



St. Joseph Health System - Sonoma County

**Santa Rosa Memorial Hospital
Petaluma Valley Hospital**

Community Benefit Report

Fiscal Year 2008

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A. Executive Summary

Facilities and Services

The Sisters of St. Joseph of Orange have been serving the healthcare needs of families in our community for more than 50 years. During this time, our mission has remained the same: to continually improve the health and quality of life of people in the communities we serve. The St. Joseph Health System - Sonoma County (SJHS-SC) consists of a family of more than 2,600 dedicated employees and more than a hundred volunteers who demonstrate the SJHS core values of Dignity, Service, Excellence, and Justice. In partnership with our primary care and specialist physicians, we provide broad access to the highest quality primary care and specialty services available. The St. Joseph Health System operates several hospitals, clinics, hospices, home health services and other facilities for treating the health care needs of the community in the Sonoma County Area. Our core facilities are:

Santa Rosa Facilities:

Santa Rosa Memorial Hospital is a state-of-the-art, 289-bed acute care hospital providing a wide range of specialty services including a Level II Community Based Trauma Center that serves coastal counties to the Oregon border. Services include: Cardiovascular diagnostic and surgical services; Heart Alert Center in the Emergency Department; Intensive Care Nursery (UCSF Intensive Care Nursery at Santa Rosa Memorial Hospital); Family Birth Center; Pediatrics; Trauma, Outpatient Behavioral Health, Critical Care; Hospice; Telemetry; Oncology; Respiratory Therapy; Physical and Occupational Therapy; Orthopedics; Neurosurgery; Radiation Therapy, including radiation seed implantation for prostate cancer; Medical and Surgical services; Full service Laboratory; Full service imaging department (radiology, CT scans, ultrasound, MRI scans); Diabetes and Nutrition education, acute rehabilitation; urgent care clinics and Hospice Care programs. There are over 1700 employees and 520 physicians on staff that support the work of the hospital. In 2008, 80 acute care beds were opened in Memorial Hospital. Palliative and skilled nursing beds were also moved to Memorial.

Santa Rosa - Fulton and Sotoyome units, with an additional 44 licensed beds, providing the following services: Skilled Nursing; Acute Psychiatric and Palliative Care. In 2008, 31 skilled nursing beds in Sotoyome and 23 skilled nursing beds were closed in Fulton. Further, 38 psychiatric beds were closed in Fulton.)

Petaluma Valley Hospital:

Petaluma Valley Hospital is approximately 40 miles north of San Francisco just off the Highway 101 corridor in southern Sonoma County in the town of Petaluma. This 80-bed acute and critical care hospital offers both transitional and outpatient services. Other services include: 24 hour Emergency Department; Medical and surgical services; Critical Care; Hospice; Day Surgery Center; Family Birth Center; Full service laboratory; CT and MRI; Respiratory Therapy; Pulmonary rehabilitation; Telemetry; Outpatient behavioral health program; Physical and occupational therapy.

Community Benefit Activity Highlights

The values of the Sisters of St. Joseph of Orange are the guiding principles that help direct our mission. These values compel us to dedicate resources to the care of the medically underserved, to fund activities that create healthier communities and to advocate for the alleviation of conditions that impede a positive quality of life for all and the overall health of the community.

Summary of FY 06 – 08 Community Benefit Plan Priorities

St. Joseph Health System Community Benefit Programs has continued its commitment to three primary strategies to address community needs:

- Building Community Capacity;
- Improving health outcomes for vulnerable populations; and
- Reducing social isolation of special populations.

The major program focus areas from 06-08 has been an integrated, inter-programmatic response to key issues identified in the needs assessment. Through coordinated planning, and our new inter-generational initiative, Community Benefit programs will continue to build a community-based continuum of care that is prevention focused and meets local unmet health need.

Community Health Clinics and Programs, Healthy Communities, and Advocacy for Healthcare Access are integrated throughout our approach to the primary focus areas, which address serious community issues related to:

- Substance Abuse
- Violence Prevention
- Care for Seniors
- Improved Health of Adolescents
- Health Education – including asthma, breast and prostate cancer, and anemia

The Community Benefit programs that will build community capacity and integrate service delivery will include the St. Joseph Mobile Health Clinic, St. Joseph Dental Clinic, Cultivando la Salud Mobile Dental Clinic, Promotores de Salud, Neighborhood Care Staff, ACTION, Quality of Life Initiative, Circle of Sisters, House Calls, Advocacy, Promotores Comunitarios, and Healthy Communities partnerships.

The following tables detailing the total Community Benefit dollars spent at each of the ministries as well as staff hours reflect the commitment of Community Benefit department to the listed plan priorities.

Total Quantified Progress for Community Benefit FY08

	Low Income	Broader Community	Unpaid Medicare Costs	Total Quantifiable CB (Low Income+ Broader Community)
Santa Rosa Memorial	\$27,253,000	\$1,093,000	\$37,833,000	\$28,346,000
Petaluma Valley Hospital	\$6,381,000	0*	\$10,304,000	\$6,381,000
SJHS-SC Total	\$33,634,000	\$1,093,000	\$48,137,000	\$34,728,000

*PVH Broader Community budget included in SRM budget

Total Community Benefit Staff Hours in FY08

Program Area	Staff Hours
Healthy Communities	11,652.99
Community Health	48,044.55
Advocacy	8,412.45
CB Administration	10,055.67
Other Departments	1,388.86
Total Staff Hours	79,554.52

B. Community Needs/Assets and Demographic Assessment

Socio-Economic status of the Community

Community Benefit Service Area Description

The Community Benefit Department of St. Joseph Health System of Sonoma County is a county-wide department with primary offices in the Southwest quadrant of the city of Santa Rosa (Sonoma County government seat). Sonoma County is the northernmost of the nine greater San Francisco Bay Area counties, is bordered on the north by Mendocino County, on the east by Lake and Napa counties, on the south by Marin County and San Pablo Bay, and on the west by the Pacific Ocean. The land area is 1,576 square miles, with 291 persons per square mile. Our service delivery area is all of Sonoma County. Santa Rosa Memorial Hospital (in Santa Rosa) is situated in a Metropolitan Statistical Area (PMSA), while most of the rest of Sonoma County is in areas defined as rural. Most of these rural areas have been federally classified as a Medically Underserved Population (MUP) based on low-income population factors and also as Primary Care Health Professional Shortage Areas (HPSA). As a designated regional trauma center, Santa Rosa Memorial Hospital draws patients from all over Sonoma County as well as the surrounding counties and region.

Sonoma County Population Demographics: 2004-2005 Update¹

People Quick Facts	Sonoma County	CA.
Population 2003 estimate	466,725	35, 484,453
Population, 2000	458,614	33,871,648
Persons under 5 years old, percent, 2000	6.0 %	7.3 %
Persons under 18 years old, percent, 2000	24.5 %	27.3 %
Persons 65 years old and over, percent, 2000	12.6 %	10.6%
White persons, percent, 2000 (a)	81.6 %	59.5 %
Black or African American persons, percent, 2000 (a)	1.4 %	6.7 %
American Indian and Alaska Native persons, percent, 2000 (a)	1.2 %	1.0 %
Asian persons, percent, 2000 (a)	3.1 %	10.9 %
Persons reporting some other race, percent, 2000 (a)	8.4 %	16.8 %
Persons reporting two or more races, percent, 2000	4.1 %	4.7 %
Persons of Hispanic or Latino origin, percent, 2000 (b)	17.3 %	32.4 %
White persons, not of Hispanic/Latino origin, percent, 2000	74.5 %	46.7 %
Homeownership rate, 2000	64.1 %	56.9 %
Households, 2000	172,403	11,502,870
Persons per household, 2000	2.60	2.87
Households with persons under 18 years, percent, 2000	34.7 %	39.7 %
Median household money income, 2000	\$ 61,921	\$ 53,025
Median Home Price (August 2004)	\$ 510,000	\$ 463,540
Individuals under the age of 18 below the poverty level	9.0 %	19.5 %

(a) Includes persons reporting only one race. (b) Hispanics may be of any race (included in applicable race also)

¹ U.S. Census

- The median age in the county, 38 years, is older than the California median age of 33.² The median age is expected to increase to 39 by 2020, compared to the state's median age of 33.³
- From 2000 to 2010, people 85 and older will be the fastest growing population in Sonoma County, increasing by 35.5 % to 11,161. The population group from 65 to 84 will grow by 28.0 % to over 63,000⁴
- The largest age cohort in Sonoma County is between the ages of 35 and 54, comprising nearly a third of the population. The most significant growth is expected in the 55-64 age group in terms of overall numbers and percentages of the total population.
- The ethnic composition of the county is less diverse than the state as a whole. However, it is gradually changing: by 2020, whites will represent 73% of the total population, down from 81% in 2000.⁵
- The Latino population is expected to be the fastest growing ethnic group in the county, expected to increase by 93% from 2000 to 2020.⁶
- Approximately 72,000 students were enrolled in Sonoma County public schools in 2003-2004.⁷
- There are over 27,000 migrants, seasonal farm workers and household members working in Sonoma County in 2000, primarily in vineyards across the county.
- The 2000 Census counted 172,403 households; 112,397 (65%) -family households, half of which – 55,078 – had children under 18.
- There were 60,006 non-family households (35% of total), and 44,340 of non-family households (74%) were comprised of people living alone. Of those people living alone, 17,171 (39%) were over 65 years.⁸
- In 2000, 6.9 % of families with children under the age of 18 had incomes below the federal poverty level. This compares to 18.5 % of families with a single female as the head of household. (www.factfinder.census.gov)
- The unemployment rate in Sonoma County has steadily increased in the past two years from 2.6 % in 2000 to 5 % in August 2003. This is due primarily to loss of work in the high technology sector and the service sector, which depends on tourism.

