# St. Bernardine Medical Center

## Community Benefit 2024 Report and 2025 Plan


**Adopted November 2024**

Dignity Health
St. Bernardine Medical Center

## A message from

Douglas Kleam, President, and Michael Salazar, 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 drivers of health.

St. Bernardine Medical Center shares a commitment with others to improve the health of our community and promote health equity, and delivers programs and services to help achieve that goal. The Community Benefit 2024 Report and 2025 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. 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 2024 (FY24), St. Bernardine Medical Center provided $18,731,546 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2024 Report and 2025 Plan at its November 19th, 2024 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.

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| Douglas Kleam | Michael Salazar |
| President | Chairperson, Board of Directors |

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## At-a-Glance Summary

**Hospital HCAI ID**: 106361339

**Report Period Start Date**: July 1, 2023

**Report Period End Date**: June 30, 2024

**This document is publicly available online at**:
https://www.dignityhealth.org/socal/locations/stbernardinemedical/about-us/serving-the-community/community-health-needs-assessment-plan

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|---|---|
| **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. |
| **Economic Value of Community Benefit** | $18,731,546 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits<br><br>$0 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.<br><br>The hospital's net community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report. |
| **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:<br>• Access to Healthcare<br>• Behavioral Health<br>• Chronic Disease<br>• Housing and Homelessness<br>• Safety and violence<br>• Preventive Practices |
| **FY24 Programs and Services** | The hospital delivered several programs and services to help address identified significant community health needs. These included:<br><br>The hospital delivered several programs and services to help address identified significant community health needs. These included:<br>• Family Focus Center |

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|---|---|
| | • Baby & Family Center<br>• Community Health Navigator<br>• Community Health Improvement Grants Program<br>• California Bridge Program |
| **FY25 Planned Programs and Services**  | FY24 programs will continue with adjustments made for other significant health needs including chronic disease. 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. |

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 197 during Fiscal Year 2023, St. Bernardine Medical Center employs 1,712 employees and maintains professional relationships with 451 local physicians and 79 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 73,232 visits in FY 2023.

## 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 community health needs assessment report online.

Total Population- 1,399,676

| ***Race*** | |
|---|---|
| *Asian/ Pacific Islander* | *9.2%* |
| *Black/ African American- Non Hispanic* | *13.8%* |
| *Hispanic or Latino* | *65.3%* |
| *White Non-Hispanic* | *8.6%* |

| | |
|---|---|
| All Others | 3.1% |
| % Below Poverty (families) | 16.3% |
| Unemployment | 6.3% |
| No High School Diploma | 33.1% |
| Medicaid | 41.6% |
| Uninsured | 7.9% |


## 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. The hospital makes the CHNA report widely available to the public online at

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

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.

**Community Groups that Attended or Engaged in the CHNA**:

- First Presbyterian Church of San Bernardino
- San Bernardino Diocese
- Catholic Charities San Bernardino & Riverside Counties
- Young Visionaries Youth Leadership Academy
- Community Health Association Inland Southern Region (CHAISR)

**Vulnerable Populations Represented by These Groups**:

- Black/ African American
- Hispanic/ Latino
- People identifying as lesbian, gay, bisexual, transgender, or queer

## 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 | Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. In the U.S., over one 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 dental care/oral health and economic insecurity, 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.

## 2024 Report and 2025 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 FY24 and planned activities for FY25, 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

The hospital 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 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 12-17.

## Community Health Core Strategies

Driven by a commitment to equity and social justice, we envision a future where health and well-being are attainable by all regardless of background or circumstance.

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 three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Strengthen community capacity to achieve equitable health and well-being.
- Implement and sustain evidence-based health improvement program initiatives.

