

St. Bernardine Medical Center

2019 Community Health Implementation Strategy




Adopted October 2019



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At-a-Glance Summary

<p>Community Served</p> 	<p>St. Bernardine Medical Center is located in San Bernardino County, in a metropolitan area called the Inland Empire. The Inland Empire is a region in Southern California located East of Los Angeles County. The hospital service area encompasses the cities of: Bloomington, Colton, Crestline, Highland, Fontana, Hesperia, Redlands, Rialto, San Bernardino and Yucaipa.</p>
<p>Significant Community Health Needs Being Addressed</p> 	<p>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:</p> <ul style="list-style-type: none"> • Access to health care • Behavioral health (includes mental health and substance use and misuse) • Chronic diseases (includes overweight and obesity) • Housing and homelessness • Safety and violence
<p>Strategies and Programs to Address Needs</p> 	<p>The hospital intends to take several actions and to dedicate resources to these needs, including:</p> <p>Access to care: Financial Assistance, Coordinated Community Network (CCN), Community Health Navigator, Community Health Education, Community Grants Program and flu shots.</p> <p>Behavioral health: Cultural Trauma & Mental Health Resiliency Program, Community Health Education and Community Grants Program</p> <p>Chronic diseases: Community Health Education, Sweet Success Program, Support Groups and Community Grants Program</p> <p>Housing and homelessness: Accelerating Investment for Healthy Communities, and Community Health Navigator and Community Grants Program.</p> <p>Safety and violence: Family Focus Center, Cultural Trauma & Mental Health Resiliency Program and Community Grants Program.</p>
<p>Anticipated Impact</p> 	<p>Overall, these programs and strategies will increase access and reduced barriers to health care for the medically underserved. Additionally, we will increase access to behavioral health services in community settings and improve screening and identification of behavioral health needs, and increase identification and treatment of chronic diseases and improve compliance with chronic disease prevention and management recommendations. We will increase affordable housing and healthy and safe neighborhoods and improve educational attainment and employment opportunities for youth.</p>

Planned Collaboration



Key partners include schools and school districts, colleges and universities, businesses, faith community, cities, parks and recreation agencies, community clinics, community-based organizations, housing agencies, funders, law enforcement, regional collaboratives, disease prevention organizations, mental health providers and substance use providers.

This document is publicly available online at

<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 SBMC's Mission Integration Office at 2101 N. Waterman, San Bernardino, California, 92404 or by email or by e-mail through the website at

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

Our Hospital and the Community Served

About St. Bernardine Medical Center

St. Bernardine Medical Center (SBMC) is a member of Dignity Health, which is a part of CommonSpirit Health. SBMC is located at 2101 N. Waterman Avenue, San Bernardino, CA 92404. St. Bernardine Medical Center is a 342-bed, not-for-profit health care facility and is among the largest hospitals in the Inland Empire, offering a full continuum of services, from family care to the most advanced heart surgery. Hospital services include:

- Baby & Family Services
- Cancer Services
- Center for Imaging
- DaVinci Surgery
- Emergency Services
- Inland Empire Heart & Vascular Institute
- Orthopedic Services
- Surgical Weight Loss Services (Bariatric)
- Urgent Care Centers - Fontana & Highland
- Wound Healing Center



Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Financial Assistance for Medically Necessary Care

St. Bernardine Medical Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. The financial assistance policy and a plain language summary and other materials are on the hospital's web site.

Description of the Community Served

SBMC serves 21 ZIP Codes representing 10 cities in San Bernardino County. A summary description of the community follows (additional details can be found in the CHNA report online).

St. Bernardine Medical Center Service Area

Place	ZIP Code	Place	ZIP Code	Place	ZIP Code
Bloomington	92316	Hesperia	92344	San Bernardino	92404
Colton	92324	Hesperia	92345	San Bernardino	92405
Crestline	92325	Redlands	92373	San Bernardino	92407
Highland	92346	Redlands	92374	San Bernardino	92408
Fontana	92335	Rialto	92376	San Bernardino	92410
Fontana	92336	Rialto	92377	San Bernardino	92411
Fontana	92337	San Bernardino	92401	Yucaipa	92399

