

2023 - 2025

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Holy Cross Medical Center, Mission Hills, CA
Providence Saint Joseph Medical Center, Burbank, CA
Providence Cedars-Sinai Tarzana Medical Center, Tarzana, CA



To provide feedback on this CHIP or obtain a printed copy free of charge, please email Anthony.OrtizLuis@providence.org.



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EXECUTIVE SUMMARY

Providence continues its Mission of service in Los Angeles County through the Providence San Fernando Valley Medical Center that includes Providence Holy Cross Medical Center (Mission Hills, CA), Providence Saint Joseph Medical Center (Burbank, CA), and Providence Cedars-Sinai Tarzana Medical Center (Tarzana, CA). The three Providence Medical Centers serve the entirety of Los Angeles County's San Fernando Valley, including 2.2 million people.

The Providence San Fernando Valley Medical Centers dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of people experiencing social inequities and health disparities. During 2021, the Los Angeles Service Area provided \$287,000,000 in Community Benefit in response to unmet needs.

This joint Community Health Needs Assessment (CHNA) is an opportunity for Providence San Fernando Valley Medical Centers to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with community stakeholders and listening sessions with community members, and hospital utilization data. This joint Community Health Improvement Plan addresses the prioritized health needs identified by the 2022 CHNA.

The three hospitals share a defined community service area, employ a single department with shared staffing and resources to provide community benefit to the entire San Fernando Valley, and report to common governing body overseeing community benefit. Because of this approach to community benefit, Providence Holy Cross Medical Center, Providence Saint Joseph Medical Center, and Providence Cedars Sinai Tarzana Medical Center have adopted both a joint 2022 Community Health Needs Assessment as well as a joint Community Health Improvement Plan for 2023-2025. Therefore, the strategies described in this Community Health Improvement Plan are representative of efforts taken by all hospitals to address community needs.

Organizations Identified as Partners

All – Inclusive Community Health Center
Ascencia
Bridging Community Resources
Burbank Community YMCA
City of Burbank
City of San Fernando
Comprehensive Community Health Centers
El Proyecto del Barrio
Helping Hands Senior Foundation
Home Again LA
Hope the Mission (formerly Hope of the Valley Rescue Mission)
Kids Community Dental Clinic

LA Family Housing
Los Angeles County Department of Public Health
North Valley Caring Services
Office of Board President Kelly Gonez, Los Angeles Unified School District
ONEgeneration J.O.Y. (Joining Old and Young)
San Fernando Community Health Center
San Fernando Valley Community Mental Health Center, Inc.
Sherman Oaks Adults Center and Bernardi Senior Center
Tarzana Treatment Centers, Inc.
The Village Family Services
YMCA of Metropolitan Los Angeles

Providence San Fernando Medical Centers Community Health Improvement Plan Priorities

As a result of the findings of our [2022 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence San Fernando Valley Medical Centers conducted a joint Community Health Improvement Plan process that will focus on the following areas for its 2023-2025 Community Benefit efforts:

PRIORITY 1: ACCESS TO HEALTH CARE & PREVENTIVE SERVICES

This priority focuses on improving access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system while easing the way for people to access the appropriate level of care at the right time.

PRIORITY 2: HOMELESSNESS & HOUSING INSTABILITY

This priority focuses on a seamless connection between health care and homeless services, ensuring that people experiencing homelessness receive timely and appropriate linkage to community-based homeless services.

PRIORITY 3: BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH & SUBSTANCE USE/MISUSE

This priority focuses on ensuring equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes.

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 San Fernando Valley Medical Centers includes Providence Holy Cross Medical Center (Mission Hills, CA), Providence Saint Joseph Medical Center (Burbank, CA), and Providence Cedars-Sinai Tarzana Medical Center (Tarzana, CA). The Providence San Fernando Valley Medical Centers service area is the entirety of Los Angeles County’s San Fernando Valley, including 2.2 million people and the municipalities of the City of Burbank, City of Glendale, City of Los Angeles, and City of San Fernando. The combined three hospitals have 1,018 licensed beds and a staff of more than 6,093.

Our Commitment to Community

The Providence San Fernando Valley Medical Centers dedicates resources to improve the health and quality of life for the communities we serve. During 2021, the Los Angeles Service Area provided \$287,000,000 in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in Los Angeles.

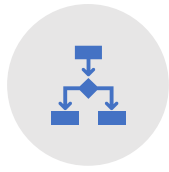
Health Equity

At Providence, 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.

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:

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

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

The Providence San Fernando Medical Centers which include Providence Holy Cross Medical Center (Mission Hills, CA), Providence Saint Joseph Medical Center (Burbank, CA), and Providence Cedars-Sinai Tarzana Medical Center (Tarzana, CA) demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The Mission Community Health Committee is a standing Committee of the Valley Service Area Board and has the delegated authority to approve the CHIP on behalf of Providence Saint Joseph Medical Center and Providence Holy Cross Medical Center. The CHIP is also presented to the Valley Service Area Board for review. The Providence Cedars-Sinai Tarzana Medical Center Board of Managers directly approves the CHNA and CHIP on behalf of the Medical Center. Hereafter, the three Medical Centers, Providence Holy Cross, Providence Saint Joseph and Providence Cedars Sinai Tarzana, will be referred to at Providence San Fernando Valley Medical Centers.