## 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 | Active FY24 | Planned FY25 |
|---|---|---|---|
| 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. | ● | ● |
| 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. | ● | ● |
| 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. | ● | ● |
| Baby and Family Center | Presents health care topics and local resources for new/expectant mothers and families including breastfeeding support, child preparation classes and parenting classes | ● | ● |
| Transitional Care Clinic | Assists persons to identify and secure a medical home and provides connections to local social service agencies. | ● | ● |
| Graduate Medical Education Program | Partnership with University of California Riverside School of Medicine to address the shortage of physicians in the Inland Empire. | ● | ● |
| 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. | ● | ● |

**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 healthcare 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 FY24 | Planned FY25 |
|---|---|---|---|
| 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. | ● | ● |
| 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. | ● | ● |
| 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. | ● | ● |
| 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. | ● | ● |
| 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 | Active FY24 | Planned FY25 |
|---|---|---|---|
| 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. | ● | ● |
| 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. | ● | ● |
| Transitional Care Clinic | The Transitional Care Clinic provides follow up care to patients after their discharge from the hospital to focus on reducing the readmission rate of patients and meet immediate concerns of recently discharged patients. | ● | ● |
| Support Groups | 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. | ● | ● |
| Community Health Improvement Grants | Offers grants to nonprofit community organizations that provide chronic disease-focused programs and services. | ● | ● |

**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 | Summary Description | Active FY24 | Planned FY25 |
|---|---|---|---|
| Vaccines | Provides free vaccines in the community. | ● | ● |
| 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. | ● | ● |
| Community Health Improvement Grants | Offers grants to nonprofit community organizations that provide preventive care programs and services. | ● | ● |

**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 lifestyle 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 | Summary Description | Active FY24 | Planned FY25 |
|---|---|---|---|
| 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. | ● | ● |
| 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. | ● | ● |
| 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. mobility, information, language) and provide targeted assistance. | ● | ● |
| 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 chronic disease-focused programs and services. | ● | ● |

**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 postpartum; 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: Housing & Homelessness

| Strategy or Program | Summary Description | Active FY24 | Planned FY25 |
|---|---|---|---|
| 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. | ● | ● |
| California Accountable Communities for Health Initiative (CACHI) | Beginning in FY23 SBMC participated in an initiative designed to support a multi-sector collaborative at Arrowhead Grove in San Bernardino to make a lasting transformational change to improve current housing conditions and community health for San Bernardino City residents. | ● | ● |
| Community Health Improvement Grants | Offers grants to nonprofit community organizations that provide chronic disease-focused programs and services. | ● | ● |

**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 the Housing Authority of the City of San Bernardino, Making Hope Happen Foundation, Loma Linda Medical Center, Uplift San Bernardino, 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 FY24, the hospital in partnership with Community Hospital of San Bernardino awarded the grants below totaling $360,000. Some projects also may be described elsewhere in this report.

| Grant Recipient | Project Name | Health Needs Addressed | Amount |
|---|---|---|---|
| Family Assistance Program | Supporting Victims with Healthcare and Housing | Behavioral Health/ Mental Health<br><br>Housing and Homelessness<br><br>Violence<br><br>Access to Care | $80,000 |
| Mary's Mercy Center, Inc. | Mary's Haven | Housing and Homelessness<br><br>Access to Care | $65,000 |
| Lestonnac Free Clinic | Community Continuum of Health Collaborative (CCHC) | Access to Care<br><br>Preventive Practices | $50,0000 |
| Legal Aid Society of San Bernardino | H.O.P.E.F.U.L | Access to Care<br><br>Housing and Homelessness | $80,000 |
| Inland Harvest | Inland Harvest | Food Insecurity | $49,400 |
| Rescue a Generation Inc. | Rescue a Generation | Behavioral Health/ Mental Health | $40,000 |