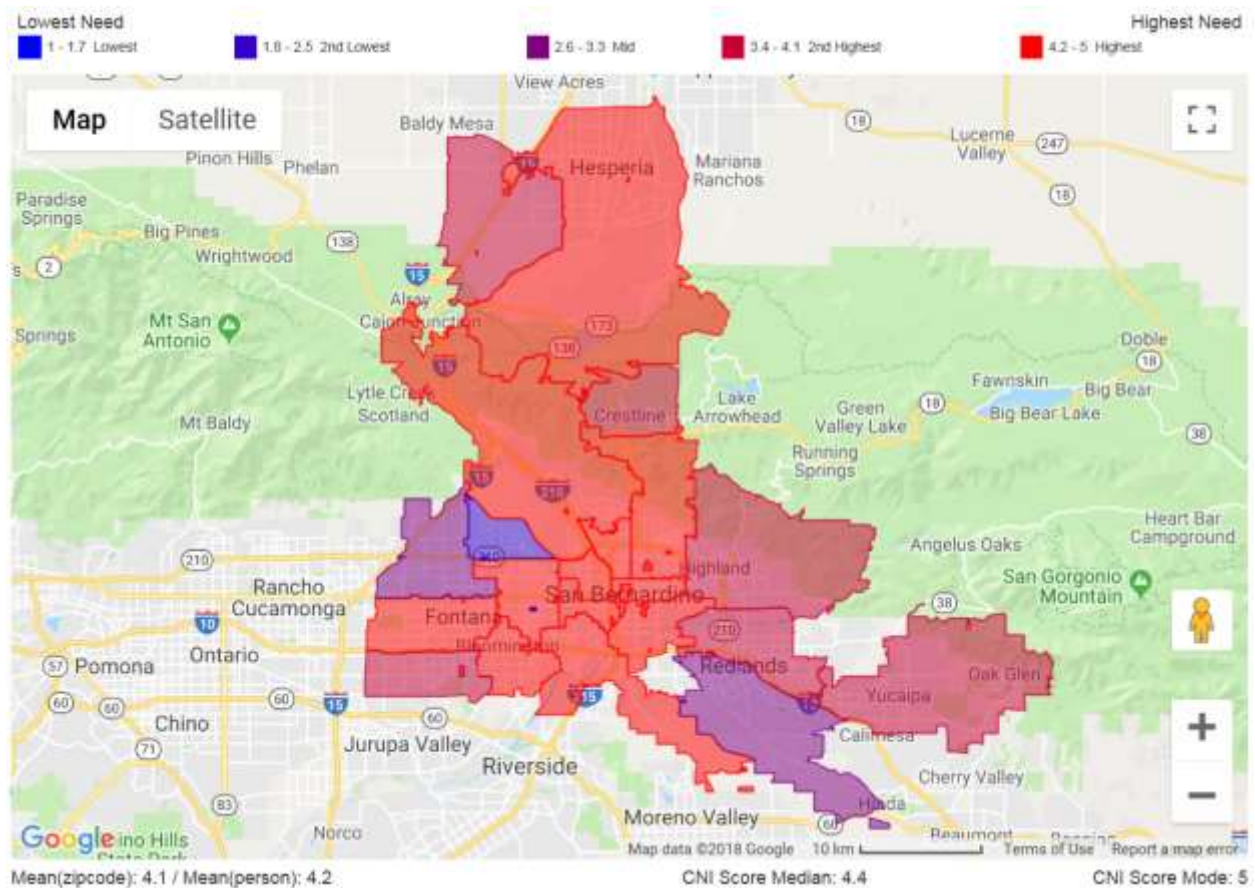
The population of the hospital service area is 974,029. Compared to the county and the state, the SBMC service area has a high percentage of children. Children, ages 0-19, make up one-third (33.3%) of the population. 35.5% are 20-44 years of age, 22.2% are 45-64, and 9% of the population are seniors, 65 years of age and older. Over half the population in the service area is Hispanic or Latino (60.5%) and 23.9% of the population is White. Black or African Americans make up 8.6% of the population in the service area, while Asians are 4.3% of the population. The percentage of Hispanics/Latinos and Black or African-Americans is higher in the hospital service area than found in the county and the state.

The hospital service area has high rates of poverty. Among area residents, 21.5% are at or below 100% of the federal poverty level (FPL) and 46.6% are at 200% of FPL or below (low-income). 29.5% of children in the service area live in poverty; these rates are higher than in the county and state. For seniors in the service area, 12.7% live in poverty; these rates are also higher than county and state averages. The median household income for the service area is \$50,310. This is lower than the median income for the county (\$54,469) and state (\$77,952). Of the service area population age 25 and over, 26.4% have not attained a high school diploma, a rate higher than the county (21.2%) and state (17.9%). The health insurance coverage rate in the service area is 83.6%. This is below the rate for the county (85.9%) and state (87.4%). Among children in the service area, 92.8% have insurance coverage, and 77.2% of non-senior adults are insured. Nearly all seniors are insured (97.4%).