² Health Profile 2000, California Department of Finance Demographic Unit, Population Projections, <http://factfinder.census.gov>

³ California Department of Finance Demographic Unit, Population Projections.

⁴ Sonoma County 2005 – SB-697 Needs Assessment.

⁵ State of California, Department of Finance, *Projections with Race/Ethnic Detail*. Sacramento, California, December 1998.

⁶ Health Profile 2000.

⁷ California Department of Education Educational Demographics Unit, Enrollment in Public Schools.

⁸ US Census Bureau, <http://factfinder.census.gov>.

- The estimated number of people who experience a homeless episode in a given year in Sonoma County is 7,000 or about 2% of the population in the county.

Sonoma County Needs Assessment 2005 – Areas of Need

Benchmarks	Sonoma	CA.	Healthy People 2010
2003 Percent of Kindergarten students needing 1 + immunizations	9.2 %	7.8 %	-
2002 Percent of mother entering pre-natal care in 1 st trimester	75.3 %	84.8%	90 %
2000-02 age-adjusted death-rate per 100,000	46.9	44.8	44.9
• Lung Cancer	26.7	24.1	22.3
• Breast Cancer (female)	28.2	8.3	28.8
• Prostrate Cancer	63.7	58.9	48.0
• Stroke	10.4	9.5	5.0
• Suicide			
Fluoridation levels	3%	26%	75%
2000-2002 Retail Liquor outlets per 1,000	266.5	198.3	N / A
2000-2002 Admission to alcohol and drug Treatment/ 1,000 (18yrs and over) 3yrs av.	18.7	8.7	N / A
1999-2001 Juvenile alcohol & drug related arrest per 1,000 age 10-17yrs – 3 yr av.	17.8	9.1	N / A
2001 Persons injured in alcohol involved collisions, rate per 100,000	117.9	92.2	65
1997-1999 Domestic violence calls for assistance per 1,000 (18yrs +) 3 yr av.	8.4	9.2	N / A
2002 Juvenile arrest rate / 1,000			
• Misdemeanor	43.9	30.3	N / A
• Felony	12.9	14.1	

During 2005, economic and health care delivery challenges have grown. A continuing downturn in the information technology sector locally and the economy in general has resulted more people without adequate health insurance and a loss in income for families and retired persons. The Community Benefits Department has reviewed the 2005 Needs Assessment, built upon successful strategies, and redefined the priority program initiatives for 2006-2008.

Specific populations with disproportionate unmet health needs

The Needs Assessment pointed to adolescents, seniors, low-income and the mentally ill as specific populations with unmet health needs. When these populations also have additional barriers of income, language and culture, the need is greatest.

Target Neighborhoods Resources (Not listed in order of priority)

Target Neighborhood	Key Needs	Key Assets
Southwest Santa Rosa	Community Leadership	Roseland School
	Gang Prevention Measures	Neighborhood Groups
	Organized Youth Activities	NCS
	Economic Development	Southwest and Roseland Community Clinics
	Representation in City and County Government	Law enforcement
	Gang Prevention Measures	Low-income housing group
		SJHS - Dental Clinic
		Mighty Mouth
		Mobile Health Clinic
		Promotores de Salud
		Circle of Sisters
Sonoma Valley	Access to Health Services	Sonoma Valley Hospital
	Community Development	Sonoma Community Health Center
	Gang Prevention Measures	Boys and Girls Club
		Sonoma Valley Mentoring Alliance
		Promotores Comunitarios
		KSVY
		NCS
		Neighborhood Groups: Nuestra Voz, Los Trovadores
		Mobile Health Clinic
		Mobile Dental Clinic
		Mighty Mouth
		La Luz
		St Francis and St. Leo parishes
Windsor	Gang Prevention Measures	Mobile Health Clinic
		Mobile Dental Clinic
		Circle of Sisters
		Windsor Unity Church

Target Neighborhood	Key Needs	Key Assets
Fulton	Hiring Hall for day laborers	Assembly of God Church
	Traffic Calming	Filipino Community Center
	Underground utilities	Local Fruit Stand
	Gang Prevention Measures	Poultry Processing Plant
		Native Plant Nursery
		Migrant Education
		Public Health-HIV Prevention
		Sonoma County Mental Health Outreach
		Drug Abuse Alternative Center-outreach
Petaluma	Dental Services	St. Vincent De Paul Church Mary Isaac Homeless Shelter
	Medical Care for low-income	Petaluma Ecumenical Properties
	Affordable Housing	Healthy Communities Consortium
	Safety measures	Petaluma People's Services Center
	Access youth programs	School District.
	Neighborhood revitalization	Mobile Dental Clinic Mobile Health Clinic
	Community leadership	Mighty Mouth Program
	Gang Prevention Measures	NCS
Rohnert Park	Civic engagement	Concerned Citizens of Rohnert Park (C-CORP) neighborhood group
	Student retention	Sonoma State University
	Alcohol & Drug prevention programs	Parks and Recreation
	Traffic safety	Faith based groups
	Neighborhood Beautification and Revitalization	Spreckels Performing Arts Center
	Gang Prevention Measures	NCS
		Boys and Girls Club
		Jewish Comm. Free Clinic Rohnert Park Urgent Care Clinic SJHS Home Health
		Public Safety Dept.
		Noah's Food Pantry
	Neighborhood preservation program	
	Rebuilding Together	
	Circle of Sisters	

Target Neighborhood	Key Needs	Key Assets
St. Helena	Public safety	Promotores Comunitarios
	Affordable Housing	School District
	Lack of family assistance/economic resources	Church
	Health Insurance	Town council
	Educational Resources	Clinic Ole
	Legal Issues and Immigration resources	St. Helena Hospital
	Gang Prevention Measures	Multicultural Committee
Healdsburg		Promotores Comunitarios
	Affordable Housing	City Council
	Employment	Healdsburg Labor Center
	Gang prevention measures	Local wineries
	Lack of economic resources	Clinica Alianza
	Alcohol and drug prevention	Healdsburg Hospital
	Educational resources	Church
	Legal Issues and Immigration resources	

Through the development and implementation of the key strategic elements of Healthy Communities, Community Health and Advocacy, the Community Benefit Department – of SJHS-SC is constantly working to improve the health and quality of life of the people we serve. The Community Benefit Department helps generate positive outcomes, fosters, relationships and cooperation, and empowers individuals to care for themselves and others.

Organizational Structure / Community Involvement

The trustees, executive management, physicians, employees of SJHS-SC and surrounding community are all involved in providing on-going feedback/monitoring and informing the direction of policies and programmatic content of community benefit activities. In addition, community benefit plans, processes and programs reflect both the SJHS strategic corporate and entity goals and objectives. In the section of this strategic plan included under “Community Outreach and Social Change” the following goals are listed which are reflected throughout our community benefit programming:

- Increasing cultural and linguistic competency of all services and programs.
- Strengthening the continuum of care within the community, in collaboration with community partners.
- Enhancing community access to specialty care by building or expanding relationships with community health centers and district hospitals.

- Continuing to provide mobile health and dental services.
- Advocating for health care programs and services that respond to identified community health care needs, specifically advocating for mental health and for expanded access and healthcare reform.
- Developing a countywide indigent care approach that engages all providers and increases access to care.
- Engaging the community to be involved in health and or quality of life issues.

The St. Joseph Health System - Sonoma County demonstrates organizational commitment to the community benefit process through the allocation of staff, financial resources, participation and collaboration. The Area Vice President of Mission Integration is responsible for coordinating implementation of Senate Bill 697 provisions as well as the opportunities for Executive Management Team, physicians and other staff to participate in planning and carrying out the Community Benefit Plan.