## 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 Health Navigator | |
|---|---|
| Significant Health Needs Addressed | • Access to Care<br>• Preventive Practice, including CVOID-19<br>• Chronic Diseases, including Overweight and Obesity<br>• 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) and San Bernardino County residents in locating medical and social services as appropriate. |
| **FY 2024 Report** | |
| Activities Summary | Navigator followed up by phone and appointment to high utilizers of the ED, primarily the uninsured. |
| Performance / Impact | A total of 664 persons were directly served through the community health navigator program. |
| Hospital's Contribution / Program Expense | $36,786 was expended in staffing and related programming expenses in FY24. |
| **FY 2025 Plan** | |
| Program Goal / Anticipated Impact | Assist the frequent users of the Emergency Department (ED) and San Bernardino County residents in locating medical and social services as appropriate. |
| Planned Activities | Navigator will continue to follow up by phone and in person with San Bernardino County residents and high utilizers of the ED. SBMC's 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 Center | |
|---|---|
| Significant Health Needs Addressed | • Access to Care<br>• Preventive Practice |

| | |
|---|---|
| | • Safety & Violence<br>• Behavioral Health, including Substance Use and Mental Health |
| Program Description | The Family Focus Center (FFC) program is designed to support at-risk youth and young adults within the community. Located within walking distance of San Bernardino High School and Arrowview Middle School, the center offers various services. These include after-school programming, violence prevention initiatives, career development opportunities, character-building activities, and helping the youth cultivate essential life skills |
| Population Served | At risk youth, young adults, and their families |
| Program Goal / Anticipated Impact | Provide a safe and enriching environment and programs for our local youth. Evident by the successful advancement of students to the next grade level and the support provided in achieving personal goals, including employment opportunities and continued education. |
| **FY 2024 Report** | |
| Activities Summary | The center was under normal operations, offering after-school tutoring and a six-week "Values to Success" program focused on social development and career exploration. Additionally, we have re-launched the Late Night Hoops Program, which utilizes basketball as a means to engage at-risk youth. This initiative hosts pick-up basketball games that not only foster teamwork, leadership, and communication skills but also provide a safe environment for young individuals in the evenings, contributing to a reduction in community violence. |
| Performance / Impact | A total of 1,982 unduplicated youth attended the Afterschool Program. Food insecurity remains a significant concern in the community, which is why all students attending the program are provided with a warm meal. The Late Night Hoops program recorded 34 unduplicated youth, and plans are underway to organize additional sessions throughout the year. |
| Hospital's Contribution / Program Expense | $416,961 was expended in staffing and related programming expenses. |
| **FY 2025 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 nonprofits 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<br>• Preventive Practice, including COVID-19<br>• Chronic Diseases, Including Overweight and Obesity<br>• Housing and Homelessness<br>• Safety & Violence<br>• Behavioral Health, including Substance Use and Mental Health |
| 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 2024 Report** | |
| Activities Summary | Funding was awarded to Family Assistance Program, Legal Aid of San Bernardino, Lestonnac Free Clinic, Mary's Mercy Center, Inland Harvest, and Rescue a Generation Inc. |
| Performance / Impact | Funding in FY24 addressed the following health needs: Access to Healthcare, Behavioral Health, Chronic Diseases, Housing and Homelessness, Preventative Practices, 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 | St. Bernardine Medical Center and Community Hospital of San Bernardino granted $360,000 in cash awards to recipients. |
| **FY 2025 Plan** | |
| 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. |
| Planned Activities | Awardees will have an established collaboration with the hospital which will allow for better connection for community and patients who are discharged and who may be able to benefit from services offered by the non-profit agencies. |

## 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 homeownership 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 has 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 Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of financial assistance, Medicaid, other means-tested programs and Medicare 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.

371 St. Bernardine Medical Center
Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare)
For period from 07/01/2023 through 06/30/2024

