

2022

COMMUNITY BENEFIT REPORT /

PROGRESS ON 2021-2023 COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Mission Hospital

Mission Viejo, CA



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EXECUTIVE SUMMARY

Providence continues its Mission of service in Orange County through Providence Mission Hospital. MH is an acute-care hospital with 523 licensed beds, founded in 1971 and located in Mission Viejo, CA. It serves the communities of Mission Viejo, Laguna Beach, Laguna Niguel, San Juan Capistrano, San Clemente, Rancho Santa Margarita, Lake Forest, Laguna Hills, Dana Point, Ladera Ranch, Trabuco Canyon, Capistrano Beach and Aliso Viejo. The hospital's service area is in South Orange County, including 593,833 people.

Providence Mission Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY22, the hospital provided **\$ 80,429,548** in Community Benefit in response to unmet needs. For FY22, Providence Mission Hospital had an unpaid cost of Medicare of **\$ 98,267,289**.

2021-2023 Providence Mission Hospital Community Health Improvement Plan Priorities

As a result of the findings of our [2021 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence Mission Hospital will focus on the following areas for its 2021-2023 Community Benefit efforts:

PRIORITY 1: MENTAL HEALTH/SUBSTANCE USE

Mental Health & Substance Use continues to be a priority across our communities. Mental health challenges can impede people's abilities to realize their potential, cope with stresses, work productively and fruitfully, and make contributions to their communities. We will be focusing on increasing services to South Orange County residents and reducing the rates of substance use among youth in our coastal communities.

2022 Accomplishments

- Provided therapy services to 515 individuals
- Over 3,400 individuals made a Promise To Talk about mental health through our stigma reduction program.
- Significant decreases in teens reporting alcohol and other drug use in the last 30 days at two local school districts

PRIORITY 2: AFFORDABLE HOUSING & HOMELESSNESS

Affordable housing and homelessness are significant concerns in our communities. Homelessness has a ripple effect throughout the community; it impacts the availability of healthcare resources, crime and safety, the workforce, and the use of tax dollars. Affordable housing benefits our communities and creates stronger outcomes – in employment, health, and education. We will be working to reduce chronic homelessness, support the number of persons entering bridge and supportive housing, and strengthen affordable housing policies in the 2021-2028 housing element plans.

2022 Accomplishments

- 185 South Orange County residents were trained as housing champions to support local housing element plans in our communities.
- Our close partnerships with local housing providers provided bridge and supportive housing solutions to 64 vulnerable residents without a home. 47% of these individuals were connected to some type of supportive or long-term housing solution, the remaining 53% were provided much-needed social and medical services that provided stability and access to care.
- The Community Care Navigator program supported 307 individuals with over 5,400 supportive contacts and case management services. 51% of these clients successfully transitioned out of intensive case management due to stabilization in social and health care needs as well as significant reductions in their emergency department visits.
- South Orange County witnessed a 24% decrease in the number of persons experiencing homelessness compared to the 2019 Point in Time count.

PRIORITY 3: EQUITY/RACIAL DISPARITIES

We believe that everyone should have a fair and just opportunity to attain their full potential and that no one should be disadvantaged, excluded, or dismissed from achieving that potential based on inherent characteristics such as race, ethnicity, or gender identity. We will be working on strategies that increase inclusion, diversity and equity, both within our organization as well as the broader communities of South Orange County.

2022 Accomplishments

- Mission Hospital provided over 11,000 unique encounters to low-income limited English residents in FY22, connecting this isolated group to relief services and access to health care services. COVID-19 prevention education and vaccination clinics and nurse navigator services were key focus areas in FY22, reaching over 7,400 South Orange County residents.
- 42 events promoting inclusion, diversity, and multiculturalism hosting 548 residents. Diversity awareness, public witness events, listening circles and participation in the Interfaith Justice Collaborative were key activities.
- Mission Hospital actively participated in the strategic process with Orange County Health Care Agency's Equity Task Force to identify three countywide focus areas: 1) Housing, 2) Food, 3) Health & Well-Being. The South Orange County Equity Collaborative, supported by Mission Hospital, continued its planning and development process in FY22.
- 229 Cope Health Scholars completed rotations in many hospital clinical units to provide exposure to the medical field and ultimately grow the future workforce of hospital providers. 44% of the scholars identify themselves as BIPOC and 65% speak a language other than English.

Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in 52 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

Providence across five western states:

- [Alaska](#)
- [Montana](#)
- [Oregon](#)
- [Northern California](#)
- [Southern California](#)
- [Washington](#)

The Providence affiliate family includes:

- [Covenant Health in West Texas](#)
- [Facey Medical Foundation in Los Angeles, CA.](#)
- [Hoag Memorial Hospital Presbyterian in Orange County, CA.](#)
- [Kadlec in Southeast Washington](#)
- [Pacific Medical Centers in Seattle, WA.](#)
- [Swedish Health Services in Seattle, WA.](#)

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

Our Mission	As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Providence Mission Hospital is an acute-care hospital founded in 1971 by a group of physicians, partnered in 1993 with Children’s Hospital of Orange County (CHOC) to provide pediatric services. In 1994, the hospital became a member of St. Joseph Health. In 2009, Mission Hospital acquired South Coast Medical Center in Laguna Beach. In 2016 Mission Hospital joined the Providence family of 51 hospitals. Mission Hospital has two locations, one in Mission Viejo and the other in Laguna Beach, California. The hospital has 523 licensed beds, a staff of more than 2,000, and professional relationships with more than 1,300 local physicians. Major programs and services offered to the community include the following: a Level II Trauma Center, cardiac care, critical care, diagnostic imaging, emergency medicine, and obstetrics.

Our Commitment to Community

Providence Mission Hospital dedicates resources to improve the health and quality of life for the communities we serve. During Fiscal Year 2022 (July 1, 2021 – June 30, 2022)], Providence Mission Hospital provided \$ 80,429,548 in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in South Orange County.

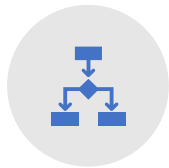
Health Equity

At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

¹ Per federal reporting and guidelines from the Catholic Health Association.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

Community Benefit Governance

Providence Mission Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The Director of Community Health Investment is responsible for coordinating implementation of State and Federal 501r requirements.

A charter approved in 2007 and revised in 2020 established the formation of the Providence Mission Hospital Community Health Committee. The role of the Community Health Committee is to support the Ministry Board in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Health Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP), and overseeing and directing the Community Benefit (CB) activities.

The Community Health Committee has a minimum of eight members including three members of the Community Ministry Board. Current membership includes four members of the Community Ministry Board and seven community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Health Committee meets bi-monthly.

