. This program was put on hold in FY21 due to COVID pandemic, but will be offered in FY22 as COVID protocols allow.	×	×
Community Grants Program	Grant funds will be awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations	$\boxtimes$	×

**Impact:** The hospital's initiatives to address safety and violence are anticipated to result in: youth more focused on school with a plan for continued education and career path; tobacco, alcohol and drug avoidance; healthier lifestyles; and a support system to help them achieve their goals.

**Collaboration:** Key partners include schools and school districts (e.g. San Bernardino City Unified School District and San Bernardino County Unified School District, Aquinas High School), colleges and universities (e.g. California State University San Bernardino, Valley College), businesses, faith community, cities, parks and recreation agencies, community clinics, community-based organizations, housing agencies and law enforcement.

### **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. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY21, the hospital awarded the grants below totaling \$153,082. Total amounts listed below are higher, as St. Bernardine Medical Center collaborates with Community Hospital of San Bernardino to provide joint awards. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Family Assistance Program	Supporting Victims in the Emergency Dept.	\$ 70,000
Legal Aid Society of San Bernardino	From At-Risk to Resiliency Via Access	\$ 85,000
Lestonnac Free Clinic	Community Continuum of Health Collaborative	\$ 54,329
Mary's Mercy Center	Better Health Through Partnership	\$ 45,000

### **Program Digests**

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. 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.

Community Hea	alth Navigator		
Significant Health Needs Addressed	<ul><li>☑ Access to Care/Preventive Practice</li><li>☑ Chronic Diseases</li><li>☑ Housing and Homelessness</li></ul>		
Program Description	The Community Health Navigator follows up by phone to patients who are high utilizers of the Emergency Department who are seen for diagnoses that could be addressed in an outpatient setting. Patients are provided with community resources and assistance is provided for enrolling in government sponsored plans and finding a medical home. The navigator may also assist with housing, food and employment needs.		
Community Benefit Category	A3 – Healthcare Support Services Information & Referral.		
	FY 2021 Report		
Program Goal / Anticipated Impact	Assist the frequent users of the Emergency Department (ED) with conditions better treated as an outpatient instead of using the ED as regular source of health care. Navigator will also work with Care Coordination team for homeless patients upon discharge. Connection to social service agencies will be provided as appropriate.		
Measurable Objective(s) with Indicator(s)	10% of those contacted will accept a referral to a free clinic.		
Intervention Actions for Achieving Goal	Navigator will continue to follow up by phone to high utilizers of the ED, primarily the uninsured. ED Admitting staff also provides Navigator information to patients.		
Collaboration	Lestonnac Free Clinic, Catholic Charities, Mary's Table, Legal Aid and other local non-profit support agencies and churches.		
Performance / Impact	During FY21 the Navigator followed up on a total of 840 high utilizers of the ED. Of these, 55 (6.55%) accepted a referral to a free clinic. Due to COVID, many clinics were closed to in-person visits.		
Hospital's Contribution / Program Expense	\$129,741 was expended in staffing and purchased items for clients.		
FY 2022 Plan			
Program Goal / Anticipated Impact	Assist the frequent users of the Emergency Department (ED) with conditions better treated as an outpatient instead of using the ED as regular source of health care. Connection to social service agencies will be provided as appropriate.		
Measurable Objective(s) with Indicator(s)	10% of those contacted by the Navigator will accept a referral to a free clinic, sobriety center, housing or other needed resource.		
Intervention Actions for Achieving Goal	Navigator will continue to follow up by phone to high utilizers of the ED, primarily the uninsured. ED Admitting staff also provides Navigator information to patients.		
Planned Collaboration	Lestonnac Free Clinic, Catholic Charities, Mary's Table, Legal Aid and other local non-profit support agencies and churches.		

Family Focus C	enter
Significant Health Needs Addressed	<ul><li>☒ Access to Care/Preventive Practice</li><li>☒ Safety and Violence</li></ul>
Program Description	A program geared to at-risk youth in the community, the Family Focus Center (FFC) is located across the street from San Bernardino High School. Services provided by the hospital at the center include several after school activities, career development, and character building and goal setting skills.
Community Benefit Category	A4 – Social and Environmental Improvement Activities.
	FY 2021 Report
Program Goal / Anticipated Impact	With COVID requiring remote learning at the start of the school year, FFC will establish a Learning Lab to assist at-risk youth with remote instruction.
Measurable Objective(s) with Indicator(s)	Success will be measured by percentage successfully completing school curriculum.
Intervention Actions for Achieving Goal	Learning Lab will include connection with students' teachers and Zoom curriculum, with additional time for extracurricular activity (art, nutrition, physical activity, personal skill building). Small cohorts will be created to provide safe learning. Program will also provide breakfast and lunch to participants, and additional food for weekends as needed.
Collaboration	School districts of students, Community Health Educator, community agencies as appropriate.
Performance / Impact	92% of students successfully passed their assigned curriculum and advanced to the next grade. The students not passing participated in credit recovery over the summer.
Hospital's Contribution / Program Expense	\$394,574 was expended in staffing and programs.
	FY 2022 Plan
Program Goal / Anticipated Impact	Improve the lives of those attending the Family Focus Center.
Measurable Objective(s) with Indicator(s)	Increase the number of youth enrolled in the Bridges Program who complete their individualized Success Plans.
Intervention Actions for Achieving Goal	While COVID is still very much in the community, education has resumed in-person at the schools. Having lost 1½ years of being able to widely promote the Center and its programs, we are initiating new contacts with school counselors and holding Open House to introduce our programs. We are committed to connecting in a COVID compliant manner. Each person enrolled in the Bridges Program works with staff to set personal goals. Goals may include obtaining legal documents, education goals, career goals, housing and/or personal growth and development.
Planned Collaboration	School districts of students, local non-profits, Community Health Educator, community agencies as appropriate.