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.



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 health implementation strategy 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 <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 community health needs assessment identified the following significant community health needs:

- Access to health care – In San Bernardino County, 38.7% of the population has employment-based health insurance. 32.6% are 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; 94.9% have had symptoms in the past year and 40.2% take daily medication to control their asthma. Among county youth, 3.2% have been diagnosed with asthma, and 14.4% have visited the ER as a result of their asthma. The cancer death rate in the service area is 189.8 per 100,000 persons, higher than the county rate (172.9 per 100,000 persons), the state rate (158.4 per 100,000 persons), and the Healthy People 2020 objective (161.4 per 100,000). 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. In San Bernardino County, 34.8% of the adult population reported being overweight. 10.8% of teens and 20.8% of children in the county are overweight. Overweight children in the county exceed the state rate. The Healthy People 2020 objective for obesity is 30.5% of adults, ages 20 and over. In San Bernardino County, 36% of adults are obese.

- 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.
- Behavioral health (includes mental health and substance use and misuse) – 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. Among adults, 66.4% of county adults had engaged in binge drinking in the past year. The rate of opioid prescriptions in San Bernardino County was 657.7 per 1,000 persons. This rate is higher than the state rate of opioid prescribing (507.6 per 1,000 persons).
- 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 (485) or state (461.9). The homicide rate in the service area (7.4 per 100,000 persons) exceeded the Healthy People objective of 5.5 per 100,000 persons.

Significant Needs the Hospital Does Not Intend to Address

St. Bernardine Medical Center will take action to address all of the significant health needs outlined above.

2019 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It summarizes planned activities with statements on anticipated impacts and planned collaboration. Program Digests provide additional details on select programs.

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 Implementation Strategy

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.

The following criteria were used by the hospital to determine the significant health needs SBMC will address in the Implementation Strategy:

- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners to address the issue.

- Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus Area: Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.



SBMC engaged internal leaders and the Community Benefit Initiative Committee to examine the identified health needs according to these criteria. The CHNA served as the resource document for the review of health needs as it provided statistical data on the severity of issues and also included community input on the health needs. As well, the community prioritization of the needs was taken into consideration. As a result of the review of needs and application of the above criteria, SBMC chose to focus on: access to care, behavioral health, chronic diseases, housing and homelessness and safety and violence.

For each health need the hospital plans to address, the Implementation Strategy describes: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and other organizations. In most cases, the strategies identified to address the selected needs are based on existing programs that have evidence of success. For some strategies, SBMC is part of a larger collaborative initiative or grant-funded project that has identified evaluative measures designed to track impact.

Strategy by Health Need

The tables on the following pages present strategies and program activities the hospital intends to deliver to help address significant health needs identified in the CHNA report. They are organized by health need and include statements of the anticipated impact and any planned collaboration with other organizations in our community.



Health Need: Access to Care

Strategy or Program Name	Summary Description
Financial Assistance	St. Bernardine Medical Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital will provide financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.
Community Health Navigator	The Community Health Navigator assists frequent users of the Emergency Department, who have conditions that are better treated in an outpatient setting, to find a medical home. The Community Health Navigator will provide connections to social service agencies.
Community Health Education	Community education will be offered to the community free of charge and will address a variety of access to health care topics, including local resources for primary and preventive care and navigating the health care system.
Flu Shots	Free flu shots will be offered at a number of community venues.
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.
Anticipated Impact: Increased access and reduced barriers to health care for the medically underserved.	
Planned Collaboration: Key partners include community clinics (e.g. Lestonnac Free Clinic, Al-Shifa Clinic and others), community-based organizations (e.g. Family Assistance Program, Mary's Mercy Center and others), schools and school districts, faith groups, public health and local cities.	