Roles and Responsibilities

Senior Leadership

- Chief Executive and senior leaders including the hospital's Chief Mission Integration Officer, are directly accountable for CB performance.

Community Health Committee (CHC)

- CHC serves as an extension of the Community Ministry Board to Oversee and advise upon the commitment to serve and address our community's health needs. The committee ensures that Providence's Mission and Core Values are fulfilled and integrated through our service and investment in the community and that we pay special attention to poor and vulnerable populations in South Orange County. It includes diverse community stakeholders. Ministry Board members on CHC serve as 'board level champions.'
- The Committee provides recommendations to Mission Hospital's Ministry Board regarding budget, program targeting and program continuation or revision.

Community Health (CH) Department

- Manages CB efforts and coordination between CHI and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CHI to senior leadership and invests in programs to reduce health disparities.

Local Community

- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health-related issues on a city, county or regional level.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence Mission Hospital has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Providence Mission Hospital informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click <https://www.providence.org/obp/ca>. In FY22, Providence Mission Hospital provided \$6,491,816 free (charity care) and discounted care and 3,295 encounters.

Medi-Cal (Medicaid)

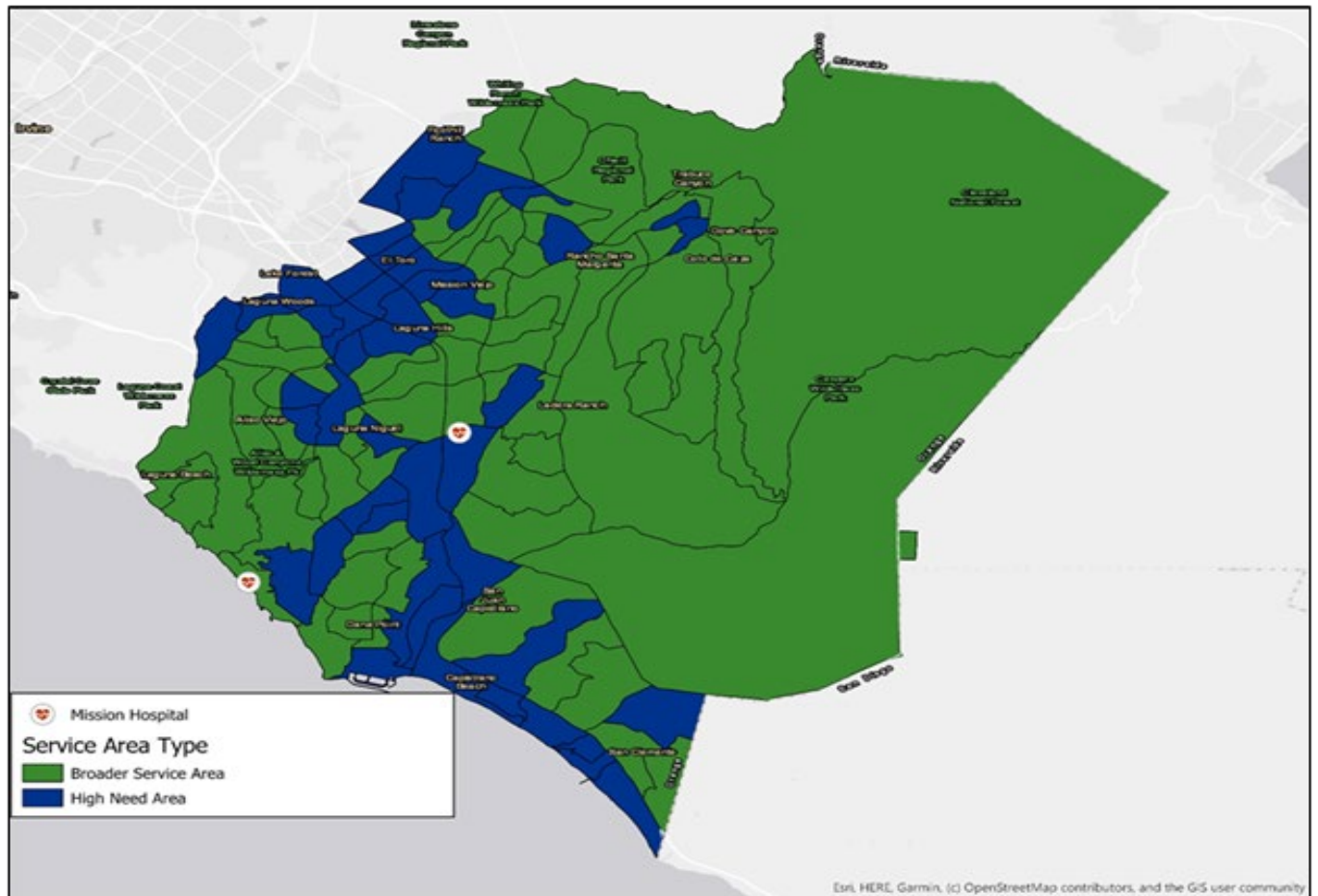
Providence Mission Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY22, Providence Mission Hospital provided \$61,166,024 in Medicaid shortfall.

OUR COMMUNITY

Description of Community Served

The community served by Mission Hospital is based upon geographic access and other area hospitals, as well as patient ZIP Codes. The service area for Mission Hospital was defined using census tracts inside South Orange County. In total there are 109 census tracts within the service area of Mission Hospital and includes a population of approximately 590,000 people. The population in Mission Hospital’s total service area makes up 18% of Orange County.

Figure 2. Providence Mission Hospital’s Total Service Area



Of the over 590,000 permanent residents of South Orange County, roughly 42% live in the “high need” area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

The population in Mission Hospital’s total service area makes up 18% of Orange County. The male-to-female distribution is roughly equal across the geographies. The high need service area has a higher percentage of people over the age of 65 and between ages 18 and 34. People ages 35 to 54 and under the age of 18 are less likely to live in high need census tracts.

POPULATION BY RACE AND ETHNICITY

Individuals identifying as Hispanic had a higher percentage living in high need service areas, 27.3% versus the broader service area, 15.2%. The same was noted for individuals identifying as “other” race, 10.5% versus 4.0%.

People identifying as white were less likely to live in high need census tracts, 71% lived in high need service areas, and 76.8% in the broader community.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Orange County Service Area

Indicator	Broader Service Area	High Need Service Area	Orange County
Median Income Data Source: American Community Survey Year: 2019	\$126,947	\$85,526	\$88,453
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	25.4%	30.3%	28.0%

The high need service area’s median household income is approximately \$40,000 **less than** that of the broader service area, and \$3,000 **less than** the Orange County overall.

