St. Bernardine Medical Center Community Benefit 2022 Report and 2023 Plan

Adopted October 2022





A message from

Douglas Kleam, President, 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 2022 Report and 2023 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 voluntarily 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 2022 (FY22), St. Bernardine Medical Center provided \$42,324,358 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$5,858,326 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2022 Report and 2023 Plan at its October 5, 2022 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 out to Christian Starks, Director Community Health at Christian.Starks@CommonSpirit.org.

Douglas Kleam, President St. Bernardine Medical Center Wilfrid Lemann, Chairperson Community Board of Directors

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At-a-Glance Summary

Community Served



The Dignity Health St. Bernardine Medical Center (SBMC) service area includes 31 ZIP Codes in 17 cities within San Bernardino County, including the City of San Bernardino. SBMC serves 1,208,298 racially diverse residents.

Value of Community Benefit



\$42,324,358 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits.

\$5,858,326 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
- Preventive Practices

FY22 Programs and Services



The hospital delivered several programs and services to help address identified significant community health needs. These included:

- Family Focus Center
- Baby & Family Center
- Community Health Navigator
- Community Health Improvement Grants Program
- Accelerating Investments for Healthy Communities Initiative

FY23 Planned Programs and Services

FY22 programs will continue with adjustments made for the new significant health needs that were not previously addressed in the FY19 CHNA, namely Preventive Practices. All programs will be modified to fit COVID 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

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

Written comments on this report can be submitted to the St. Bernardine Medical Center Community Health Department, 2101 N. Waterman Avenue, San Bernardino, CA 92404 or submitted by e-mail to Christian.Starks@CommonSpirit.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 196 during Fiscal Year 2022, St. Bernardine Medical Center employs 1,788 employees and maintains professional relationships with 433 local physicians and 93 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 66,061 visits in FY 2022.

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

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided

to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

The hospital serves 31 ZIP Codes in 17 cities, 8 of which are located in the City of San Bernardino A summary description of the community is provided below, and additional details can be found in the CHNA report online.

The population of the SBMC service area is 1,208,298. Children and youth, ages 0-17, make up 28% of the population, 61.8% are adults, ages 18-64, and 10.2% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (60.6%), 22.9% of the population identifies



as White/Caucasian, 8.9% are Black/African American, and 4.9% are Asian. 2.2% of the population identifies as multiracial (two-or-more races), 0.2% as Native Hawaiian/Pacific Islander, and 0.2% as American Indian/Alaskan Native.

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 April 2022. This document also reports on programs delivered during fiscal year 2022 that were responsive to needs prioritized in the hospital's previous CHNA report.

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 https://www.dignityhealth.org/socal/locations/stbernardinemedical/about-us/serving-the-community/community-health-needs-assessment-plan or upon request at the hospital's Community Health office.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to health care	Access to health care refers to the availability of primary care and specialty care services.	•
Birth indicators	Poor pregnancy and birth outcomes include low birthweight, preterm births and infant mortality.	
Chronic diseases	A chronic disease or condition usually lasts for three months or longer and may get worse over time. Chronic diseases can usually be controlled but not always cured.	•
COVID-19	The Coronavirus disease (<i>COVID-19</i>) is an infectious disease caused by the SARS-CoV-2 virus. In the U.S., over one	•

Significant Health Need	Description	Intend to Address?
	million persons have died as a result of contracting COVID.	
Dental care/oral health	Oral health refers to the health of the teeth, gums, and the entire oral-facial system.	
Economic insecurity	Economic insecurity is correlated with poor health outcomes.	
Food insecurity	The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or an uncertain ability to acquire foods in socially-acceptable ways.	
Housing and homelessness	Homelessness is known as a state of being unhoused or unsheltered and is the condition of lacking stable, safe, and adequate housing.	•
Mental health	Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.	•
Overweight and obesity	Overweight and obesity are common conditions that are defined as the increase in size and amount of fat cells in the body. Obesity is a chronic health condition.	•
Preventive practices	Preventive practices refer to health maintenance activities that help to prevent disease.	•
Sexually transmitted infections	Sexually transmitted infections (STIs) usually pass from one person to another through sexual contact.	
Substance use	Substance use is the use of tobacco products, illegal drugs or prescription or over-the-counter drugs or alcohol.	•
Violence and injury	Violent crimes include homicide, rape, robbery and assault. Injuries are caused by accidents, falls, hits, and weapons.	•