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

Strategy or Program Name	Summary Description
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.
Community Health Education	Community education will be offered to the community free of charge and will address a variety of behavioral health care topics.
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
Anticipated Impact: Increased access to behavioral health services in community settings and improved screening and identification of behavioral health needs.	
Planned Collaboration: Key partners include behavioral health providers, schools and school districts, community-based organizations, the UniHealth Foundation, Dignity Health Southern California Hospitals, 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 Diseases (including Overweight and Obesity)

Strategy or Program Name	Summary Description
Community Health Education	Community education will be offered to the community free of charge and will address a variety of chronic disease-related health care topics. Education programs will include: Chronic Disease Self-Management, and Diabetes Empowerment Education Program.
Baby & Family Center	The Baby & Family Center will offer educational classes for pregnant women and their families on breastfeeding, nutrition and prevention of disease and disability. The Sweet Success program is housed at the BFC to focus on gestational diabetes.
Support Groups	Support groups will be offered to persons with chronic disease conditions, their families and caregivers.
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.
Anticipated Impact: Increased identification and treatment of chronic diseases and improved compliance with chronic disease prevention and management recommendations.	
Planned Collaboration: Key partners include public health, faith community, community clinics, community-based organizations, American Heart Association, American Cancer Society, and the American Diabetes Association.	



Health Need: Housing and Homelessness

Strategy or Program Name	Summary Description
Accelerating Investment for Healthy Communities	SBMC will participate in a national initiative designed to increase investments in the social determinants of health with an emphasis on affordable housing.
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.
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.
Anticipated Impact: Increased affordable housing and healthy and safe neighborhoods.	
Planned Collaboration: Key partners include housing developers (e.g. National Community Renaissance and other non-profit housing developers), City of San Bernardino and related city agencies, funders, the Center for Community Investment, hospitals and health systems, Diocese of San Bernardino and other faith communities, community clinics, community-based organizations, and other housing agencies.	




Health Need: Safety and Violence

Strategy or Program Name	Summary Description
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.
Family Focus Center	The Family Focus Center will provide services and programs for at-risk youth. Services will include: after school activities, career development, Late Night Hoops, Summer Camp, Drug & Violence Prevention and Health & Nutrition. The Values to Success program 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. The program allows participants to spend time volunteering in the hospital, providing focus on education attainment and career opportunities as a means to stability.
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
Anticipated Impact: Increased healthy and safe neighborhoods and improved educational attainment and employment opportunities for youth.	
Planned 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.	

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of the health needs being addressed, planned collaboration, and program goals and measurable objectives.

 Dignity Health Community Grants Program	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to care <input type="checkbox"/> Behavioral health (mental health and substance use) <input checked="" type="checkbox"/> Chronic diseases (including overweight and obesity) <input checked="" type="checkbox"/> Housing and homelessness <input checked="" type="checkbox"/> Safety and violence
Program Description	Award grant funds annually to local non-profit organizations to be used to effect collective impact, addressing the health priorities established by the hospital (based on 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
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	Increased access and reduced barriers to health care, behavioral health care and chronic disease prevention and treatment for the medically underserved.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support hospital 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 Manager of Community Health to ensure programs meet the objectives stated in their grant proposals.
Planned Collaboration	Non-profit community-based organizations, faith organizations, community clinics, mental health care providers.



Community Health Navigator

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to care <input checked="" type="checkbox"/> Behavioral health (mental health and substance use) <input checked="" type="checkbox"/> Chronic diseases (including overweight and obesity) <input checked="" type="checkbox"/> Housing and homelessness <input type="checkbox"/> Safety and violence
Program Description	The Community Health Navigator follows up with patients who are high utilizers of the ED who are seen for diagnoses that could be better addressed in an outpatient setting.
Community Benefit Category	A3 – Healthcare Support Services

Planned Actions for 2019 - 2021

Program Goal / Anticipated Impact	Increase access to primary health care and behavioral health services in community settings.
Measurable Objective(s) with Indicator(s)	10% of those contacted by the Navigator will receive a referral to a community clinic or social service agency.
Intervention Actions for Achieving Goal	Bi-lingual Navigator will follow up with high utilizers of the ED, primarily the uninsured. ED Admitting staff will provide Navigator with information on patients. Patients are provided with community resources, including sites offering specialty care. Assistance is provided for enrolling in government sponsored plans for health insurance, including assisting with establishing a Primary Care Physician, and Cal Fresh for food needs, as well arrange referrals for supportive services from local non-profit agencies, including housing.
Planned Collaboration	Community Health Navigator works closely with Manager of Community Health and Care Coordination Team from the hospital, as well as local non-profit clinics and social services agencies.