Severe housing cost burden is defined as households that spend 50% or more of their income on housing costs. In the high need service area, 30% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which over 50% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the [2021 CHNA for Mission Hospital](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Improving the health of our communities is foundational to our Mission and deeply rooted in our heritage and purpose. Our Mission calls us to be steadfast in serving all, with a special focus on our most economically poor and vulnerable neighbors. This core belief drives the programs we build, investments we make, and strategies we implement.

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities. The 2021 CHNA was approved by the MH Community Health Committee on May 11, 2021.

Significant Community Health Needs Prioritized

Through a collaborative process engaging Community Health Committee members and the Director of Community Health Investment, the hospital worked from a list of the thirteen (13) health and social needs identified by data from the Orange County Health Improvement Partnership, 2019 Kaiser Permanente CHNA, 2019 University California, Irvine Medical Center CHNA, CalOptima Member Survey, morbidity and mortality data; and hospital-level data. Staff developed a point system to assign each of the thirteen (13) identified needs to gain perspective and develop a hierarchy of which top needs have the potential to offer the highest impact in the High Desert. Each need was listed, and assessed based on the following:

- Trend over time (Getting “Worse” or “Better”)
- Impact on low-income or communities of color (“Very High” to “Very Low”)
- Are “High Need Areas” worse off than state averages? (“Yes” or “No”)
- Opportunity for Impact (“Low” to “Very High”)
- Alignment with System Priorities (“Yes” or “No”)
- Community Vital Signs Priority (“Yes” or “No”)
- Attorney General Requirement (“Yes” or “No”)

Based upon the scoring system and discussion, MH’s Community Health Committee identified the following priorities:

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Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through Community Health Investment Programs and by funding other non-profits through the Community Partnership Fund. Organizations that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout Mission Hospital service areas.

The following community health needs identified in the ministry CHNA will not address and an explanation is provided below:

- **Cancer:** Given other priorities, this issue was not selected.
- **Diabetes:** Local Federally Qualified Health Centers provide primary medical care to residents with low incomes who have diabetes.
- **Early Childhood Education:** Given other priorities, resource constraints, and lack of expertise to offer this program, this issue was not selected.
- **Economic Mobility:** Given other priorities, resource constraints and lack of expertise to offer this program, this issue was not selected.
- **Environment/Climate:** [Providence St. Joseph Health has committed to being carbon negative by 2030](#). This effort will involve all hospital staff. The Regional Director, Community Health Investment has been appointed to the System Environmental Justice Work Group
- **Food Security:** Given other priorities raised during our most recent CHNA, this need became a lower priority compared to others when reviewing the impact Mission Hospital could have to resolve this issue.
- **Health Care Access:** Local Federally Qualified Health Centers provide primary care services to residents of South Orange County with low incomes. We will maintain many of the programs currently in place through Community Health Investment to continue supporting access to care such as health insurance enrollment, care navigation and medical transportation services.

- **Obesity:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.
- **Safety:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.
- **Senior Health:** Given other priorities raised during our most recent CHNA, this issue became a lower priority compared to others.

In addition, Mission Hospital will collaborate with local organizations that address the aforementioned community needs to coordinate care and referrals to address these unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

Providence Mission Hospital developed a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners, considering resources, community capacity, and core competencies.

The Regional Director and local Program Director developed strategies based on insight from the quantitative and qualitative data as well as local Community Health Investment caregivers, and input and feedback were provided by the Community Health Committee.

The 2021-2023 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2021 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

Providence Mission Hospital anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Providence Mission Hospital in the enclosed CHIP.

Addressing the Needs of the Community: 2021- 2023 Key Community Benefit Initiatives and Evaluation Plan

2022 Accomplishments

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH/SUBSTANCE USE

Population Served

Low-income residents (adults and children) in South Orange County.

9th and 11th graders from targeted schools who report using alcohol or other drugs within the last 30 days.

Long-Term Goal(s)/ Vision

- Improve the mental health of low-income residents (adults and children) in South Orange County, through participation in mental health services (e.g. therapeutic, psychoeducational, or support groups) offered at the Family Resource Centers.
- Reduce the percent of 9th and 11th graders in select South Orange County schools who report using alcohol or other drugs within the last 30 days.

Outcome Measures

- Increase the number of unique clients participating in mental health services (e.g. individual, child, family or couple’s therapy; case management; psychiatric evaluation and medication management; and therapeutic, psychoeducational and support groups) offered at the Family Resource Centers
- Increase the number of residents who are engaged in Each Mind Matters stigma reduction program
- Reduction in the percent of 9th and 11th graders in select South Orange County schools who report using alcohol or other drugs within the last 30 days.

Table 2. Strategies and Strategy Measures for Addressing Mental Health Challenges and Youth Substance Use

Strategy	Population Served	Strategy Measure	Baseline	FY22 Accomplishments
1. Provide therapeutic, psychoeducational, psychiatric, or support group services	Low-income South Orange County Residents	Increase # of unique clients participating in therapeutic, psychoeducational, psychiatric, or support group services	430 (FY19)	515
2. Utilize evidence-based practices to demonstrate changes in depression	Residents engaged in therapy	Clients with a PHQ-9 score of 10 or greater show a significant decrease in depression by the end of treatment (5 points or greater)	75% (FY20)	Clients presented with significant stressors, exacerbated by the pandemic including contracting COVID-19, job loss and changes, financial instability, food insecurity, and the need to be home to care for children and support online educational

				<p>efforts. While only 5% demonstrated a decrease in PHQ-9 scores, 61% of therapy clients met or partially met their treatment plan goals, which is consistent from prior year.</p> <p>Client retention increased from prior year.</p> <p>58% of the total clients improved their scores in the GAD-7. (Each 5 points designates a level between mild-moderate-severe anxiety.)</p>
3. Adapt the Each Mind Matters/Promise to Talk campaign in response to COVID-19	Residents with low incomes, particularly Spanish speaking	# of promises made	2,064	3,442
4. Reduce youth substance use at targeted South Orange County schools	Youth, parents, and youth-serving org	Alcohol & Other Drug Usage, as reported through California Healthy Kids Survey in select South Orange County schools	<p>LBUSD: 9th: 21% 11th: 45% (2016)</p> <p>CUSD: 9th: 21% 11th: 38% (2016)</p>	<p>LBUSD (2020-2021): 9th: 8% 11th: 11%</p> <p>CUSD: 9th: 7% 11th: 20%</p>

Evidence Based Sources

PHQ9: The Validity of a Brief Depression Severity Measure:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/>

Preventing Drug Use among Children and Adolescents (In Brief) Prevention Principles
<https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/prevention-principles>

<https://theathenaforum.org/CSAPprinciples>

Resource Commitment

\$1.1 million for all mental health and substance use prevention services

Key Community Partners

Camino Health Center, Human Options, Our Father's Table, Children's Bureau, Orange County Mental Health, Orange County Health Care Agency, MOMS OC, Friendship Shelter, Strong Families Strong Children, FAM, Capistrano Unified School District, Laguna Beach Unified School District, The Child Guidance Center, Boys & Girls Club of Laguna Beach.