Community Benefit Committee Involvement

The Community Benefit Committee is a Standing Committee of the Santa Rosa Memorial Hospital Board of Trustees. The Committee has representation from Santa Rosa Memorial Hospital and Petaluma Valley Hospital and members of the community at large. They review the SB697 Plan each year in the fall. The final draft plan was reviewed on July 26, 2005. Members of the Community Benefit Committee are expected to reflect the needs of the community while contributing ideas, information and opportunities for partnership, collaboration and involvement. Most importantly, members are expected to bring to their work a desire to improve the health status of the community. They are also expected to bring different perspectives and challenges to committee discussions.

In overseeing of all Community Benefit activities, the Committee reviews and approves key policy, program content and design and budgetary decisions,

Monthly, written reports from the Community Benefit Department to members of the Santa Rosa Memorial Hospital and Petaluma Valley Hospital Board of Directors and senior management keep them informed on progress toward meeting identified community needs.

As of September 2008, there have been no changes in Community Benefit Committee Composition.

Collaborative Governance Process

In the fall of 2004, St. Joseph Health System- Sonoma County, Kaiser Permanente Foundation, Sutter Medical Center, and representatives from the Adult and Aging Division of the Sonoma County Human Services Department began the process of developing a community needs assessment. This was the second time the group worked collaboratively on the SB 697 process, a 1994 legislative mandate to complete "in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for

consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement.”

The collaboration on the community benefit planning process had several components:

- Representatives of key health systems met monthly to guide the community needs assessment process.
- A decision was made early in the process to utilize a variety of secondary data, particularly focusing on the Sonoma County Department of Health Services - Public Health Division's *Health Profile 2000*.
- Community feedback and input was provided by almost 300 Sonoma County residents in a series of 13 meetings. The community meetings were organized and conducted by the SB 697 hospitals.
- In the fall of 2004, a web-based survey was sent to employees of the County of Sonoma, Kaiser Permanente Medical Center (Santa Rosa and Petaluma) St. Joseph Health System and Sutter Medical Center. The survey provided feedback from 589 employees on issues concerning senior caregivers.
- The community stakeholders were provided with a final copy of the Needs Assessment to facilitate collective analysis of priority needs and opportunities for collaborative action plans to address them.
- Reviewing collaborative to jointly work with Senior Safety and Childhood Obesity Initiatives.

The final selection of priority focus areas for our Community Benefit plan included dialogue regarding the opportunities for collaboration with existing and potential community partners in each area. As of September 2007, St. Joseph Health System, Kaiser Permanente Foundation, Sutter Medical Center, and representatives from Sonoma County Health and Human Services are in the beginning stages of collaboratively planning a countywide needs assessment. The focus will be on children's issues including: access to primary health care, oral health, prevalence of childhood obesity, nutrition and fitness, youth alcohol and tobacco use, and prenatal addiction treatment.

Staff Involvement

- The Community Benefit Management Team provides orientation for all employees and volunteers on Community Benefit programs and activities, including opportunities for their participation. Each new employee is provided with a hand-out that summarizes key community benefit volunteer opportunities and a section to be completed and returned to CB Dept for those interested in getting involved.
- In coordination with the volunteer services department, outreach occurred for volunteer opportunities. Key activities in FY08 include: Redwood Empire Food Bank monthly gleanings; Blood Bank bimonthly drive; Rebuilding Together; United Way Day of Caring; the AHA Heart Walk; Volunteer Center's Giving Tree; and Holiday Family Adoptions.

- Information regarding opportunities for participation is presented regularly in SJHS-SC's internal newsletter, "Connections," in a bi-monthly Community Benefit column, as well as special stories, articles and announcements.

C. FY 06 – FY 08 Community Benefit Plan – FY 08 Progress

The Community Benefit department of SJHS – SC has Key Strategic Elements that support our mission and vision. These elements are: **Healthy Communities, Community Health** and **Advocacy**.

A **Healthy Community** creates opportunities for each resident to meet his/her potential physically, mentally, socially, emotionally and spiritually, building on the strengths of its people and systems to improve the quality of life and creating a sense of hope. Area Healthy Communities activities build community capacity and empowerment individually and collectively, through community organizing, leadership development, partnership and coalition building.

Area **Community Health**, provides compassionate care, and promotes health improvement by reaching directly into the community to ensure that low-income and under-served persons can access health care services. Focusing on a broad definition of health, these clinics and programs provide medical, dental and mental health services, health education, care management, prevention, referrals, Healthy Families insurance enrollment and in-home primary care services and support; while fostering collaboration and incorporating Healthy Communities strategies.

By promoting grassroots advocacy and engaging persons of influence, **Area Advocacy** works to affect social and public policy change in order to promote both community health and healthy communities. The health system advocates for vulnerable populations by developing relationships with policy makers and by targeted education efforts.

Community Benefit Activity Highlights of FY08

Community Benefit programs successfully completed many measures in the priority focus areas of reducing substance abuse, violence prevention, promoting intergeneration initiatives, improving care for seniors, improving health for adolescents, and improving health education and primary prevention activities as described in Attachment C and D. Highlights by element include:

Healthy Communities

- Multiple action plans to address substance abuse were developed by Substance Abuse Prevention Coalitions in Rohnert Park, Petaluma, Sonoma and Santa Rosa. These Coalitions included residents, local government and representatives from public and private agencies. Results of the action plans included the Alcohol Related Nuisance Social Host ordinances in Petaluma and the Minor Alcohol Offense/Loud Parties ordinance in Santa Rosa
- The Sonoma County Mental Health Coalition website was launched with lists of local resources and description of mission, goals, vision and work plan.

- Twenty youth members are engaged in seven core groups in DUHN communities in leadership roles in resident led action groups.

Community Health

- Four hundred and seventy five new clients throughout Sonoma County were introduced to and enrolled in the Mi VIA electronic personal health record program to engage them in their healthcare, to improve access, and continuity of care.
- House Calls and the Mobile Health Clinic also achieved better outcomes than the regional community clinics for the following diabetes continuous quality improvement (CQI) benchmarks: lower hemoglobin A1C counts for diabetic patients as well as provided 1396 integrated health care visits to clients of the Mary Isaac Center

Advocacy

- SJHS-SC employees engaged in multiple focused advocacy efforts with persons of influence countywide to address issues of dental and health needs of uninsured and entitlement-funded children and adolescents.
- COS participants took a leadership role in advocacy efforts to engage and educate legislators around importance of after school programs. The participants both increased their understanding of the importance of advocacy efforts to affect policy as well as increased sense of empowerment to share experience with people of influence.

Attachment C: FY 06 – FY 08 Community Benefit Plan – FY 08 Progress

ST. JOSEPH HEALTH SYSTEM – SONOMA COUNTY

I. REDUCING SUBSTANCE ABUSE

Strategy 1: Build Community Capacity to address substance abuse through education and community action

Measure	Progress
<p>Successful completion of Trovadores shows and community radio shows as agreed in Nuestra Voz’s substance abuse prevention grant.</p>	<p><u>Goal met</u> Trovadores Community Theater met monthly or biweekly over the fiscal year with an average of 40-50 participants. Two shows were produced: “Habitat” a play about the environment and “Mariposa”, a children’s drug abuse prevention show. A total of 745 children & youth pledged to Say NO to Drugs (the goal for FY08 was 100 pledges). Weekly community radio shows are Educandandos con Nuestra Voz (by/for adults), Nuestras Voces Juveniles (youth) and Nuestras Vocecitas (children). A total of 96 radios shows about substance abuse prevention were presented.</p>
<p>Participation in Santa Rosa, Sonoma Valley, and Petaluma Prevention Coalitions.</p>	<p><u>Goal met</u> <u>Sonoma</u> NCS and Nuestra Voz brought together 22 local organizations in the Sonoma Valley Anti Drug Coalition, including support and participation by Sonoma’s City Council to focus on community education. <u>Petaluma</u> SJHS-SC’s Director of Healthy Communities and the Manager of PVH’s Emergency Dept participated in the Coalition to Prevent Underage & High Risk Drinking. Forty-nine Social Host Ordinance citations resulted from the implementation of the Social Host Ordinance. 1600 new Parent/Community Pledges were signed, in which community members acknowledge that it’s illegal to serve alcohol to youth; The Alcohol Related Nuisance Ordinance was passed requiring Responsible Beverage Service training and holding merchants accountable for alcohol-related nuisance behavior related to their outlet.</p>

Attachment C: FY 06 – FY 08 Community Benefit Plan – FY 08 Progress (Continued)