The Mission Community Health Committee reviews and approves the Community Health Needs Assessment (CHNA) process, the CHNA report and the Community Health Improvement Plan (CHIP) to address the unmet community health needs identified in the CHNA especially those impacting the poor and vulnerable. Representatives of all three Medical Centers participate, as well as community stakeholders, participate in the ongoing work of the Committees, provide oversight of the CHNA and CHIP process and review progress made on community benefit programming and investment throughout the year.

Planning for the Uninsured and Underinsured

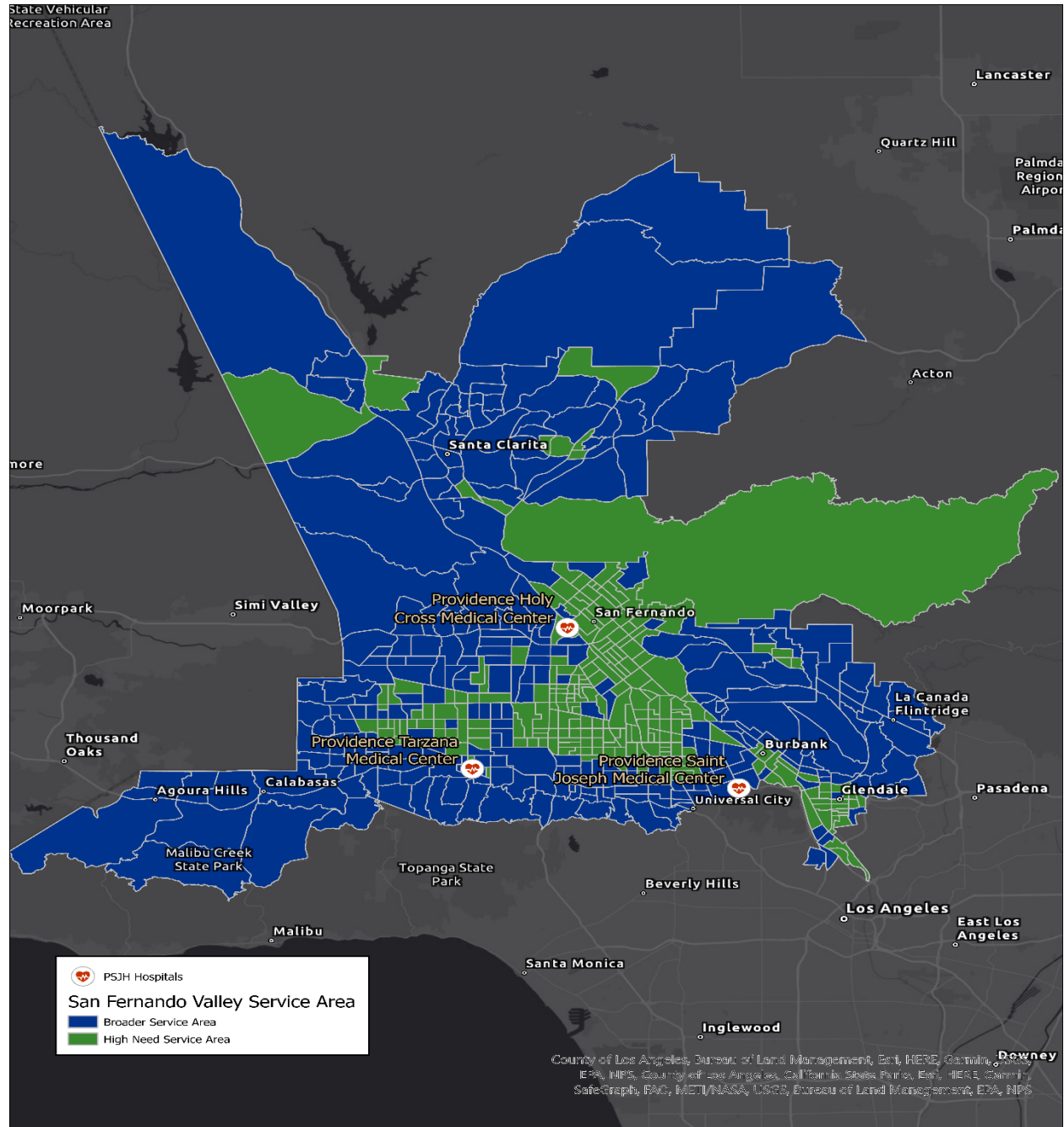
Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why the Providence San Fernando Valley Medical Centers has a Financial Assistance Program (FAP) that provides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

One way Providence San Fernando Valley Medical Centers 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 [Bill Pay & Financial Assistance: L.A. County, San Fernando Valley & South Bay | Providence](#).