2022 Accomplishments:

1. **Mental Health Services -**

Increased the number of clients receiving individual, child, couple, or family therapy; case management; psychoeducational or support groups; and psychiatric evaluation and medication management from a CY19 baseline of 430 to 515 individuals, a 20% increase.

The COVID-19 pandemic left the community needing of basic resources such as basic hygiene needs, food, utility bill assistance and rental assistance. This resulted in an increase in signs of depression and anxiety. Despite not having a full-time therapist CHEC FRC for several months, we were able to surpass the counseling goals. 14 graduate level Interns and 4 Mental Health Counselors provided therapy services to individuals, families, couples, teens, and children, and provided psychoeducational groups at the two family resource centers. In addition to counseling, the Interns also assisted with case management for adults where they provided needed resources for families who are going through medical concerns, and housing and financial difficulties.

During FY22 the total number of clients served in FY22 was 515, which is a 19% increase over our FY19 baseline. Of those, 358 were new counseling clients. 157 clients participated in groups and 40 clients were referred to our internal psychiatry services. Several groups were offered, including parenting, teen, women's support, expressive arts, a school-based art group, as well as a grief and loss support/processing group to the Boys and Girls Club after a local crisis affected the students. The option to have virtual sessions made it possible for more clients to attend counseling sessions and be more open to receiving counseling services.

2. **Measurable Improvement in Mental Health -**

Our clients presented with significant stressors, exacerbated by the pandemic including

contracting COVID-19, job loss and changes, financial instability, food insecurity, and the need to be home to care for children and support online educational efforts. Due to these unprecedented times, we witnessed a significant decline in this area, with only 5% of therapy clients with a PHQ-9 score of 10 or greater showing a significant decrease in depression by the end of treatment. (PHQ-9 scores between 10-14 points indicates moderate depression). 61% of therapy clients met or partially met their collaborative treatment plan goals, reflecting consistent from previous CY. Client retention increased with a total of only 3.9% of clients abruptly terminating services. We found that 58% of the total clients improved their scores in the GAD-7. (Each 5 points designates a level between mild-moderate-severe anxiety.)

3. **Mental Health Stigma Reduction -**

Promise to Talk acquired 9.5M impressions across all social media and web platforms during the FY22, a 7% increase over the previous year. The year ended with 81,186 total encounters and 3,442 total promises, a 26% increase from the prior year. During Mental Health Awareness Month in May 2022, our in-person Día Del Niño outreach event brought in over 550 promises to talk, encouraging open conversations in an effort to reduce the stigma surrounding mental health. Promise To Talk marked its return to in-person outreach through its partnership with The Lime Truck, which provided lunch to over 400 Día Del Niño attendees. In May, we also launched the Green Bench OC campaign, where we painted 10 park benches in Orange County lime green with the goal of symbolizing a place to talk to someone about mental health. This campaign allows us to continue having important conversations with members of the community and create interest around the stigma reduction movement. The campaign's social media resounded strongly with the community and performed extremely well, seeing a 30% increase in monthly growth during May. Our annual survey of 600+ OC residents provides further information about the effectiveness of the program. This year, respondents' overall willingness to talk about mental health with a friend, neighbor or family member remained flat at 95%, which is an exceptionally strong rating. Just like last year, 95% of respondents either 'agree' or 'somewhat agree' that open conversations about mental illness are healthy.

4. **Youth Substance Use Prevention Program -**

Over the last decade, Mission Hospital has remained dedicated to strengthening families and providing tools that empower both parents and children. The coastal communities of South County have experienced higher prevalence of drug and alcohol usage among youth as well as higher rates of sadness and depression, as measured through the California Healthy Kids Survey (CHKS).

Our Raising Healthy Teens campaign, created in 2016, continues to be a valuable resource for parents to empower their children to make healthy choices, especially since drug use and mental health issues for local high school students are well above the national average. Raising Healthy Teens provides support around three main topics including the teen brain, talking to teens about drugs and alcohol, and the pressure of perfection. The campaign provides relevant

prevention messages to our targeted parent community through social media, a monthly digital newsletter, a parent resource guide as well as in person events at local schools.

As of June 30, 2022, Raising Healthy Teens has:

1,297 subscribers to the digital newsletter (an increase of 70% from prior year)

1,892 number of Facebook followers (an increase of 37%)

1,555 Instagram followers (an increase of 470%)

A major redesign of the Parent Resource Guide was completed in early 2022 and includes the addition of a Spanish resource guide and a middle school resource guide offering tips for helping students transition to middle school and how to have age-appropriate conversations about drugs and alcohol. Rather than fear-based messaging, the new resource guides showcase youth in a positive light and is more culturally inclusive.

These newly revised resource guides will be handed out during back-to-school nights, parent drop-off and pick-up lines, football games, and other events that gather parents together and is a crucial part of our prevention strategy. This year, Raising Healthy Teens is using a behavior change model moving the targeted audiences from denial and uncertainty about the problem to providing information that creates understanding and motivation to change. Creating a campaign that changes beliefs and behaviors requires emotional connection and influence.

The youth-focused campaign, Strength In Numbers, facilitates student clubs to provide a community where young people can talk openly about their internal struggles with the pressure to be perfect and know they are not alone. On-campus clubs allow the campaign to get constant exposure and allows students to be part of the campaign goals and efforts. This year's on-campus clubs have shown tremendous student participation and clubs sign-ups were very successful with over 300 members at three campuses. Strength In Numbers has identified that a major factor leading to underage drinking or using drugs is pressure to excel in school and sports – the pressure to be perfect. Thus, this was a central campaign theme this year with over 700 students participating in the Perfection is an Illusion campaign by signing the pledge to not be perfect.

Strength In Numbers increased its number of followers across the platforms by over 800% by developing an authentic voice and delivering meaningful information helping students to manage stress and anxiety in healthy ways. Campaign messaging also appeared in football, student newspapers, theatre programs, and other campus publications for our targeted schools within Capistrano Unified School District (CUSD) and Laguna Beach Unified School Districts (LBUSD).