I. REDUCING SUBSTANCE ABUSE (Continued)

<p>Participation in Santa Rosa, Sonoma Valley, and Petaluma Prevention Coalitions.</p>	<p><u>Santa Rosa</u> The local coalition completed a community assessment and work plan. The Santa Rosa city council passed a Minor Alcohol Offense/Loud Parties ordinance to minimize juvenile alcohol abuse at parties. The city also launched a “We Don’t Serve Teens” Campaign to educate merchants. CAP’s teen group (DIG) in conjunction with proclamation from SR City Council, presented first annual “RAMA” (Responsible Alcoholic Beverage) awards to merchants who exemplified service.</p>
<p>6 community groups served by NCS engaged in conversation regarding substance abuse and identifying local actions to address it</p>	<p><u>Goal met</u> Activities to address substance abuse included substance abuse discussions (Rohnert Park); a neighborhood cleanup and interactions to share concerns with city staff (Santa Rosa); participation of residents and stakeholders in the Anti-Drug Coalition (Sonoma); outreach and services for the day laborers through County offices Alcohol & Other Drug Services, Mental Health & Public Health(Fulton); and surfacing of substance abuse as area of concern through Poder Popular (Healdsburg, Sonoma Valley, St. Helena)</p>
<p>Mental Health Wheel graphic developed and distributed to targeted service providers.</p>	<p><u>Goal nearly met</u> The Mental Health Wheel Design and content were nearly completed in FY08, and will be completed and distributed in FY09.</p>
<p>AODS engaged as an active partner in at least one action team of the Mental Health Coalition of Sonoma County, through the Quality of Life Initiative.</p>	<p><u>Goal met</u> A program manager from the Drug Abuse Alternative Center (DAAC) joined the Mental Health Coalition in FY08, working with the newly reformed Continuum of Care team. In addition, two DAAC outreach workers participated in the Mental Health Dialogues organized by the Coalition.</p>
<p>Educational workshops for parents on youth substance abuse provided at one COS/Sonoma County Parent University event.</p>	<p><u>Goal met</u> Approximately 350 parents received substance abuse parent resources.</p>
<p>Support development of Sonoma Valley Anti-Drug Coalition through NCS.</p>	<p><u>Goal met</u> Ten public & private agencies sustained engagement in Coalition and participated in public education activities</p>

Attachment C: FY 06 – FY 08 Community Benefit Plan – FY 08 Progress (Continued)

I. REDUCING SUBSTANCE ABUSE (Continued)

Strategy 2: Increase access to prevention and treatment services for substance abuse

Measure	Progress
Promotores de Salud include outreach and education on injury prevention, substance abuse and alcohol services at four DUHN community events annually, in coordination with COS and NCS.	<u>Goal met</u> Promotores de Salud conducted outreach on injury prevention, substance abuse and alcohol services at Circle of Sister’s Parent University held at Sonoma State University, Cesar Chavez Health Fair in Southwest Santa Rosa, End of Harvest Fiesta, Redwood Gospel Mission’s Thanksgiving and Christmas Buffet Events.
In collaboration with DAAC (Drug Abuse Alternative Center), provide preventative services to 5 women	<u>Goal met</u> Five women were provided with a continuum of preventative services.
COS distributes resource information regarding substance abuse services at one Parent University. (See Strategy 2, Measure 1)	See above
Development of the Sonoma Valley Anti-Drug Coalition supported through NCS leadership development, and technical assistance to the Coalition & Nuestra Voz.	See above.
Assess need for Spanish language Alcoholics Anonymous group in hospital and then assist in finding appropriate location, if necessary.	<u>Goal met</u> AA determines site locations based on stated need; while they conduct English-language AA meetings at SRMH campuses, they have not heard demand for Spanish-language AA meetings at that location.

Attachment C: FY 06 – FY 08 Community Benefit Plan – FY 08 Progress (Continued)

I. REDUCING SUBSTANCE ABUSE (Continued)

Strategy 3: Reduce social isolation of populations at-risk for substance abuse – homeless, mentally ill and adolescents

Measure	Progress
Deliver 500 integrated primary medical, dental, and mental health care encounters to clients annually at Mary Isaac Center, a multi-services center for the homeless in Petaluma.	<u>Goal exceeded</u> There was a total of 1396 integrated health care visits provided to clients of the Mary Isaac Center
Website developed for the Mental Health Coalition of Sonoma County through the Quality of Life Initiative	<u>Goal met</u> The website was developed using Mental Health Coalition members’ input on content and design. The first version was launched, and more updated versions will continue into FY09.
Mental Health Coalition (MHC) website launched, including substance abuse-related information and resources.	<u>Goal met.</u> The website has been launched and the surveys have gone ‘live’ on the website.
40 radios shows produced by Nuestra Voz about substance abuse-related information and resources.	See above.

II. VIOLENCE PREVENTION

Strategy 1: Build Community Capacity to prevent different forms of violence through education and community action

Measure	Progress
<p>6 community or neighborhood groups served by NCS in DUHN communities engaged in conversation regarding gang-related and family violence & identifying local actions to address it.</p>	<p><u>Goal met</u> <u>SW Santa Rosa</u></p> <ul style="list-style-type: none"> • NCS, Southwest Santa Rosa residents (Moorland and Roseland residents), Roseland School District, Santa Rosa Police Department, Sonoma County Sheriff Department Moorland neighborhood group met with local law enforcement to focus on gang problems in neighborhood and identified graffiti removal and murals as a priority activity. • Eighty community residents participated in designing, choosing the location and painting multiple murals • SALVA continued to oversee the planning and organization of the annual Cinco de Mayo event. <p><u>Petaluma</u></p> <ul style="list-style-type: none"> • Five members of the Latino leadership group met with the police department to plan community forum to enhance relationship between Latino community and police, and support police dept efforts to build a Latino Advisory Committee <p><u>Rohnert Park</u></p> <ul style="list-style-type: none"> • C-CORP and L section residents were instrumental in the implementation of traffic safety measures and neighborhood beautification work <p>Sonoma: 170 residents attended a gang prevention forum. .</p>

II. VIOLENCE PREVENTION

Strategy 1: Build Community Capacity to prevent different forms of violence through education and community action (Continued)

Measure	Progress
Community Benefit staff educated on Violence Prevention by NCS.	Goal met. NCS provided staff education on violence prevention.
Mental Health Wheel graphic developed and distribute to targeted service providers (see Focus Area I., Strategy 1, measure 2)	Goal nearly met The text for the Integrated Life Wheel, Living a Life in Balance” has been completed; work continues on the graphics.
At least one resident engaged in Cinco de Mayo Steering Committee.	Goal exceeded Five Santa Rosa residents (including two core members of SALVA) are actively participating on the Cinco de Mayo Steering Committee and one has assumed a leadership role as co-chair for the volunteer committee.
At least three community/neighborhood groups served by NCS in DUHN communities engaged in action to address gang-related or family violence.	Goal met 5 action plans developed and implemented in Sonoma Valley (Trovadores family theater classes and performances and UCRY collaborative action plan) and Southwest Santa Rosa (Moorland Improvement Club and Rohnert Park graffiti abatement, USA2000 collaborative neighborhood safety meetings with local law enforcement, and Cinco-de-Mayo Committee annual celebration).
Engage SJHS-SC employees and community members in advocacy efforts (e.g. letter writing) to address violence in Sonoma County.	Goal met NCS, Sonoma Valley community partners and Santa Rosa Vice Mayor met with Sonoma School District to discuss gang prevention violence intervention programs.
Provide GIFT (Gun Violence Information for Teens) education to 600 middle school students.	Goal met GIFT presentation to 619 local youth in Sonoma County in FY08.

II. VIOLENCE Prevention (Continued)

Strategy 2: Increase access to prevention and treatment services

Measure	Progress
Promotores de Salud include violence prevention, safety information and training services in four outreach activities in DUHN communities annually.	<u>Goal exceeded</u> The Promotores de Salud distributed information on violence prevention, safety information and injury prevention, substance and alcohol abuse at eight events including Latino Health Forum, Binational Health Fairs in Sonoma, Windsor and Graton, and Fin de Cosecha/End of Harvest in Santa Rosa and Gospel Mission Thanksgiving and Christmas events and Cesar Chavez Event at Roseland School.
COS distributes information on violence/victimization indicators and local health / mental health resources to at least one parent event per COS site.	<u>Goal met</u> Four COS site parent night events held, and information on violence prevention and mental health resources were distributed.

Strategy 3: Reduce social isolation of populations at-risk for violence

Measure	Progress
At least 4 COS groups engaged in social marketing around a specific violence-prevention related issue (i.e., bullying).	<u>Goal exceeded</u> 6 groups completed social marketing activities that included: violence prevention presentations from YWCA, COS Power of Know conference and girls' empowerment and legislative advocacy day.

III. INTER-GENERATIONAL INITIATIVE

Strategy 1: Build Community Capacity to foster mutual support through education and community action

Measure	Progress
At least 4 COS groups in DUHN communities engaged in inter-generational community service projects.	<u>Goal exceeded</u> 9 COS sites engaged in intergenerational activities including : seniors and safety checklist, and quilt making and delivery to local shelter for homeless residents at the Community Action Partnership (CAP) shelter for Make a Difference Day.
At least 20 families engaged in Trovadores.	<u>Goal exceeded</u> Approximately 40 families are engaged in Trovadores activities every month.
Youth active members in at least 3 community/neighborhood leadership groups supported by NCS (core groups).	<u>Goal met</u> Twenty youth members are engaged in seven core groups including: USA2000, Nuestra Voz, Moorland Improvement Club, and Poder Popular.