Dignity Health (	Community Grants Program
Significant Health Needs Addressed	<ul> <li>☒ Access to Care/Preventive Practice</li> <li>☒ Behavioral Health</li> <li>☒ Chronic Diseases</li> <li>☒ Housing and Homelessness</li> <li>☒ Safety and Violence</li> </ul>
Program Description	Award funds to local non-profit organizations to be used to effect collective impact, addressing the significant health priorities established by the most recent Community Health Needs Assessment. Awards will be given to agencies with a formal collaboration and a link to the hospital.
Community Benefit Category	E1 – Cash Donation
	FY 2021 Report
Program Goal / Anticipated Impact	Focused attention on health priorities and high utilizers in the hospital will provide connections to needed medical care and social services, thereby providing more appropriate care to the individual.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support significant health priorities and demonstrate strong collaboration with the hospital. 100% of funded programs will report objectives as a result of SBMC Community Grants on a semi-annual basis.
Intervention Actions for Achieving Goal	All awarded agencies will work with Director of Mission to ensure programs are meeting the objectives stated in their grant proposals.
Collaboration	Collaboration with agencies receiving funding in FY20 included: Family Assistance Program, Legal Aid of San Bernardino, Lestonnac Free Clinic and Mary's Mercy Center.
Performance / Impact	4 collaborative proposals, representing 13 local non-profit agencies, received awards. Grants ranged from \$45,000 to \$75,000 to address significant health needs.
Hospital's Contribution / Program Expense	\$153,082 was expended in grant awards.
	FY 2022 Plan
Program Goal / Anticipated Impact	Focused attention on health priorities and high utilizers in the hospital will provide connections to needed medical care and social services, thereby providing more appropriate care to the individual.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support significant health priorities and demonstrate strong collaboration with the hospital. 100% of funded programs will report objectives as a result of SBMC Community Grants on a semi-annual basis.
Intervention Actions for Achieving Goal	All awarded agencies will work with Director of Mission to ensure programs are meeting the objectives stated in their grant proposals.
Planned Collaboration	Collaboration will continue with agencies awarded funds in FY22.

#### Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services 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.

#### **National Community Renaissance of California (NCRC)**

In June 2018 Dignity Health approved a 7-year \$1,200,000 loan to NCRC, one of the largest nonprofit affordable housing developers in the U.S., who is partnering with the County of San Bernardino on the redevelopment of Waterman Gardens into Arrowhead Grove—a mixed income housing development together with attractive neighborhood facilities, shopping and recreational facilities.

#### First Step Staffing, Los Angeles

First Step Staffing, Inc. (FSS) was incorporated in Atlanta, Georgia, in 2006 as a nonprofit organization for the purpose of providing companies with a socially responsible alternative to typical staffing agencies, while offering meaningful employment opportunities for men and women who are in transition. In November, 2019, CommonSpirit Health approved a 5-year \$1,500,000 loan to FSSLA as gap financing for the acquisition of customer accounts and assets of OS4L in Paramount, Irwindale, and Corona helping very-low-income and homeless individuals find temporary and permanent employment opportunities.

#### **Community Vital Signs**

Since its launch in 2011, San Bernardino County *Community Vital Signs* has attracted both local and national attention spotlighting the county's efforts for rich collaboration by exemplifying the idea that all sectors must work together for collective impact. The Community Transformation Plan serves as a guide to transform San Bernardino County into a healthier place to live, work, learn and play. Community Health staff from St. Bernardine Medical Center has served on the Steering Committee since its inception to ensure integration of the health component in program planning.

#### **Mary Erickson Community Housing (MECH)**

In September 2020, CommonSpirit approved a 7-year, \$1,200,000 line of credit to Mary Erickson with loan proceeds used for developing 11 single family manufactured homes for low-income families seeking first-time home ownership opportunities in San Bernardino. MECH is a nonprofit organization supporting homeownership opportunities for working families through the preservation and increase in the supply of affordable housing.