Together, Raising Healthy Teens and Strength in Numbers provided substance use prevention education to 3,055 unique students, parents, and youth-serving adults in South Orange County through 3,990 encounters during the last fiscal year. The two social media campaigns combined have garnered over 997,000 impressions (number of ad exposures) and 47,852 encounters

(number of clicks across all digital ads and social shares). The campaigns have developed a strong partnership with CUSD and LBUSD middle and high schools and have seen the rates of substance use reported in the California Healthy Kids survey declined from 2018/19, when we began this 3-year initiative. LBUSD 9th and 11th graders decreased use by 100% and 180% respectively, while CUSD 9th and 11th graders decreased by 57% and 30% respectively. The California Healthy Kids Survey was collected during COVID, where many students attended school online and likely had little to no social interaction resulting in the recent data being unusually low.

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS AND AFFORDABLE HOUSING

Population Served

South Orange County residents and individuals experiencing chronic homelessness

Long-Term Goal(s)/ Vision

Reduce chronic homelessness, support the number of persons entering bridge and supportive housing and strengthen affordable housing policies in the 2021-2028 housing elements.

Outcome Measures

- Reduce chronic homelessness in South Orange County by 2022 as measured by the rate of individuals experiencing chronic homelessness in the Annual Point in Time Count (2019 = 763)
- Continue securing bridge and permanent supportive housing solutions for identified residents in South Orange County
- Strengthen affordable housing policies in the 2021-2028 housing elements in at least 2 target South Orange County cities by 2022.

Table 3. Strategies and Strategy Measures for Addressing Homelessness and Affordable Housing

Strategy	Population Served	Strategy Measure	Baseline	FY22 Accomplishments
1. Train a minimum of 100 housing champions in South Orange County cities to support affordable housing projects	Residents	# of housing champions trained	0	185 residents from South OC have been trained to date
2. Engage with housing champions in local city housing element process to promote stronger	Residents	Residents engaged in Planning and City Council meetings	0	15 residents engaged in local city processes

Strategy	Population Served	Strategy Measure	Baseline	FY22 Accomplishments
policies in the 2021-2028 housing elements that will result in more affordable housing				
3. Continue securing bridge and permanent supportive housing solutions for identified residents in South Orange County	Residents	Clients receiving bridge and supportive solutions	0	64 clients
4. Continue the Care Navigation program and implement best practices identified in the region	Individuals experiencing chronic homelessness	Patients in custodial care	0	13 patients in custodial care

Evidence Based Sources

Insights from Housing Policy Research: The Impacts of Affordable Housing on Health: <https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>

Housing and Family Economic Well-Being: https://www.hcd.ca.gov/policy-research/plans-reports/docs/pb02housing_economic_well_being0214.pdf

Resource Commitment

\$800,000 to support this effort and our partners, which include two Community Care Navigators (CCNs) and grants to partner organizations.

Key Community Partners

Kennedy Commission, Family Assistance Ministries, Families Forward, Family Solutions Collaborative, Friendship Shelter, Habitat for Humanity, Illumination Foundation, Mercy House, Our Father's Table, South County Outreach, United Way OC, YIMBY

2022 Accomplishments

Strategy 1: Train a minimum of 100 housing champions. The Orange County Housing Advocacy Collaborative led by Orange County United Way, named the **Housing Champions Advocacy Network**, developed a strategic workplan in partnership with Providence St. Joseph Health, YIMBY/People for Housing OC, and Kennedy Commission to advocate for affordable and permanent supportive housing (PSH) policies and programs.

Strategy 2: Engage with housing champions. In FY22, the collaborative trained 185 Housing Champions in South Orange County. 15 engaged in housing element work to promote stronger policies that will result in affordable housing. In addition, local resident coalitions in the cities of Laguna Beach, Lake Forest, Mission Viejo, and San Juan Capistrano have been advocating for affordable housing.

Strategy 3: Continue securing bridge and permanent supportive housing solutions. Providence Mission Hospital continued its housing mitigation program with Family Assistance Ministries (FAM) and Friendship Shelter. Our Mission Hospital Community Care Navigators (CCNs) referred a total of 64 clients to these short-term programs to support our clients who are unhoused. The FAM program took in 46 clients in FY22. These clients had a total of 1,528 nights at a hotel. The CCNs supported 17 clients to the partnership with Friendship Shelter. Clients in that program were provided with 1,893 total nights at the shelter.

During their stay, the CCNs, with other community partners, provided supportive services that included coordinating medical care appointments, mental health services, substance use program referrals, transportation, crisis management, SSA/SSI services, and bridging clients to transitional housing options or shelters. Both the FAM and Friendship Shelter programs help to reduce avoidable emergency department visits, provide temporary shelter to residents who are unhoused in South Orange County, and connect residents to multiple social and medical services that enable them to reach a higher level of independence.

Strategy 4: Continue the Care Navigation program. The Care Navigation Program continued for its 5th year to create a continuum of services for patients who are homeless. In FY22, Community Care Navigators engaged with 307 frequent visitors to our Emergency Departments (ED). This includes people who are uninsured or under-insured, homeless, experiencing chronic medical problems, and demonstrate severe mental illness or substance use. 5,421 encounters were provided for these clients over the course of FY22.

- 178 clients out of the 307 clients are homeless individuals (58%) and 84 of those (47%) were referred to a hotel, recuperative care, or shelters for transitional, temporary or long-term care housing. This provides stabilization and a safe place to be while bridging the clients to other options and community resources.

- 60 individuals were referred to Mission Hospital’s Family Resource Centers for mental health, legal, health care coverage, income and or community involvement to provide stabilization and a sense of community.
- 200 individuals were provided transportation through CalOptima transportation or Uber services and bus passes to access services through DMV, SSA, Medical appts, and housing opportunities. This increases access to services that address basic needs, medical care services, and to obtain documentation needed for housing options. Starting in January 2022, CCNs have referred 45 clients to the new Cal Aim program for supportive services, housing navigation, and recuperative care. All these supportive services are provided to reduce ED visits and admittances.

Of the 307 clients served through the CCN program in FY22, 150 clients (51%) were successfully discharged from the Care Navigation Program because they received services that addressed their social and health care needs and showed significant improvement, including reductions in their ED visits. The remaining clients continue to receive services until they are socially and medically stable.

A Regional Care Navigator work group has been convened to share best practices and collect common metrics across the three Providence hospitals in Orange County. This effort is still in progress, and we were able to establish a baseline in FY22 for patients in custodial care (where patients do not need acute hospital services but are unable to be discharged due to lack of outside placement). In FY22, Mission Hospital had 13 patients in custodial care.