Significant Needs the Hospital Does Not Intend to Address

Taking existing hospital and community resources into consideration, SBMC will not directly address birth indicators, dental care, economic insecurity, food insecurity and sexually transmitted infections as priority health needs. Knowing that there are not sufficient resources to address all the community health needs, SBMC chose to concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise. The hospital has insufficient resources to effectively address all the identified needs and, in some cases, the needs are currently addressed by others in the community.

2022 Report and 2023 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 FY22 and planned activities for FY23, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

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.

Hospital and health system participants included the Director of Community Health who leads the Community Benefit Initiative Committee (CBIC), a



committee comprised of staff leading hospital sponsored programs as well as key community stakeholders who have knowledge and expertise in addressing these identified needs.

SBMC staff provided CBIC members with information regarding current programs already addressing health needs with evidence of success, as well as identified opportunities for new sources to address significant health needs. 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 Community Health Improvement Grants Program. These programs and strategies are highlighted on pages 11-15.

Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.





Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.





Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.

Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Report and Plan by Health Need

The tables below 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	Summary Description		Planned FY23
Financial Assistance	Provides financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay.	\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.	\boxtimes	
Community Health Education	Addresses a variety of access to health care topics free of charge, identifies local resources for primary and preventive care and navigates the health care system.	\boxtimes	×
Baby & Family Center	Presents health care topics and local resources for new/expectant mothers and families including breast feeding support, child preparation classes and parenting classes.	\boxtimes	
Transitional Care Clinic	Assists persons to identify and secure a medical home and provides connections to local social service agencies.	\boxtimes	\boxtimes
Graduate Medical Education Program	Partnership with University of California Riverside School of Medicine to address the shortage of physicians in the Inland Empire.	\boxtimes	\boxtimes
Community Health Improvement Grants	Partner with local non-profit agencies that share common values and work together to improve access to care for our community.	\boxtimes	\boxtimes

Goal and 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).

Collaborators: Key partners include community clinics (e.g. Lestonnac Free Clinic and other clinics in the Community Health Association Inland 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: Behavioral Health Including Substance Abuse & Mental Health

Strategy or Program	Summary Description	Active FY22	Planned FY23
Behavioral Health Navigator Program (CA Bridge Program)	Supports the emergency department as a primary access point for the treatment of substance use disorders and co-occurring mental health conditions. Utilizes trained navigators to identify patients who would benefit from initiating medication for addiction treatment (MAT) or mental health services.	\boxtimes	×
Cultural Trauma and Mental Health Resiliency Project	Joint effort of the six Dignity Health hospitals in Southern California working in partnership to increase the capacity of local community organizations, community members and hospitals 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.	\boxtimes	oxtimes
Community Health Navigator	Assists frequent users of the Emergency Department to find a medical home and provides connections to behavioral health service agencies.	×	×
Community Health Education	Addresses a variety of behavioral health care topics.	\boxtimes	×
Family Focus Center	Provides services and programs for at-risk youth, including training in Youth Mental Health First Aid for staff to aid in identifying youth appropriate for referral for treatment.	\boxtimes	\boxtimes
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide mental health and substance use programs and services.	×	×

Goal and 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.

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



Health Need: Chronic Disease Including Overweight & Obesity

Strategy or Program	Summary Description		Planned FY23
Community Health Education	Provides community education on a variety of chronic disease-related health care topics, including: Chronic Disease Self-Management, and Diabetes Empowerment Education Program.	\boxtimes	\boxtimes
Baby & Family Center	Offers educational classes for pregnant women and their families on breastfeeding, nutrition and prevention of disease and disability. The Sweet Success program focuses on gestational diabetes.	\boxtimes	×
Transitional Care Clinic	Assists recently discharged patients to develop individualized treatment plans based on medication compliance, diet, exercise, and lifestyle changes. Assists patients to identify and secure a medical home and provides connections to local social service agencies.	X	×
Support Groups	Assists persons with chronic diseases to improve their emotional well-being through mutual support, coping strategies, and psychoeducation.	\boxtimes	\boxtimes
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide chronic disease-focused programs and services.	\boxtimes	\boxtimes

Goal and 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.