| | Persons | Expense | Offsetting Revenue | Net Benefit | % of Expenses |
|---|---|---|---|---|---|
| Benefits for Poor | | | | | |
| Financial Assistance | 5,028 | $6,230,442 | $0 | $6,230,442 | 1.2% |
| Medicaid | 96,344 | $233,341,952 | $254,571,040 | $0 | 0.0% |
| Community Services | | | | | |
| A - Community Health Improvement Services | 8,062 | $579,615 | $0 | $579,615 | 0.1% |
| E - Cash and In-Kind Contributions | 5 | $1,997,338 | $0 | $1,997,338 | 0.4% |
| G - Community Benefit Operations | | $231,670 | $0 | $231,670 | 0.0% |
| Totals for Community Services | 8,067 | $2,808,623 | $0 | $2,808,623 | 0.5% |
| Totals for Benefits for Poor | 109,439 | $242,381,017 | $254,571,040 | $9,039,065 | 1.7% |
| Benefits for Broader Community | | | | | |
| Community Services | | | | | |
| A - Community Health Improvement Services | 1,529 | $116,952 | $0 | $116,952 | 0.0% |
| B - Health Professions Education | 151 | $11,551,733 | $2,138,254 | $9,413,479 | 1.8% |
| E - Cash and In-Kind Contributions | | $57,581 | $0 | $57,581 | 0.0% |
| F - Community Building Activities | 14 | $104,469 | $0 | $104,469 | 0.0% |
| Totals for Community Services | 1,694 | $11,830,735 | $2,138,254 | $9,692,481 | 1.9% |
| Totals for Broader Community | 1,694 | $11,830,735 | $2,138,254 | $9,692,481 | 1.9% |
| Totals - Community Benefit | 111,133 | $254,211,752 | $256,709,294 | $18,731,546 | 3.6% |
| Medicare | 8,538 | $46,363,053 | $46,564,123 | $0 | 0.0% |
| Totals Including Medicare | 119,671 | $300,574,805 | $303,273,417 | $18,731,546 | 3.6% |

*For the Medicaid provider fee program effective for the two-year period of January 1, 2023 - December 31, 2024, the State of California received Centers for Medicare & Medicaid Services approval in December 2023. As such, during the fiscal year July 1, 2023 - June 30, 2024, the hospital recognized provider fee net income of $68,895,386 covering 18 months dating back to January 2023. Subtracting the six months of net provider fee attributable to the prior fiscal year, FY24 Medicaid net benefit would be $2,429,843 and total community benefit including Medicare would be $21,161,389

**Consistent with IRS instructions and Catholic Health Association guidance, Medicaid and Medicare are reported at $0 net benefit because offsetting revenue was greater than expense in FY24.

## Hospital Board and Committee Rosters

| | |
|---|---|
| **Yasmina Boyd, D.O.**<br>Emergency Medicine Specialist | **Michael Salazar, Chair**<br>Vice President Wealth Mgmt., UBS Financial Services |
| **Toni Callicot**<br>Retired CEO American Red Cross | **Sr. Kim Phuong Tran, CCVI**<br>Sponsor |
| **Douglas Kleam, President**<br>St. Bernardine Medical Center | **Garner Holt**<br>Business Administrator |
| **Peter Mendoza**<br>Human Services Program Integrity Division Chief | **Daniel Munoz**<br>San Bernardino County, Deputy Executive Officer |
| **Ashis Mukherjee, M.D.**<br>Physician | **Thomas Rice**<br>Best Best & Krieger, LLP, Attorney/Partner |
| **Craig Nelson, PhD**<br>Retired Ethicist, Kaiser Permanente | **Samir Kubba MD**<br>Vice President, Inland Hematology Oncology Medical Group<br>SBMC Chief of Staff |
| **Faye Pointer**<br>Retired Social Service Worker/ Advocate | |

## Community Benefit Initiative Committee Roster

| | |
|---|---|
| **Claudia Davis, PhD**<br>Professor<br>Nursing Department \| College of Natural Science<br>California State University, San Bernardino<br>Community Hospital of San Bernardino Board Member | **Linda McDonald**<br>Vice President Mission Integration<br>Dignity Health Southern California |
| **Daniel Flores**<br>Executive Director<br>Mary's Mercy Center | **Pablo Ramirez**<br>Executive Director Legal Aid of San Bernardino |
| **Rev. Deborah Jones, Co-chair**<br>Director Mission Integration<br>Community Hospital of San Bernardino | **Christian Starks, Chair**<br>Director Community Health<br>St. Bernardine Medical Center |
| **Vicki Lee**<br>SBCUSD Family Resource Center<br>Community Hospital of San Bernardino Board Member | **Ana Romero**<br>Manager, Mission Integration |