Strategy 2: Increase access to prevention and treatment services

Measure	Progress
Mental Health Website launched, including resources for all ages, and web address distributed to entire Mental Health Coalition of Sonoma County members.	<u>Goal met</u> The Mental Health Website has been launched.
Improve health outcomes for vulnerable populations by providing intergenerational Promotores and Promotoritas training annually for a minimum of 25 participants.	<u>Goal exceeded</u> The Promotores conducted annual training where a total of 139 participants attended and a total of 60 certificates were handed out to the participants that attended all of the three-day training.
House Calls will provide two trainings annually to COS about senior resources and senior safety to address social isolation.	<u>Goal met</u> House Calls completed both trainings of the senior safety assessment tool and also diabetes at Cook Middle School.
COS will share safety checklist with seniors in two DUHN communities.	<u>Goal met</u> Two COS groups shared safety checklist in their DUHN communities which led to increased interaction with girls and seniors and awareness of safety issues.

III. INTER-GENERATIONAL INITIATIVE (Continued)

Strategy 3: Reduce social isolation of populations at-risk seniors, children and adolescents

Measure	Progress
Community Celebration and/or Activity organized with specific outreach strategies to engage seniors, teens, children and adults in each DUHN community served by NCS.	<u>Goal met</u> 8 inter-generational activities completed in 4 communities: Rohnert Park (tree planting in B Section), Fulton (soccer team & tournament), Sonoma (Trovadores theater classes & 30 performances), Southwest Santa Rosa (Moorland graffiti abatement & Summer Lunch program, Roseland neighborhood clean-up, Roseland Holiday Party coordination, Cinco-de-Mayo).
Mental health counselor out stationed with Mobile Health Clinic conducts intergenerational psycho-educational group four times annually.	<u>Goal met</u> The Mental Health Counselor out stationed with Mobile Health Clinic conducted 235 individual visits and 2 groups this past year.

IV. SENIOR ACCESS TO CARE

Strategy 1: Build Community Capacity to address senior needs through education and community action

Measure	Progress
South County Senior Forum develops and provides Vital Contact and Resource Information refrigerator magnets to 500 seniors in Petaluma.	<u>Goal exceeded.</u> 700 magnets were produced and distributed.

Strategy 2: Increase access to prevention and treatment services

Measure	Progress
Provide flu immunizations to 600 seniors through St. Joseph Home Care.	<u>Goal not met</u> Exact numbers for seniors receiving immunizations were not available. However, 400 adults and 262 children received flu immunizations. St. Joseph Home Care also donated flu vaccine to House Calls and provided vaccine for the Humboldt and Napa ministries.

IV. SENIOR ACCESS TO CARE (Continued)

Strategy 2: Increase access to prevention and treatment services

Measure	Progress
3045 In-home primary care services and support visits will be provided by House Calls to 290 seniors.	Goal met 2,005 In home primary care visits and support visits were provided by House Calls to 317 clients.
9 legislative encounters organized to advocate for the uninsured and under-insured seniors (and other vulnerable populations) in Sonoma County.	Goal met Nine legislative encounters with multiple stakeholders including: Rohnert Park City Council member Pam Stafford (Health care and aging); Supervisor Mike Kerns at Petaluma Valley Hospital; Congress member Lynn Woolsey’s staff (easing barriers to care currently found in Medicare Part D and Care Watch and improvement of continuum of care for acute care patients); two presentations by Jack Glaser(imperative of health care reform, and how it impacts health outcomes for our most vulnerable community members, including seniors), Supervisor Valerie Brown (education on health needs of agricultural workers, immigrant families, and seniors); Dr. Kellman, the director for Centers for Medicare & Medicaid Services (challenges with Medicare part D drug plans).
House Calls will collaborate with Dental Community to promote oral health care for low-income, frail and homebound seniors.	Goal met Fifty-four House Calls patients received dental services

Strategy 3: Reduce social isolation of populations at-risk seniors

Measure	Progress
House Calls will participate in four collaborative activities to foster psychosocial support and safety to low-income, frail and homebound seniors.	Goal met Collaborative activities included: a presentation to Sonoma State Nursing students; meeting with Older Adult Services to discuss collaboration/ appropriate referrals; Outreach materials and information provide to Senior Expo participants; meetings with supervisors from Adult Protective Services to discuss coordination of care for patients; and case conference at hospital with ethics committee, palliative care liaison and other stakeholders.

V. ATTENTION TO ADOLESCENTS

Strategy 1: Build Community Capacity to support adolescents through education and community action

Measure	Progress
Youth engaged in 6 community or neighborhood activities organized by NCS-supported groups in DUHN communities.	<u>Goal met</u> Youth activities included youth survey to assess neighborhood organizing efforts (Rohnert Park); Moorland neighborhood clean-up (SW Santa Rosa); soccer team and dance club (Sonoma); Carillo Place; volunteer at Bayer Family Community Garden (SW Santa Rosa); radio show (Sonoma); and youth Promotores (Fulton).
Youth leadership training provided to COS staff through ACTION (see Violence Prevention strategy 1)	<u>Goal met</u> ACTION provided leadership training and follow-up technical assistance to COS staff.

Strategy 2: Increase access to prevention and treatment services for adolescents

Measure	Progress
At least 25 engaged in mentoring programs through NCS linkages.	<u>Goal met</u> Forty-seven youth linked to mentors: Sonoma (community radio shows = 9, Community Bridge to College = 32), Rohnert Park (Neighbors Organized Against Hunger = 6)
At least 2 youth engaged in Healthy Eating Active Living (HEAL) implementation groups.	Not met
300 medical visits provided to teens by Mobile Health Clinic	<u>Goal not met</u> 187 visits provided to teens by Mobile Health Clinic. The previous year, Teen clinics were held in collaboration with community agencies, but this year none were held, which might have led to decreased numbers. Further, many teens that had been patients of the Mobile Health Clinic in the past signed up for health insurance and have moved on to a more permanent medical home.
1200 dental visits provided to teens by mobile and fixed site Dental Clinics	<u>Goal not met</u> Mobile and fixed site dental clinic provided 1020 teens with dental visits. A dental staffing position that was lost led to a decrease in the number of teens served by Dental Clinic.

V. ATTENTION TO ADOLESCENTS (Continued)

Strategy 2: Increase access to prevention and treatment services for adolescents

<p>2 COS groups prepared to advocate through 2 legislative visits to local legislators regarding increase in Mental Health, Substance Abuse and Violence Prevention services in Sonoma County.</p>	<p><u>Goal met</u> Legislative activities included: Letters and outreach to local legislators and local officials encouraging further support of having “Lights on After School”, during the National “Lights on After School” day; Four COS participants spoke of the importance of after school programming and were recognized by the mayor and the city council members; COS Sheppard participants advocated for safe shelter for Women and Children at Sloan House. Jane Bender was invited to present and heard the voices of the COS participants.</p>
<p>9 legislative encounters organized to advocate for the uninsured and under insured adolescents (and other vulnerable populations) in Sonoma County (see Seniors strategy 2)</p>	<p><u>Goal exceeded</u> Nine legislative encounters to discuss issues such as the health needs of uninsured and entitlement-funded children included: Santa Rosa Council member Susan Gorin, Santa Rosa City Manager Jeff Kolin; Santa Rosa City Mayor and the CEO of United Way (Sonoma-Lake-Mendocino counties; and local congresswoman Lynn Woolsey.</p> <p>Further meetings included Director of the Department of Health Services, Rita Scardaci; Assembly member Noreen Evans; United Way Vice President Chanda Zirkelbach; City councilmember Carol Dean; and an interview with local radio station KZST.</p> <p>Staff engaged Santa Rosa city council members Jane Bender and Carol Dean and the Executive Director of First Five Commission around dental and health needs of uninsured and entitlement-funded children and adolescents.</p> <p>Meetings were also held with multiple candidates running for County Board of Supervisors to discuss healthcare issues and access issues, including for vulnerable populations in our community.</p>

	Finally, staff reviewed the Community Needs Assessment with four Santa Rosa City Council members and discussed plans to focus outreach, intervention and advocacy efforts on childhood obesity, children’s dental health, and alcohol/substance abuse.
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Strategy 3: Reduce social isolation of populations at-risk adolescents

Measure	Progress
Activities for teens included at monthly Junta de Promotores de Salud meetings in DUHN communities or at annual Promotores training.	<u>Goal met</u> Activities for teens were included in the annual training of the Promotores de Salud.
Nuestra Vocecitas community youth radio show in the Sonoma Valley supported by NCS through monthly technical assistance.	<u>Goal met</u> Twelve shows completed because format changed to monthly shows
Nuestra Vocecitas Juveniles leaders supported by NCS to provide 40 community youth radio shows in the Sonoma Valley.	See above
COS will provide a free violence prevention after school programming to a minimum of 80 girls per week throughout the school year in Sonoma County, developing self-esteem, confidence, and social skills.	<u>Goal exceeded</u> An average of 140 girls received programming in violence prevention through activities such as summer lunch program, enrichment field trips that targeted resiliency skills, self esteem, etc.