Collaborators: Key partners include: public health, faith community, community clinics, community-based organizations, American Heart Association, maternal health collaboratives, American Cancer Society, and the American Diabetes Association.



Health Need: Preventive Practices Including COVID-19

Strategy or Program			Planned FY23
Vaccines	Provides free vaccines in the community.	\boxtimes	\boxtimes
Personal Protective Equipment (PPE)	Distributes PPE at local community events and to community partners to limit the spread of COVID-19 and comply with local DPH requirements.	\boxtimes	
Eye Clinic	A collaboration between SBMC, Lestonnac Free Clinic, and Western University of Health Sciences, provides free eye exams and glasses to the community on a monthly basis.	×	×
Community health education	Provides community education on a variety of preventive care topics.	\boxtimes	\boxtimes
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide preventive care programs and services.	\boxtimes	\boxtimes

Goal and Impact: The hospital's initiatives to address prevention are anticipated to result in: increased access to preventive care services in the community and increased compliance with preventive care recommendations (screenings, vaccines, and life style and behavior changes).

Collaborators: Key partners include public health, faith community, community clinics, community-based organizations, Lestonnac Free Clinic, Western University of Health Sciences and El Sol Neighborhood Educational Center.



Health Need: Safety & Violence Prevention

Strategy or Program			Planned FY23
Family Focus Center	Provides services and programs for at-risk youth. Includes after school activities, career development, Late Night Hoops, Summer Camp, Drug & Violence Prevention and Health & Nutrition. The Bridges program supports young adults who have graduated high school but need assistance in navigating college, careers and housing.	\boxtimes	×
Stepping Stones Program	Provides an opportunity for teens and young adults to gain valuable hospital workplace experience through volunteer and mentor activities. Allows participants to spend time volunteering in the hospital, provides focus on education attainment and career opportunities as a means to stability.	×	\boxtimes
Cultural Trauma & Mental Health Resiliency Project	Increases the capacity of local community organizations, community members and hospitals 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.	\boxtimes	×
Violence and Human Trafficking Prevention and Response Initiative	The Human Trafficking Response Task Force provides training to identify potential victims of sex and/or labor trafficking in the ED and other hospital units. Provides trauma-informed care and services to affected patients. Includes preventive education, intervention assistance, warm referrals to community agencies and continued patient care and services.		×
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide safety and violence prevention programs and services.	\boxtimes	

Goal and Impact: The hospital's initiative to address safety and violence prevention are anticipated to result in: increased access to programs in the community that focus on improved safety and reduced violence.

Collaborators: Key partners include: public health, faith community, schools and school districts, youth organizations, community clinics, community-based organizations, County of San Bernardino, local law enforcement and regional collaboratives that seek to support community safety.



Health Need: Housing & Homelessness

Strategy or Program			Planned FY23
Accelerating Investment for Healthy Communities Initiative	Beginning in FY19 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 Health Improvement Grants	Offers grants to nonprofit community organizations that provide housing programs and services.	\boxtimes	\boxtimes

Goal and 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.

Collaborators: Key partners include non-profit housing developers (e.g. National Community Renaissance and Neighborhood Partnership Housing Services), Mary's Mercy Center (including Mary's Village and Mary's Haven), City of San Bernardino and related city agencies, funders, hospitals and health systems, Diocese of San Bernardino and other faith communities, community clinics, community-based organizations, and other housing agencies.

Community Health Improvement 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 related to CHNA priorities.