Baby & Family Center

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to care <input checked="" type="checkbox"/> Behavioral health (mental health and substance use) <input checked="" type="checkbox"/> Chronic diseases (including overweight and obesity) <input type="checkbox"/> Housing and homelessness <input type="checkbox"/> Safety and violence
Program Description	<p>The Baby & Family Center (BFC) is an education site providing a multitude of services targeted toward pregnant women and their families. In addition to breastfeeding support and education, the site provides health educators who lead a variety of support groups. Vulnerable populations are a priority. The Sweet Success program is housed at the BFC to focus on gestational diabetes. Incorporating Sweet Success in the BFC enhances the continuum of care effort to make families aware of all of the services of the BFC and encourages healthy lifestyles post-partum. A Perinatal Support Group is available to all new mothers in an effort to identify and address post-partum depression.</p>
Community Benefit Category	A1a. Community Education
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	Improve the health of pregnant mothers and their families through education with an emphasis on breastfeeding and diabetes education.
Measurable Objective(s) with Indicator(s)	Increase in-hospital breastfeeding (any and exclusive) rates by 2%. <i>Sweet Success</i> participants will deliver full-term infants and experience zero fetal demise. Hospital will maintain its <i>Baby Friendly</i> designation.
Intervention Actions for Achieving Goal	Encourage breastfeeding for inpatient and community members; conduct breastfeeding support groups; offer Sweet Success counseling to women with gestational diabetes.
Planned Collaboration	Partner with the Inland Empire Breastfeeding Coalition to ensure adherence to most up-to-date practices and techniques.



Family Focus Center

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to care <input checked="" type="checkbox"/> Behavioral health (mental health and substance use) <input type="checkbox"/> Chronic diseases (including overweight and obesity) <input type="checkbox"/> Housing and homelessness <input checked="" type="checkbox"/> Safety and violence
Program Description	<p>A program focused on at-risk youth in the community. The Family Focus Center is located across the street from San Bernardino High School. Services include: after school activities, career development, Late Night Hoops, Summer Camp, Drug & Violence Prevention and Health & Nutrition. <i>Values to Success</i> increases participants' overall knowledge of healthy behaviors, helps build character and promotes a sense of self-worth and self-efficacy. <i>Bridges</i> supports young adults who have graduated high school but need assistance in navigating college, career and housing.</p>
Community Benefit Category	A4 – Social and Environmental Improvement Activities
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	Improved educational attainment and employment opportunities for youth.
Measurable Objective(s) with Indicator(s)	Increase the number of youth enrolled in the Bridges Program who complete individualized Success Plans. Staff will be trained in Youth Mental Health First Aid in order to better identify youth who may benefit from mental health interventions and appropriate resourcing.
Intervention Actions for Achieving Goal	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	The Family Focus Center collaborates with several community agencies, bringing in a variety of experts in multiple fields to engage with the at-risk population we serve.

Hospital Board and Committee Rosters

St. Bernardine Medical Center Community Board

Robert Carlson, PhD

Retired Educator

Samuel Cherny, MD

Physician

June Collison

Community Hospital of San Bernardino

Jean-Claude Hage, MD

Physician

Douglas Kleam

St. Bernardine Medical Center

Wilfrid Lemann

Fullerton, Lemann, Schaefer & Dominick, LLP

Dale Marsden

Superintendent San Bernardino City Unified School District

Ashis Mukherjee, MD

Physician

Vellore Muraligopal, MD

Physician

Faye Pointer

Retired Social Service Worker/Advocate

Michael Salazar

Vice President Wealth Management UBS Financial Services, Inc.

Connie Threlkel

President GoodFaith Medical Transportation Co. Inc.

Community Benefit Initiative Committee

Fr. Michael Barry
Mary's Mercy Center

Claudia Davis, PhD
California State University, San Bernardino

Deborah Davis
Legal Aid of San Bernardino

Ana Gamiz
Housing Authority of the County of San Bernardino

Sharon Gollaher, RN, MBA, ACM-RN, CMCN
St. Bernardine Medical Center

Sr. Kathleen Howard, CCVI
St. Mary Medical Center

Rev. Deborah Jones
Community Hospital of San Bernardino

Vicki Lee
SBCUSD Family Resource Center

Linda McDonald
St. Bernardine Medical Center

Kathleen McDonnell
St. Bernardine Medical Center

Dan Murphy
St. Bernardine Medical Center

Candy Stallings
San Bernardino Sexual Assault Services