Finally, according to the 2022 Orange County Point in Time (OC PIT) report, a total of 5,718 persons experiencing homelessness were counted through the 2022 effort. Of those, 2,661 persons were sheltered while 3,057 persons were unsheltered. In South Orange County, 585 persons were identified during the OC PIT event.² This represents a 24% decrease from the 2019 OC PIT (763 persons). The South Orange County cities with the largest numbers of homelessness were San Clemente, Laguna Beach, and Lake Forest. We believe that while our efforts are not exclusively responsible for the decrease, our efforts to partner with housing agencies, focus on patients without a home, and work with local cities to create affordable housing solutions are making a difference in reducing unsheltered individuals in South Orange County.

COMMUNITY NEED ADDRESSED #3: EQUITY/RACIAL DISPARITIES

Population Served

Limited English Proficient (LEP) Residents with low incomes in South Orange County

Young adults from diverse backgrounds interested in medical careers

² OC Point in Time Count Report 2022: <https://ceo.ocgov.com/sites/ceo/files/2022-08/2022%20PIT%20Data%20Infographic%20-%205.10.2022%20Final.pdf>

Long-Term Goal(s)/ Vision

Improve the health outcomes of uninsured and underinsured residents.

Table 4. Strategies and Strategy Measures for Addressing Equity & Racial Disparities

Strategy	Population Served	Strategy Measure	Baseline	2022 Accomplishment
1. Serve LEP adults with low-incomes through efforts coordinated by the Community Health Investment Department	LEP Residents with low-incomes	# of participants at events	18,535 (FY19)	26,259 encounters
2. Host diversity, equity and inclusion efforts in South Orange County	Residents	# participants attending events	160 (2019)	548
3. Develop and implement a plan to reduce health disparities in alignment with local feedback and PSJH efforts	Residents, leadership of PSJH Diversity, Equity and Inclusion Committee	To be determined	To be determined	Established the South OC Equity Collaborative Engagement in county-wide Equity in OC efforts
4. Empower LEP adults with low-incomes to reduce isolation and improve resiliency through Community Health Investment programs	LEP Residents with low-incomes	# of participants at events	165 (FY19)	626
5. Implement the COPE Health Scholars Program	College students in South Orange County	# of scholars participating per year	68 (2019)	229
		% of COPE Scholars that	35% (2019)	44%

Strategy	Population Served	Strategy Measure	Baseline	2022 Accomplishment
		are racially & ethnically diverse		

Evidence Based Sources

Why Place Matters: Understanding the Role of Social Determinants of Health: www.societyhealth.vcu.edu

Confronting Racism by Achieving Health Equity: www.chausa.org

Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice: www.preventioninstitute.org

Resource Commitment

\$600,000 in staff time and operational expenses

Key Community Partners

Boys and Girls Club-Laguna Beach, Coalition for Immigrant Rights (CHIRLA), Community Health Initiative OC (CHIOC), Congregation of the Sisters of St. Joseph, Clergy & Laity United for Economic Justice (CLUE), COPE Health Scholars Program, Family Assistance Ministries, Families Forward, Friendship Shelter, Latino Health Access, Interfaith Justice Collaborative, Mission Basilica Immigration Ministry, OC Human Relations, OC Civic Engagement Table, OC Opportunity Initiative Funders Collaborative, Orange County Community Foundation, OC Resilience, Our Lady of Fatima Catholic Church, Public Law Center, Saddleback College, Saint Joseph Justice Center, St. Edward Church Social Justice Ministry, Second Harvest Food Bank OC, South County Outreach, UNIDOS, 211 OC,

2022 Accomplishments

Strategy 1. Serve LEP adults with low incomes through efforts coordinated by the Community Health Investment Department.

In FY22 the CHI team served a total of 11,315 unduplicated and 26,259 duplicated low income, limited English Proficient (LEP) individuals through 3 activity efforts: Relief services and programs, Access and Health Promotion programs, and the Retention and Utilization model for health care access coordination for the uninsured and newly insured.

The relief services and programs served 1,560 unduplicated and 8,691 duplicated low income, limited English Proficient (LEP) individuals through Immigrants’ rights community forums and workshops, legal services, adult English as a second language classes, and food and financial assistance programs.

The Community Health Investment team implemented Access and Health Promotion programs serving 7,431 unduplicated and 11,302 duplicated low income, Limited English Proficient (LEP) individuals. Efforts focused on disease prevention education on COVID-19 and chronic

disease, coordination of Covid and Flu Clinics, Nurse Community Education and Nurse navigation in community settings; and Community Based Outreach & Service Education promoting the Family Resource Center and connecting clients to services.

The Outreach, Enrollment, Retention and Utilization model for health care access coordination for the uninsured and newly insured served 2,324 unique persons and 6,266 encounters with income, Limited English Proficient (LEP) individuals. 1,665 individuals were enrolled for the first time in Medi-Cal, Covered California, Cal-Fresh, Cal-works and other social programs. 653 individual renewed applications. 3,948 education and counseling services on how to access and use health insurance and other social service benefits were provided.

Strategy 2. Increase participants attending events promoting inclusion, diversity and multiculturalism in South Orange County

The Community Health Investment team implemented 42 events, where 548 participants attended diversity, inclusion and multicultural activities such as Inclusion and Diversity Awareness and Education activities, Public Witness events, Listening Circles with under-represented individuals, and participation in the Interfaith Justice Collaborative of South Orange County comprised of faith-based and community leaders promoting inclusion and belonging, and advocating for immigrants and other vulnerable groups rights in South Orange County.

Strategy 3. Develop and implement a plan to reduce the health disparity in alignment with local feedback and PSJH efforts

PSJH is collaborating with multiple agencies in Orange County to develop an equity approach that aligns with efforts across the region. In FY22, three emerging activities occurred:

1. COVID-19 education & vaccinations: Providence Mission Hospital worked with Orange County and Providence stakeholders to distribute supplies and host COVID-19 vaccination clinics in hard-to-reach communities. Our team worked in the most vulnerable areas in South OC to increase access and vaccination rates.
2. Equity in OC: Providence Mission Hospital participated in the decision-making process in identifying priority issues across Orange County. As part of the Equity in OC Task Force, Providence votes with over 100 other community and non-profit members to identify the three priority topics of focus for the coming two years:
 - a. Housing is Health
 - b. Food as Medicine
 - c. Health & Well-Being

We will continue to participate in these important county-wide efforts to create change in our communities that supports the upstream efforts of equity in Orange County.

3. South Orange County Equity Collaborative: In 2020, Providence brought together key leaders in South Orange County to discuss how collectively we can create change that supports low-income residents. In January 2021 the South Orange County Equity Collaborative (SOCEC) was established with 11 agencies in Mission Hospital's service area, with Mission Hospital acting as the backbone agency for this effort. The SOCEC has been actively engaging with county-wide efforts and

participated in the Community Health Improvement Plan convening in June 2022 to learn key strategies within the [Equity in OC](#) effort and collaborate with others engaged in this work.