VI. HEALTH EDUCATION

Strategy 1: Build Community Capacity to address health issues through education and community action

Measure	Progress
20 Volunteer Promotores de Salud trained on two key health topics in DUHN communities.	<p><u>Goal nearly met</u> The Promotores de Salud conducted two training courses on nutrition related topics at two sites in Santa Rosa to a total of 18 people. The attendees will be continuing their education with the Center for Well Being to become volunteer Promotores de Salud.</p>
Mental health education activities plan for youth 18 to 25 years of age developed and initiated by Mental Health Coalition.	<p><u>Goal nearly met</u> Difficulties with funding prevented the first proposed activity of the Mental Health Coalition (MHC) and Sonoma State University (SSU) partnership (development of a mental health promotion platform or curriculum for SSU).from being carried out. However, the MHC has since renewed its commitment and approved a formal intent, with a committee behind it to work with SSU to create a program to be implemented in Freshman Seminar in the Fall of 2008.</p>

Strategy 2: Increase access to prevention and treatment services

Measure	Progress
Mobile Health Clinic and House Calls will integrate two CQI best practices in the care of patients with diabetes and/or asthma.	<p><u>Goal met</u> Mobile Health Clinic and House Calls successfully integrated and monitored the following CQI best practices for patients with diabetes and / or asthma.</p> <ol style="list-style-type: none"> 1) A random audit of 25 charts of patients with asthma showed criteria met 100% for patient education, 30% for peak flow documentation, 65% for severity rating, 45% and 67% for flu shot and varivax administration respectively and 75% for asthma triggers. 2) House Calls and Mobile Health Clinic continue to monitor HgA1C levels as an indicator of Diabetic Management. From May 2007 to Feb 2008 there was an increase in HgA1c levels from 0 to 23%

VI. HEALTH EDUCATION

Strategy 2: Increase access to prevention and treatment services

Measure	Progress
Empower clients to care for their health condition by enrolling 500 in Mi VIA annually.	<u>Goal not met</u> For FY08 fiscal year, 475 clients were enrolled in MiVia
Mobile Health Clinic and House Calls will provide 80% of eligible clients with Pneumovax	<u>Goal met</u> On a quarter to quarter basis, at least 80% of eligible patients served by House Calls and Mobile Health Clinic received the Pneumovax vaccine.
Dental Clinic staff will provide primary prevention education to at least 25 medical providers annually on integrating oral health with primary medical care.	<u>Goal changed</u> Sonoma County Oral Health Advisory Council (SCOHAC) has taken on the responsibility of providing education to primary prevention providers.
House Calls will utilize a senior depression screening tool on 90% of admissions to House Calls. All scoring in need of intervention will have a care plan developed.	<u>Goal met</u> House Calls utilized a screening tool and developed care plans for 48 patients.

Strategy 3: Reduce social isolation of populations at-risk

Measure	Progress
Promotores de Salud provide outreach, education, and social support referrals to 600 people in DUHN communities with priority health issues (HIV prevention, breast and cervical cancer)	<u>Goal exceeded</u> Promotores de Salud provided outreach, education and social support referrals to 1731 residents of DUHN communities and outreach education to 1120 community members at health fairs.

Attachment D. Summary of Other Community Benefit Programs FY08

Program/Activity Name	FY08 Measure	Outcome/Progress
1. Partnerships: Healthy Communities Consortium: <i>Building a healthy community in Petaluma by effecting lasting positive changes for the economic, social, spiritual and physical well-being of the community</i>	10 BOD meetings Communications Plan developed & initiated <i>Volunteer Program developed</i>	10 BOD meetings, 12 HC2 project meetings (Petaluma Youth Network Steering Committee and Petaluma Coalition to Prevent Under-Age & High Risk Drinking) Volunteer Program Developed
South County Senior Forum: <i>closing the gap in housing, healthcare, transportation, information and resource advocacy for Petaluma's seniors</i>	1 Resource Directory 24 Sr. Life Pages in Argus 6 Forum meetings Participation in Prepare Petaluma disaster preparedness	2 Resource Directories disseminated through Argus Courier. Life Pages discontinued 4 forum meetings, 3 sub-committee meetings 6 seniors participating in neighborhood emergency response teams
Family Action of Sonoma County: <i>improving the lives of children and families through research, community education, advocacy and policy change</i>	6 FASC meetings CMHP Advocacy agenda developed & initiated 1 new SSU Certificate Program module developed Support community education on post-partum depression	7 FASC meetings, 2 meetings with Board Liaisons of fiscal sponsor. CMHP Advocacy agenda developed & implemented: generating creation of 0-5 group in County's Mental Health Services Act planning process. 1 new module created Post-partum depression sub-committee formed in CMHP,

facilitated by Dept of Health Services staff.

<p>Community Activity & Nutrition Coalition (CAN-C): <i>Public/private collaboration addressing preventable nutritional disease in children.</i></p>	<p>6 CAN-C Steering Committee meetings At least 5 SJHS-SC staff engaged in CAN-C activities At least 12 residents engaged in HEAL implementation HEAL Leadership Team formed w/community stakeholders</p>	<p>10 CAN-C Steering Committee meetings, 3 Communities of Excellence sub-committee meetings. 12 SJHS-SC staff engaged in CAN-C activities 3 residents leading HEAL activities in neighborhoods. HEAL leadership team formed with all project sectors</p>
<p>American Red Cross—Sonoma County Chapter: <i>Humanitarian organization that provides relief to victims of disaster and helps people prevent, prepare for, and respond to emergencies.</i></p>	<p>7 Board meetings SJHS and RC-Sonoma County partnered on Nursing English classes for CNAs in Sonoma County</p>	<p>Participated in 10 Board Meetings in FY08, served as corporate sponsor for Annual Red Cross Heroes Breakfast, and continued to partner with RC for Nursing English classes.</p>
<p>Sonoma County Housing Coalition, Consensus Council <i>Works to increase affordable housing stock in Sonoma County through policy change and advocacy.</i></p>	<p>7 Consensus Council Meetings (Ensure that SJHS collaborates in organizing the annual First-Time Homebuyers Fair, and markets it to our community partners and our employees who are seeking first-time home ownership opportunities).</p>	<p>Participated in 8 Consensus Council Meetings to endorse and advocate for increase in supply of affordable housing stock in Sonoma County, and helped to coordinate activities during Affordable Housing Week</p>

	<p>United Way, Family Impact Team: <i>Works to Strengthen Family Health, Support Family Unification in Sonoma County</i></p>	<p>6 Impact Team Meetings (Represent SJHS in UW planning to reduce incidence of child abuse.)</p>	<p>Participated in 6 Impact Team Meetings, outlining priorities for Families Impact Team and achieved consensus on funding recipients for grant cycle in domain area of Family Impact and prevention of Child Abuse.</p>
<p>2.</p>	<p>Quality of Life Initiative: <i>Building community capacity to engage in dialogue and action to enhance local mental health system.</i></p>	<p>2 meetings/events coordinated by Mental Health Coalition of Sonoma County 3 Action Teams of MHC-SC 12 MHC-SC Action Teams meetings 6 QOL Steering Committee meetings 6 SJHS-SC Mental Health Roundtable meetings <u>Primary Prevention</u> <i>Development of physician engagement strategies for Mental Health Coalition Stigma Team</i> 1 physician engaged in SJHS- SC MHR 2 activities promoting MH held within SJHS-SC 5 meetings of BOT Advocacy Committee to educate policy makers about the coalition's mental health advocacy priorities.</p>	<p>2 meetings/events coordinated by Mental Health Coalition of Sonoma County 3 Action Teams of MHC-SC 12 MHC-SC Action Teams meetings 6 QOL Steering Committee meetings 6 SJHS-SC Mental Health Roundtable meetings <u>Primary Prevention</u> <i>Development of physician engagement strategies for Mental Health Coalition Stigma Team</i> 1 physician engaged in SJHS-SC MHR 2 activities promoting MH held within SJHS-SC 5 meetings of BOT Advocacy Committee to educate policy makers about the coalition's mental health advocacy priorities.</p>