In FY22, the hospital awarded the grants below totaling \$156,452. 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	Emergency Assistance	\$40,587
Legal Aid of San Bernardino	Access to Health and Homes	\$98,430
Lestonnac Free Clinic	Community Continuum of Health Collaborative	\$75,000
Mary's Mercy Center	Veronica's Home of Mercy – Better Health Through Partnership	\$45,000

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

Community Hea	lth Navigator
Significant Health Needs Addressed	 ☑ Access to Care ☑ Preventive Practice, including CVOID-19 ☑ Chronic Diseases, including Overweight and Obesity ☑ Housing and Homelessness
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.
Population Served	Primarily those without housing and/or insurance.
Program Goal / Anticipated Impact	Assist the frequent users of the Emergency Department (ED) in finding a medical home that can better treat chronic conditions. Connection to social service agencies will be provided as appropriate.
	FY 2022 Report
Activities Summary	Navigator followed up by phone and appointment to high utilizers of the ED, primarily the uninsured.
Performance / Impact	During FY22 the Navigator followed up on a total of 2,174 high utilizers of the ED. Of these, 153 (7.04%) accepted a referral to a free clinic, housing or enrollment assistance.
Hospital's Contribution / Program Expense	\$129,741 was expended in staffing and purchased items for clients.
	FY 2023 Plan
Program Goal / Anticipated Impact	Assist the frequent users of the Emergency Department (ED) in finding a medical home for conditions better treated as an outpatient instead of using the ED as regular source of health care, with the goal of reducing unnecessary ED visits.
Planned Activities	Navigator will continue to follow up by phone to high utilizers of the ED. Transitional Care Clinic will be an option for those who need more immediate follow up care. Lestonnac Free Clinic will continue to be a medical home option for those without insurance, primarily our immigrant population. Navigator will also assist with enrollment in government sponsored programs.

Family Focus C	enter		
Significant Health Needs Addressed	 ☑ Access to Care ☑ Preventive Practice, including COVID-19 ☑ Safety & Violence ☑ Behavioral Health, including Substance Use and Mental Health 		
Program Description	A program geared to at-risk youth and young adults in the community, the Family Focus Center (FFC) is located across the street from San Bernardino High School and down the street from Arrowview Middle School. Services provided include programming focused on after school activities, violence prevention, career development, character building, and goal setting.		
Population Served	At risk youth and their families.		
Program Goal / Anticipated Impact	Provide a stable environment and programs to youth served by the center as evidenced by successfully matriculating to the next grade, and provide support in reaching goals set by young adults, including employment or continued education.		
	FY 2022 Report		
Activities Summary	The Center was opened for Afterschool Program for the first time since FY20 and the outbreak of COVID-19. The lack of socialization over the last two years was evident, and staff worked diligently to create a trusted and safe environment to promote learning and respect. Staff and mentors were trained in both Youth Mental Health First Aid and QPR. Collaboration with Department of Behavioral Health included training in de-escalation for staff and mentors.		
Performance / Impact	A total of 1,607 unduplicated students attended the Afterschool Program. Food insecurity was high among this population, and many came simply for a hot meal. 27 young adults were enrolled in Bridges Program and all were successful in reaching at least one established goal.		
Hospital's Contribution / Program Expense	\$467,466 was expended in staffing and related programming expenses.		
	FY 2023 Plan		
Program Goal / Anticipated Impact	Provide a stable environment and programs to youth as evidenced by successfully advancing to the next grade, and provide support for young adults in reaching goals, including employment or continued education.		
Planned Activities	Students attending the Afterschool program will be encouraged to enroll in leadership/character building programs; hot meals will be provided to address food insecurities; collaboration with local non-profits and public health agencies to expose those attending to career paths, community resources and educational opportunities.		

Dignity Health Community Health Improvement Grants						
Significant Health Needs Addressed	 ☒ Access to Care ☒ Preventive Practice, including COVID-19 ☒ Behavioral Health including Substance Use and Mental Health ☒ Chronic Diseases, including Overweight and Obesity ☒ Housing and Homelessness ☒ Safety and Violence 					
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 link to the hospital.					
Population Served	Underserved and marginalized populations.					
Program Goal / Anticipated Impact	Focused attention on health priorities and underserved in the community will provide connections to needed medical care and social services, thereby providing more appropriate care to the individual and improving the health of the community.					
FY 2022 Report						
Activities Summary	Funding was awarded to Family Assistance Program, Legal Aid of San Bernardino, Lestonnac Free Clinic and Mary's Mercy Center.					
Performance / Impact	Funding in FY22 addressed the following health needs: Access to Healthcare, Behavioral Health, Chronic Diseases, Housing and					
	Homelessness and Safety and Violence. Agencies have reported that they are on-track to meet goals established in their respective proposals.					
Hospital's Contribution / Program Expense						
Hospital's Contribution /	they are on-track to meet goals established in their respective proposals.					
Hospital's Contribution /	they are on-track to meet goals established in their respective proposals. \$156,452 was expended in cash awards to recipients.					