In addition, the SOCEC was selected by the American Hospital Association as one of 20 teams to participate in the Hospital Community Collaborative. This six-month program provided the collaborative with tools to continue its formation and cohesiveness toward its collective impact efforts. (<https://www.aha.org/center/hcc/our-teams>)

The collaborative will be submitting an Equity in OC implementation grant in Fall 2022 to help develop the infrastructure for the collaborative, increase its ability to effectively advocate, and support local communities.

Strategy 4. Empower LEP individuals with low incomes to reduce isolation and improve resiliency through Community Health Investment outreach.

In FY22, efforts to empower residents focused on civic engagement education and community building efforts. We served 83 unique Limited English Proficient individuals with low incomes and provided 626 encounters over the course of the fiscal year.

The CHI team provided civic engagement education to 52 unique individuals with 68 encounters. In partnership with the OC Social Service Agency Families and Communities Together Network, we provided leadership and community building support to 31 unique community leaders and volunteers of the Community Engagement Action Councils at Mission Hospital sponsored Family Resource Centers, which resulted in a total of 558 encounters over the year. We facilitated listening circles with Faith Based groups to discuss the needs in the community and opportunities for involvement, strategies to remove barriers to access Covid 19 vaccines, and inclusion and belonging efforts activities with Community leaders.

Strategy 5. Increase the number of enrollees into the COPE Health Scholars Program

In FY22, 229 COPE Health Scholars were enrolled in the program at Mission Hospital. There were 5,357 encounters during the fiscal year. COPE Health Scholars held rotations through many clinical departments and participated in a number of strategic support areas. To further the experience and impact of COPE Health Scholars, we reevaluated our medical devices rounding in CarTel to increase scholar engagement with the initiative and ease data collection through the implementation of a new rounding form for this initiative. 44% of our students identified as Asian, Black or African American, Pacific Islander, American Indian, or two or more races and 65% of our scholars spoke a language other than English. In May 2022, we initiated our first annual vitals assessment in which we tested all of our current and prospective COPE Health Scholars on vitals to clear them for taking vitals for patients with RN approval, but not staff presence. This will be an annual retesting moving forward with the next one expected in May 2023. We were also able to update the scholar scope of practice to include chest compression assistance under the direction of a staff member if all other staff in the area are exhausted. These expansions in the scope are sure to advance the assistance and support COPE Health Scholars provide to improving and enhancing the patient experience.

The COPE Health Scholar program at Mission Hospital also experienced significant growth in leadership during this fiscal year with the highest total of 25 leaders serving in January and February 2022 and four executive team leaders by May 2022. To further our leader's experience and professional development on the team, we initiated leaders reporting so all members of the team could report on progress within their role and branch to take ownership of their metrics and impact on the team at each monthly leadership team meeting. Leaders also underwent Mission's first ever full training workshop to review all training videos, learn teaching strategies, and brainstorm new ideas to advance training and trainee engagement. This led to a revamp of our policy and Mission specific trainings spearheaded by four of our leadership team members.

Other Community Benefit Programs

Table 5. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
Access to Care	Camino Health Center	<p>Camino Health Center is celebrating 40 years of service to the community. Since 1982, Camino Health Center’s mission has been to improve the health of the underserved in south Orange County by providing affordable, quality, primary health care.</p> <p>In fiscal year 2022, Camino Health Center increased access across service lines by caring for 16,212 vulnerable patients compared to 14,978 in 2021. Current services include medical, dental, behavioral health and optometry. These departments provided 57,669 visits in 2022 compared to 49,229 visits in 2021. 18,865 (or 32%) of overall visits were for uninsured patients. During the same period, Camino’s Women, Infants, and Children (WIC) supplemental nutritional program issued 45,769 food packages and 20,419 participant contacts. Health center services are provided through Camino’s three locations in Lake Forest, San Clemente and San Juan Capistrano. To increase access to care for working families, Camino provides services six days a week, including weekday evenings.</p> <p>By far the biggest challenge faced by the health center this past fiscal year was an unprecedented turnover of employees. The vast majority of employees who left Camino were from the medical clinic and most of them were bilingual medical assistants. Camino is facing competition from larger entities who are offering higher wages. Camino has made some adjustments to the way work is performed and to salaries in an effort to retain needed staff. Going forward a complete review of the agency’s compensation philosophy will be warranted.</p>	Low-income and vulnerable

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
		<p>Camino continues to serve new Medi-Cal/Medicare patients, ending the year with an all-time high number of assigned members at 13,803 compared to 12,173 the previous year. In addition, the health center scheduled 2,401 follow-up visits for patients discharged from Providence Mission Hospital facilities (Laguna Beach and Mission Viejo). 903 follow-up visits were scheduled from other local hospitals in Orange County as well. In May of 2022 the health center partnered with the Providence Mission Hospital’s Family Resource Center to assist patients over the age of 50 with enrolling in MediCal. This new eligibility will provide greater access to care for uninsured patients ages 50+ regardless of their immigration status. Fiscal year 2023 will tell the story of the impact of this change in state policy for eligibility in the MediCal program for our most vulnerable neighbors.</p> <p>Camino continues to emphasize patient centered medical home practices and an integrated service delivery model. Two years ago the health center grew its behavioral health program by adding the position of Associate Behavioral Health Specialists (ACSW). These specialists are providers who have a Master’s in Social Work (MSW) and are working on their hours to become licensed clinical social workers. A wonderful accomplishment occurred this past year with our first ACSW completing her hours, passing the licensing exam and accepting fulltime employment with Camino Health Center as a Licensed Clinical Social Worker.</p> <p>Camino Health Center continues to be a leader in addressing public health issues. This past year COVID-19 continued to require a great deal of time and attention. In addition, monkeypox and polio</p>	

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
		presented as new areas of concern. As always, Camino will stay in the forefront of these community concerns and address issues with our partners.	
Access to Care	Community Nurse Navigator Program	<p>Community nursing program services ranged from working with seniors to reduce isolation and depression, to supporting 14 individuals who are frequent ED visitors to manage chronic their medical conditions.</p> <p>Nurse Navigator collaborated with churches and community partners to administer flu vaccinations for 590 low-income residents at four events. Assisted in scheduling COVID-19 community vaccination clinics and collaborated with the Santa Ana Health Care Agency to provide a total of 8 Covid clinics at churches, schools, and Family Resource Centers for a total of 1,122 clients served.</p> <p>Nurse Navigator provided 987 encounters with community members. Followed up with 42 clients recently discharged from the Hospital who were at high risk of readmission or death within 30 days, and with patients who had received treatment for congestive heart failure. Nurse Navigators assessed needs, provided resources and education, coordinated care to decrease chances of readmission, and accompanied clients to medical appointments for a total of 288.</p> <p>The Community Nurse Navigator provided education to 639 community members (encounters) and served as preceptor for 5 RN-BSN first and second semester students for a total of 440 hours of training and community support services; and 35 additional nursing students staffed our flu clinics.</p>	Low-income vulnerable