<p>3.</p>	<p>Neighborhood Care Staff / A.C.T.I.O.N.: Catalyst for social change through community organizing and grassroots leadership development.</p>	<p><u>Access to DUHN</u></p> <p><i>Build relationship with new DUHN group contacts established in FY07 (NCS)</i></p> <p>10 Community/ neighborhood groups sustained</p> <p>100 community leaders supported through mentoring and/or training</p> <p><u>Collaborative Governance</u></p> <p><i>Identification and recruitment of new Resident Advisory Committee (RAC) members (NCS)</i></p> <p>12 community action plans developed and/or implemented</p> <p><u>Seamless Continuum of Care</u></p> <p><i>Development and implementation of outcomes tracking tool to measure impact of NCS activities on quality of life conditions- (NCS)</i></p> <p>10 QOL issues addressed at local level</p> <p><u>Seamless Continuum of Care</u></p> <p><i>Provide training to community leaders (i.e. Promotores Comunitarios)</i></p> <p>35 community leaders receive first ACTION training</p>	<p>13 core groups sustained</p> <p>Southwest Santa Rosa: USA2000, Moorland Improvement Club, SALVA, Cinco de Mayo Committee</p> <p>Rohnert Park: Concerned Citizens of Rohnert Park “B” Section, Concerned Citizens of Rohnert Park “L” Section</p> <p>Fulton: Jornaleros de Fulton</p> <p>Sonoma Valley: Nuestra Voz, Trovadores, Nuestra Rumba, Promotores Comunitarios</p> <p>Healdsburg: Promotores Comunitarios</p> <p>St. Helena: Promotores Comunitarios</p> <p>102 community leaders mentored</p> <p>13 local action plans developed and in implementation, addressing:</p> <p>Family violence, gang violence, obesity, cultural identity, physical infrastructure, traffic safety, neighborhood beautification, substance abuse, employment, environmental health, racism/discrimination</p> <p>70 community leaders received first ACTION training:</p> <p>20 Jornaleros de Fulton 25 Trovadores 25 Promotores Comunitarios</p>
<p>4.</p>	<p>Advocacy Visits: Educate elected officials and key stakeholders</p>	<p><u>Primary Prevention</u></p> <p><i>Continuation of focused advocacy efforts to increase</i></p>	<p>FY08 Outcome: Much greater understanding by local elected officials of Community Benefit initiatives, activities</p>

	<p><i>about SJHS advocacy priorities.</i></p>	<p><i>awareness of persons of influence around quality of life and Healthy Communities issues</i></p> <p>10 visits</p>	<p>and unmet health needs: especially related to neighborhood safety, children's dental. As a result, Santa Rosa City Council formally issued proclamations recognizing Circle of Sisters after-school program and NCS staff member Arnulfo Barragan for their work in the community.</p> <p>In addition, county supervisors have publicly expressed support in FY08 to direct county staff to analyze possibilities for fluoride in the county.</p> <p>Total: 30 visits</p>
<p>5.</p>	<p>Circle of Sisters: <i>Free violence prevention program for girls 10-14 throughout Sonoma County, developing self-esteem, confidence, and social skills.</i></p>	<p><u>Capacity Building</u></p> <p>3500 hours of volunteer service provided to mentor girls or to provide administrative support to program</p> <p><u>Seamless Continuum of Care</u></p> <p>10 girls referred to CHIC</p> <p><u>Primary Prevention</u></p> <p><i>Identify other CB programs and partners that can coordinate to develop health promotion activities</i></p> <p>1 health education activity targeting obesity and resulting from community collaborative completed by each COS group every month</p> <p><u>Community Capacity Building</u></p> <p><i>Completion and copyrighting of COS core curriculum</i></p> <p>1 new agency trained in COS</p>	<p>Total: 4,069.65 hours or 169 days or 6 months of volunteer time committed to COS, increasing program participant experience and program quality.</p> <p>-House Calls and COS partnered to provide safety checklist for seniors and to discuss senior depression.</p> <p>-NCS and COS collaborated for summer lunch program.</p> <p>-ACTION training provided to COS staff by NCS ACTION trainer. COS did a presentation about COS to SJHS-interpreter staff.</p> <p>-COS and Promotores de Salud and Mobile Dental partnered for COS parent University event. Mobile dental did dental screenings and fluoride varnishes and Promotores did health education and community resource tabling.</p>

		curriculum	Curriculum copyrighted and completed. Several new agencies were approached regarding the use and implementation of COS curriculum, but no new agency trained.
6.	Community Health: <i>Improve health outcomes for vulnerable populations by increasing access to care.</i>	<p>Mobile Health Clinic provides 3,000 visits</p> <p>Mobile Health Clinic serves 1,500 unduplicated patients</p> <p><u><i>Seamless Continuum of Care</i></u></p> <p><i>Implement tracking mechanisms to document number of referrals to mental health provider</i></p> <p>Mobile Health Clinic provides 208 mental health visits</p> <p>Mobile Health Clinic serves 200 Seasonal Agricultural Workers</p> <p><u><i>Primary Prevention</i></u></p> <p><i>Integrate oral health assessment tool to address oral health concerns of seniors</i></p> <p>House Calls provides 3,045 visits</p> <p>House Calls serves 300 unduplicated patients</p> <p>Dental Clinic will provide 5,800 visits</p> <p>Dental Clinic serves 2,200 unduplicated patients</p> <p>500 Children from age 0 to 4</p>	<p>Mobile Health Clinic provided 3,268 visits.</p> <p>Mobile Health Clinic served 1,323 unduplicated patients.</p> <p>Mobile Health Clinic provided 235 mental health visits.</p> <p>Mobile Health Clinic served 451 seasonal agricultural workers.</p> <p>House Calls provided 2,005 visits.</p> <p>House Calls served 317 unduplicated patients.</p> <p>Site dental provided 6,376 visits.</p> <p>Site dental clinic served 2,495 unduplicated patients.</p>

		<p>receive dental care</p> <p>360 Seasonal Agricultural Workers receive oral health care</p> <p><u>Seamless Continuum of Care</u></p> <p><i>Identify and serve populations in Sonoma County that lack access to oral health care</i></p> <ul style="list-style-type: none"> -Mobile Dental Clinic provides 1,750 visits -Mobile Dental Clinic serves 600 unduplicated patients -160 Seasonal Agricultural Workers served -500 children ages 0 to 4 receive dental care -150 special needs patients receive dental care <p><u>Primary Prevention</u></p> <p><i>Oral health education integrated with First Five curriculum provided to children</i></p> <ul style="list-style-type: none"> -Mighty Mouth Program serves 3,500 children 	<p>Dental Clinic saw 718 Children ages 0-4.</p> <p>559 Agricultural workers received care.</p> <p>Mobile Dental provided 2,618 visits.</p> <p>Mobile Dental served 1,635 unduplicated patients.</p> <p>Mobile dental served 185 seasonal agricultural workers.</p> <p>Mobile dental served 964 children ages 0-4.</p> <p>181 special needs patients received dental care.</p> <p>Mighty Mouth served 6,055 children.</p>
7.	Number of children enrolled in BAIR (Bay Area Immunization Registry)	<p><u>Seamless Continuum of Care</u></p> <p><i>Identify and implement strategy to meet benchmarks for immunization rates</i></p> <p>40 children under the age of six will be enrolled</p>	<p>125 children under the age of six were enrolled.</p>
8.	<i>Train outside agency staff in Oral hygiene instruction for DUHN population</i>	<p>Train two agencies per year</p>	<p>30 medical assistants from the South West Clinic on Chanate were trained in FY08.</p>

			This activity of training outside agencies has been taken over by CAP Sonoma.
9.	<p>Promotores de Salud-Promote wellness, prevention & health education through Promotores de Salud outreach and Junta de Salud meetings</p>	<p><u>ACCESS TO DUHN</u></p> <p><i>Number of new contacts made from identified DUHN areas</i></p> <p>2,000 staff Promotores contacts</p> <p>Volunteer Promotores trained by SJHS-SC make 200 contacts</p> <p>425 Nutrition/cooking class participants</p> <p>Provide twelve meetings in Santa Rosa annually for 900 participants.</p> <p><u>Capacity Building</u></p> <p><i>Expansion and application of Promotores program model to community partner nutrition program.</i></p>	<p>1127 children and adults were assisted with insurance applications</p> <p>1332 contacts.</p> <p>1120 person were contacted through outreach events</p> <p>No longer doing.</p> <p>381 participants in the cooking classes.</p> <p>341 participants up to Feb 2008. Discontinued thereafter.</p> <p>Northern California Center for Wellbeing launched a Promotores training program for mothers with children under five</p>
10.	<p>Community Outreach through participation in 6 health fairs annually.</p> <p>Oral Health screenings provided through 6 health fairs annually.</p>	<p>Serve a minimum of 2,000 people.</p>	<p>Dental participated in 13 health fairs serving 983 people.</p> <p>Promotores attended a total of five outreach events where 1120 person were contacted.</p> <p>Screening and fluoride varnish provided at 12 health fairs to 683 children.</p>