#### Neighborhood Partnership Housing Services, Inc. (NPHS)

In September, CommonSpirit approved a 5-year, \$1,000,000 line of credit to NPHS with loan proceeds used to develop 10 scattered single-family factory-built homes for low-income families. The average home will feature 3 bedrooms and 2 baths and will be approximately 1,600 square feet. The development will be on scattered, underutilized land in the City of San Bernardino. Founded in 1991, Neighborhood Partnership Housing Services, Inc. (NPHS) has become one of the most respected and innovative non-profit housing organizations serving three Southern California counties which include Riverside, East Los Angeles and San Bernardino.

#### City of San Bernardino 2021-2022 Action Plan

St. Bernardine Medical Center executive leadership provided key insights in identifying pressing issues faced by the community as well as how those issues can be addressed to benefit our citizens.

## **Economic Value of Community Benefit**

371 St. Bernardine Medical Center Complete Summary - Classified Including Non Community Benefit (Medicare) For period from 7/1/2020 through 6/30/2021

	Persons	Expense	Revenue	Net Benefit	% of Expense
Benefits for Poor	1 0100110	Expende	Rovondo	Bollont	Experies
Financial Assistance	9,202	5,042,721	0	5,042,721	1.1%
Medicaid	71,624	209,309,112	177,535,506	31,773,606	6.9%
Community Services					
A - Community Health Improvement Services	8,009	632,889	0	632,889	0.1%
E - Cash and In-Kind Contributions**	2	683,231	856,192	0	0.0%
G - Community Benefit Operations	0	213,753	0	213,753	0.0%
Totals for Community Services	8,011	1,529,873	856,192	673,681	0.1%
Totals for Poor	88,837	215,881,706	178,391,698	37,490,008	8.1%
<b>Benefits for Broader Community</b>					
Community Services					
A - Community Health Improvement Services	1,499	168,806	0	168,806	0.0%
B - Health Professions Education	126	7,076,649	0	7,076,649	1.5%
E - Cash and In-Kind Contributions	717	4,583	0	4,583	0.0%
F - Community Building Activities	48	86,106	0	86,106	0.0%
Totals for Community Services	2,390	7,336,144	0	7,336,144	1.6%
Totals for Broader Community	2,390	7,336,144	0	7,336,144	1.6%
Totals - Community Benefit	91,227	223,217,850	178,391,698	44,826,152	9.7%
Medicare	20,856	168,295,333	131,559,013	36,736,320	8.0%
Totals with Medicare	112,083	391,513,183	309,950,711	81,562,472	17.7%

<sup>\*\*</sup>Consistent with IRS instructions and CHA guidance, Cash and In-kind Contributions is reported at \$0 net benefit because offsetting revenue was greater than expense in FY21. This was due to the return of a large donation in the fiscal year. Net gain for cash and in-kind contributions is still included in all "Totals" calculations, however.

## **FY2021 Hospital Board Roster**

Marisol Alvarez-Ardon

Marisol's Insurance Services, Inc.

Yasmina Boyd, D.O.

**Emergency Medicine Specialist** 

Robert Carlson, PhD, Board Chair

Retired Educator

**Toni Callicot** 

Retired CEO American Red Cross

Samuel Cherny, M.D.

Physician.

June Collison, President

Community Hospital of San Bernardino

Kathleen Howard, CCVI

Sisters of Charity of the Incarnate Word

Nancy Jurecki, OP

Providence Health and Services

Douglas Kleam, President

St. Bernardine Medical Center

Wilfrid Lemann, Vice Chair

Fullerton, Lemann, Schaefer & Dominick, LLP

**Dale Marsden** 

Retired Superintendent San Bernardino City Unified

**School District** 

Peter Mendoza

Human Services Program Integrity Division Chief

Ashis Mukherjee, M.D.

Physician

**Faye Pointer** 

Retired Social Service Worker/Advocate

Michael Salazar, Secretary/Treasurer

Vice President Wealth Management UBS

Financial Services, Inc.

Prabhdeep Sethi, M.D.

Chief of Staff

**Connie Threlkel** 

President GoodFaith Medical Transportation Co., Inc.

**Judith Valles** 

Retired Educator

## **Community Benefit Initiative Committee Roster**

Nick Calero

District Office Representative Senator Ochoa Bogh

Claudia Davis, PhD

Professor

Nursing Department | College of Natural Science California State University, San Bernardino Community Hospital of San Bernardino Board Member

**Daniel Flores** 

Executive Director Mary's Mercy Center

Sharon Gollaher, RN, MBA, ACM-RN, CMCN

Director Care Coordination St. Bernardine Medical Center

Sr. Kathleen Howard, CCVI

St. Mary Medical Center

St. Bernardine Medical Center Board Member

**Rev. Deborah Jones** 

Director Mission Integration Community Hospital of San Bernardino Vicki Lee

SBCUSD Family Resource Center Community Hospital of San Bernardino Board Member

Linda McDonald

Vice President Mission Integration Dignity Health Southern California

**Kathleen McDonnell** 

Director Mission Integration St. Bernardine Medical Center

**Pablo Ramirez** 

Executive Director Legal Aid of San Bernardino

**Candy Stallings** 

San Bernardino Sexual Assault Services Retired