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
<p>Equity & Racial Disparities /Mental Health</p>	<p>Family Resource Centers</p>	<p>Two Family Resource Centers (FRC) are managed in the community to provide access to social services for community members with limited resources. Both FRCs are part of the Families and Communities Together (FaCT) platform. FaCT is a network of 16 Family Resource Centers located throughout Orange County’s highest-risk communities providing essential family support services, education and resources.</p> <p>Our services are aimed at addressing current community needs. Both FRCs are family-friendly, community-based sites that provide access to comprehensive services for all families.</p> <p>The following services are provided: Mental Health services, Skills for Life programs, Health Insurance and Social Programs Enrollment and Counseling, Parenting Support & Education, Parent/Child classes, Family Advocacy, Information & Resource Referral Services, Personal Empowerment Programs, Community Engagement and Leadership, Legal Counseling, Adult English as a Second Language classes, Limited emergency financial assistance, Children's Programming, Support Groups, Family Bonding workshops, Food Distributions, and seasonal programs.</p> <p>These centers are lifelines for many people in the community and serve as a much-needed linkage to community programs. Just with our monthly food distribution we provide a highly needed service to about 150 families every month. Partnerships continue with non-profit agencies, including newer relationships with: Boys and Girls Club of Laguna Beach, Children Bureau, Community Health Initiative of Orange County, Families Assistance Ministries, Human Options, Public Law Center,</p>	<p>Low-income Vulnerable</p>

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
		<p>Saddleback College, The Coalitions of Community Health Centers, Orange County Social Services and we continue to seek new partnerships based on community needs.</p> <p>Total Encounters: 54,805 (both Centers combined): SOC FRC: 26,152 CHEC FRC: 28,653</p>	

FY22 COMMUNITY BENEFIT INVESTMENT

In FY22 Providence Mission Hospital invested a total of \$ 80,429,548 in key community benefit programs. \$2,860,123 was invested in community health programs for the poor. \$6,491,816 in charity care was provided, \$61,166,024 in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program, and \$720,382 in community benefits for the broader community. The hospital recognized \$34,542,248 in income from the Medi-Cal Hospital Quality Assurance Fee program for FY22. The expenses totaled \$29,543,790 which resulted in a net gain of \$4,998,458. Providence Mission Hospital applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2022 PROVIDENCE MISSION HOSPITAL (July 1, 2021-June 30, 2022)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	\$6,491,816
	Unpaid cost of Medicaid	\$61,166,024
	Unpaid other govt. programs	\$0
Other Benefits for Vulnerable Populations	Community Health Improvement Services	\$2,860,123
	Subsidized Health Services	\$6,016,548
	Cash and In-Kind Contributions	\$2,850,989
	Community Building	\$0
	Community Benefit Operations	\$323,666
	Total Benefits for Vulnerable Populations	\$79,709,166
	Other Benefits for the Broader Community Populations	Community Health Improvement Services
	Subsidized Health Services	\$0
	Cash and In-Kind Contributions	\$0
	Community Building	\$96,974
	Community Benefit Operations	\$0
Health Profession Education, Training and Research	Health Professions Education and Research	\$30,000

	Total Benefits for the Broader Community	\$720,382
	Total Community Benefit	\$80,429,548
Medical Care Services for the Broader Community	Total Medicare shortfall	\$98,267,289

Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

In addition to the financial investments made by Providence Mission Hospital, there are non-quantifiable benefits that are provided by the organization. Going out into the community and being of service to those in need is part of the tradition of our founders and is carried out by our staff and physicians every day.

COVID Relief Response: This was an unprecedented year due to the COVID-19 pandemic. It required many of our programs to pivot their work to provide services virtually. Our Family Resource Centers offers food distribution drives monthly to support local families in need. Many of our staff volunteer for this program. In addition, community benefit staff time was re-directed to advocacy efforts with our local cities around eviction moratoriums and rental assistance programs. In addition, our Community Health Investment Team supported COVID vaccination clinics in South Orange County hard-to-reach neighborhoods. Our hospitals provided COVID vaccines to community members at hospital sites.

Community Participation: Our leaders serve on the Boards of Directors of many non-profit organizations, including Camino Health Center, Friendship Shelter, Family Assistance Ministries, and the Boys & Girls Club of San Clemente. Caregivers support many special events with their time, including Service Days, Public Witness, Race for the Cure and the Heart Walk. When there is a need in the community, our staff respond with their time, expertise and financial support.

Angel Program: Angel Program: Every year, Mission Hospital coordinates the “adoption” of families during Back to School and the holiday season. In FY22, 192 students from the community received much needed school supplies during our Back-to-School Angel Program in August, and 108 families (representing 180 adults and 256 children) were generously provided with individualized gifts for the 2021 holiday season. 86 Hospital departments participated in this program, purchasing clothing and supplies, and donating gift cards for these families. We also continued close partnerships with several outside organizations who adopted families in need, including Camino Health Center; MyWireless Group, Inc.; Mazzo Group; InSpirit Center; and Mission Heritage Medical Group.

St. Joseph Day Food & Clothing Drive:

As part of our celebration of St. Joseph, our Patron Saint, Mission Hospital hosts a food and clothing drive to help local non-profits who serve the vulnerable residents in South County. While this tradition was interrupted due to the COVID-19 outbreak, our caregivers created safe protocols in March 2022 to collect donations for local pantries.

2022 CB REPORT GOVERNANCE APPROVAL

This 2022 Community Benefit Report was adopted by the Community Health Committee of the hospital on September 27, 2022. The final report was made widely available by November 27, 2022.



Marcelo Mills

September 27, 2022

Date

Chair, Community Health Committee, Providence Mission Hospital

Contact:

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Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in 52 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

Providence across five western states:

- [Alaska](#)
- [Montana](#)

- [Oregon](#)
- [Northern California](#)
- [Southern California](#)
- [Washington](#)

The Providence affiliate family includes:

- [Covenant Health in West Texas](#)
- [Facey Medical Foundation in Los Angeles, CA.](#)
- [Hoag Memorial Hospital Presbyterian in Orange County, CA.](#)
- [Kadlec in Southeast Washington](#)
- [Pacific Medical Centers in Seattle, WA.](#)
- [Swedish Health Services in Seattle, WA.](#)

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.