11.	<p>Children's Health Insurance Enrollment</p> <p><i>Increase enrollment of children into Healthy Families and other applicable insurance programs by 25%.</i></p> <p><i>Increase the retention rate for children enrolled in Healthy Families programs from less than 45% to at least 75%.</i></p>	<p>1,200 enrollments</p> <p>37% of children enrolled in children's' health insurance are retained.</p>	<p>1127 children and adults were assisted with insurance applications.</p> <p>47% of the total applications were AER (annual eligibility renewals) and retained in the insurance.</p>
12.	<p>Mi Via Electronic Personal Health Record</p> <p><i>Community Health Clinic Staff are using Mi VIA technology to improve health, promote continuity of care and to empower clients in the community.</i></p> <p><i>Mi VIA includes a printable emergency card with photo ID, identification of allergies, serious conditions and emergency contact information.</i></p>	<p>Promotores to provide outreach and enrollment for 500 clients in Mi VIA program.</p> <p>Mi VIA training is provided to 25 medical providers</p>	<p>475 clients were enrolled into the MIVIA program.</p> <p>25 medical providers were trained on MIVIA</p>

Attachment E

**Santa Rosa Memorial Hospital Quantifiable Community Benefit Trend
As of 06/30/08**

	FY 2007	FY 2008
<i>BENEFITS FOR THE LOW-INCOME COMMUNITY</i>		
Charity Care ⁹ (Financial Assistance)	\$3,139,000	\$4,388,000
Community Services ¹⁰	\$1,230,000	\$1,419,000
Unpaid costs of state and local programs	\$18,235,000	\$21,446,000
A. TOTAL QUANTIFIABLE BENEFITS FOR THE LOW- INCOME COMMUNITY	\$22,604,000	\$27,253,000

<i>BENEFITS FOR THE BROADER COMMUNITY</i>		
Community Services	\$1,265,000	\$1,093,000
B. TOTAL QUANTIFIABLE BENEFITS FOR THE BROADER COMMUNITY	\$1,265,000	\$1,093,000

C. TOTAL QUANTIFIED COMMUNITY BENEFIT (A +B = C)	\$23,869,000	\$28,346,000
<i>Percentage of total net patient revenue</i>	7.2%	8.3%
<i>Percentage of total operating expenses</i>	7.4%	8.4%

	FY 2007	FY 2008
<i>BENEFITS FOR THE BROADER COMMUNITY</i>		
Unpaid cost of Medicare	\$31,219,000	\$37,833,000

⁹ Charity care provided for households at or below 500% of Federal Poverty Levels (FPL) in accordance with Santa Rosa Memorial Hospital's Financial Assistance Policy.

¹⁰ SJHS Foundation (Care for the Poor) Funds included in Community Services for the Low-Income

– FY 07 \$1,807,266

SJHS Foundation (Care for the Poor) Funds included in Community Services for the Low-Income

– FY 08 \$1,857,305

**Petaluma Valley Hospital Quantifiable Community Benefit Trend
As of 06/30/08**

	FY 2007	FY 2008
BENEFITS FOR THE LOW-INCOME COMMUNITY		
Charity Care ¹¹ (Financial Assistance)	\$706,000	\$694,000
Community Services ¹²	\$114,000	\$47,000
Unpaid costs of state and local programs	\$5,510,000	\$5,640,000
A. TOTAL QUANTIFIABLE BENEFITS FOR THE LOW- INCOME COMMUNITY	\$6,330,000	\$6,381,000

BENEFITS FOR THE BROADER COMMUNITY		
Community Services	-0-	-0-
B. TOTAL QUANTIFIABLE BENEFITS FOR THE BROADER COMMUNITY	-0-	-0-

C. TOTAL QUANTIFIED COMMUNITY BENEFIT (A +B=C)	\$6,330,000	\$6,381,000
<i>Percentage of total net patient revenue</i>	7.8%	7.7%
<i>Percentage of total operating expenses</i>	7.6%	7.5%

	FY 2007	FY 2008
BENEFITS FOR THE BROADER COMMUNITY		
Unpaid cost of Medicare	\$9,690,000	\$10,304,000

¹¹ Charity care provided for households at or below 500% of Federal Poverty Levels (FPL) in accordance with Petaluma Valley Hospital's Financial Assistance Policy.

¹² SJHS Foundation (Care for the Poor) Funds included in Community Services for the Low-Income

– FY 07 \$114,000

SJHS Foundation (Care for the Poor) Funds included in Community Services for the Low-Income

– FY 08 \$ 46,674

1. Utilization of Budget Philosophy and other processes to proactively budget for Community Benefits:

- Community Benefit management is represented on the Operating Budget Steering Committee of SJHS-SC, and, together with the VP - Mission Integration and CFO, ensures that Community Benefit is an integral component of the hospital's operating budget.
- 1.5% of operating budget funds Healthy Communities programs; Circle of Sisters, Advocacy, and Quality of Life Initiative - Mental Health Coalition
- Additional activities are proposed and developed by staff throughout SJHS-SC in a special Budget Philosophy grant process, enabling engagement and innovation throughout the hospital.

F. NON-QUANTIFIED PROGRESS

Staff Involvement

- The Community Benefit Management Team provides orientation for all employees and volunteers on Community Benefit programs and activities, including opportunities for their participation. Each new employee is provided with a hand-out that summarizes key community benefit volunteer opportunities and a section to be completed and returned to CB Dept for those interested in getting involved.
- In coordination with the volunteer services department, outreach about volunteer opportunities occurs on ongoing basis. Key activities in FY08 include: Redwood Empire Food Bank monthly gleanings; Blood Bank bimonthly drive; Rebuilding Together; United Way Day of Caring; the AHA Heart Walk; Volunteer Center's Giving Tree; and Holiday Family Adoptions.
- Information regarding opportunities for participation is presented regularly in SJHS-SC's internal newsletter, "Connections," in a bi-monthly Community Benefit column, as well as special stories, articles and announcements.
- Announcements of priority issues, special events and opportunities through email;
- Presentations to department, Area Management, Area Leadership and Executive Management meetings;
- Presentation to new employees at General Hospital Orientation;
- Special Community Benefit events, such as Cultural Diversity Week, Affordable Housing Week, etc.;
- Outreach tables in facility cafeterias at different campuses;
- Internal Healthy Communities activities: department asset mapping and mini-grants;
- Special Volunteer Projects, coordinating staff volunteer opportunities with community partners such as the Redwood Empire Food Bank and Rebuilding Together; and
- Formation of special committees, such as Cultural and Linguistically Appropriate Services (CLAS).

The ways in which staff participates vary according to their interest, skills and availability.

The projects that senior management has participated in this year include the Food Bank and United Way Day of Caring.

Staff Volunteer efforts for the Community Benefit projects include:

YMCA

Family Fitness Day – 12 volunteers- 36 hours

Healthy Kids' Day – 9 volunteers- 27 hours

Redwood Empire Food Bank

Gleanings – sorting and packing food for low-income persons.

- The Food Bank gleanings included about 50 volunteers working 829 hours
- Wine event benefitting Food Bank had 40 volunteers, for a total of 178 hours

Rebuilding Together — Home projects for low-income people in Petaluma, Rohnert Park, and Santa Rosa

- 36 Volunteers donated 267 hours

Blood Bank of the Redwoods –Blood donations for Blood Bank

- The Blood Drives averaged 72 donors at one hour each, for a total of 72 hours

American Heart Association Walk – fund-raising event for the American Heart Association

- 50 volunteers donated one hour each for 50 hours

Adopt Family- Donations of holiday gifts from SJHS-SC departments to low-income families

- 51 Families adopted – 10 hours spent per family= 510 hours

Giving Tree – Donation of holiday gifts to low-income children and individuals

- 150 Volunteers – 300 hours

United Way Day of Caring- SJHS-SC employees volunteer at participating agencies and other non-profit agencies in the community.

- 13 volunteers donated 91 hours

Cinco de Mayo - SJHS-SC employees volunteered in various capacities at this community-wide event

- 9 volunteers donated 27 hours

We advocate that every employee become involved in at least one of the many community projects and programs coordinated by our own health system and those of local partners.

G. Public Process

Neighborhood Care staff provide a direct link to community needs through their day-to-day work. Consensus on community programs and priorities is developed by communicating at local meetings, mailings, and public events, in the local press and on radio. Some of the communication strategies we have employed this past year have included: dissemination of key elements of the Community Benefit Plan through briefings with legislators and community leaders; posting to and dissemination through the SJHS-SC Internet website accessible at http://stjosephhealth.org/serv_comout_overview.aspx; presentations of plan elements and programming at community fairs and other public venues.