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.

First Step Staffing, Inc. (FSS)

First Step Staffing 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.

Mary Erickson Community Housing

In September 2020, CommonSpirit Health approved a 7-year, \$1,200,000 line of credit to Mary Erickson Community Housing 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.

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.

Neighborhood Partnership Housing Services, Inc. (NPHS)

In September 2020, CommonSpirit Health 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 nonprofit housing organizations serving three Southern California counties which include Riverside, East Los Angeles, and San Bernardino.

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 have served on the Steering Committee since its inception to ensure integration of the health component in program planning.

Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

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	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
Benefits for Living in Poverty	reisolis	Expense	Revenue	Denent	Expenses
Financial Assistance	12,073	6,538,204	0	6,538,204	1.5%
Medicaid	88,600	183,393,891	160,719,383	22,674,508	5.1%
Community Services	00,000	100,000,001	100,7 13,303	22,074,000	3.170
A - Community Health Improvement Services	7,961	767,494	0	767,494	0.2%
E - Cash and In-Kind Contributions	2	560.924	0	560,924	0.2%
G - Community Benefit Operations	0	257,225	0	257,225	0.1%
Totals for Community Services	7,963	1,585,643	0	1,585,643	0.1% 0.4%
Totals for Community Services Totals for Living in Poverty	108,636	191,517,738		30,798,355	6.9%
-	100,030	191,517,730	160,719,383	30,790,355	0.9%
Benefits for Broader Community					
Community Services			_		
A - Community Health Improvement Services	1,021	178,192	0	178,192	0.0%
B - Health Professions Education	207	11,236,299	0	11,236,299	2.5%
E - Cash and In-Kind Contributions	0	14,930	0	14,930	0.0%
F - Community Building Activities	9	96,582	0	96,582	0.0%
Totals for Community Services	1,237	11,526,003	0	11,526,003	2.6%
Totals for Broader Community	1,237	11,526,003	0	11,526,003	2.6%
Totals - Community Benefit	109,873	203,043,741	160,719,383	42,324,358	9.5%
Medicare	7,513	43,819,235	37,960,909	5,858,326	1.3%
Totals with Medicare	117,386	246,862,976	198,680,292	48,182,684	10.8%

Hospital Board Roster

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Emergency Medicine Specialist

Toni Callicot

Retired CEO American Red Cross

Samuel Cherny, M.D

Physician

Justin Fu, M.D.

Chief of Staff

Nancy Jurecki, OP

Providence Health and Services

Douglas Kleam, President

St. Bernardine Medical Center

Wilfrid Lemann, Chair

Fullerton, Lemann, Schaefer & Dominick, LLP

Pete Mendoza, Secretary

Human Services Program Integrity Division Chief

Ashis Mukherjee, M.D.

Physician

Craig Nelson, PhD

Retired Ethicist Kaiser Permanente

Fave Pointer

Retired Social Service Worker/Advocate

Michael Salazar, Vice Chair

Vice President Wealth Management UBS

Financial Services, Inc.

Connie Threlkel

President GoodFaith Medical Transportation Co.,

Kim Phuong Tran, CCVI

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Retired Educator

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Professor

Nursing Department | College of Natural Science California State University, San Bernardino

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Vice President Mission Integration Dignity Health Southern California

Daniel Flores

Executive Director

Mary's Mercy Center

Kathleen McDonnell

Director Mission Integration St. Bernardine Medical Center

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Director Care Coordination St. Bernardine Medical Center Pablo Ramirez

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Legal Aid of San Bernardino

Rev. Deborah Jones

Director Mission Integration Community Hospital of San Bernardino **Candy Stallings**

Christian Starks

San Bernardino Sexual Assault Services Retired

Vicki Lee

SBCUSD Family Resource Center Community Hospital of San Bernardino Board Member St. Bernardine Medical Center

Director Community Health