OUR COMMUNITY

Description of Community Served

Providence San Fernando Valley Medical Centers service area is Los Angeles County’s San Fernando Valley and includes a population of approximately 2.2 million people (2019 ACS).



Of the over 2.2 million permanent residents of Los Angeles County’s San Fernando Valley, roughly 45% 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 San Fernando Valley has about a quarter (23.6%) of its population between the ages of 0-19 compared to over half (56.7%) of its population between the ages of 20-59. While in the High Need areas of the region, over a quarter (25.2%) of its population are between the ages 0-19 and almost three-fifths (58.4%) of its population is between the ages of 20-59. Females represent over half (50.7%) of the population while males represent less than half (49.3%) in the San Fernando Valley.

Source: 2019 American Community Survey, 5-year estimate

POPULATION BY RACE AND ETHNICITY

A majority of the population in the High Need areas of the San Fernando Valley identify as Hispanic at 60.2% while Asian Americans, Black or African Americans, and American Indians account for 8.9%, 3.8%, and 0.6% respectively.

Source: 2019 American Community Survey, 5-year estimate

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Providence San Fernando Valley Medical Centers Service Area

Indicator	Broader Service Area	High Need Service Area	Los Angeles County	California
Median Income <small>Data Source: 2019 American Community Survey, 5-year estimate</small>	\$102,078	\$55,396	\$67,817	\$75,235
Percent of Renter Households with Severe Housing Cost Burden <small>Data Source: 2019 American Community Survey, 5-year estimate</small>	28.11%	35.54%	29.04%	26.62%

The median household income for California and Los Angeles is \$75,235 and \$67,817 respectively while in the High Need Service Area of the San Fernando Valley is at \$55,396. Renter households experiencing severe housing cost burden are those spending 50% or more of their income on housing cost. In the San Fernando Valley’s High Need Service Area, 35.54% of renter households are considered severely housing cost burdened.

Full demographic and socioeconomic information for the service area can be found in the 2022 CHNA for [Providence San Fernando Valley Medical Centers](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The CHNA process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospital(s), we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the ZIP Code or census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the American Community Survey and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

The identified significant community needs were prioritized with input from the community. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Some key findings include:

- Listening session participants noted a need for closer hospitals, more available adaptive programs, and facilities that offer whole person care. They also need more assistance navigating health care services. Participants shared racism and discrimination prevent health equity, particularly for people identifying as LGBTQIA+ and Black, Brown, Indigenous, and People of Color (BBIPOC). There needs to be improved access to responsive and respectful health care services for these groups.

- Limited senior housing resources, a lack of permanent housing, a lack of availability in buildings, long wait times for low-income and senior housing, and insufficient staffing to assist with housing issues are all concerns of the participants. Participants would like to see more housing and recreational activities for seniors, less restrictions on seniors in social settings, and more transparency about the housing reality.
- Participants emphasized the need for additional mental health services and having accessibility to those services when needed. Participants want more available therapists, and less wait time to see those therapists and acquire services. There is a concern amongst participants about the lack of mental health resources in the community, particularly for youth identifying as LGBTQIA+. They would also like substance use services for people experiencing homelessness.

Significant Community Health Needs Prioritized

Through a collaborative process that includes members of the Mission Community Health Committee, hospital leadership, and community members identified the following prioritized health needs (listed in priority order):

PRIORITY 1: ACCESS TO HEALTH CARE & PREVENTIVE SERVICES

This priority focuses on improving access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system while easing the way for people to access the appropriate level of care at the right time.

PRIORITY 2: HOMELESSNESS & HOUSING INSTABILITY

This priority focuses on a seamless connection between health care and homeless services, ensuring that people experiencing homelessness receive timely and appropriate linkage to community-based homeless services.

PRIORITY 3: BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH & SUBSTANCE USE/MISUSE

This priority focuses on ensuring equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The Community Health Improvement Plan (CHIP) was developed by the Providence San Fernando Valley Medical Centers Community Health Investment Leadership Team.

The criteria for developing the Community Health Improvement Plan included considerations for current/existing evidenced based hospital and community-based programs and resources, new opportunities and potential for growth, and partnerships with local organizations.

The CHIP was reviewed and approved by the Mission Community Health Committee on April 4, 2023. The Providence Cedars-Sinai Tarzana Medical Center Board of Managers and Valley Service Area Board approved the CHIP on March 21, 2023 and April 20, 2023 respectively.

Addressing the Needs of the Community: 2023- 2025 Key Community Benefit Initiatives and Evaluation Plan

Providence San Fernando Valley Medical Centers Community Health programs are adopting a number of efforts to help meet the needs of the communities we serve: 1) opening Wellness Centers in under-resourced communities, 2) employing community health workers to engage with our patients and neighbors, and 3) strengthening our relationships with community-based partners to better meet the needs of patients and community members.

Wellness Centers

Providence Community Health believes that “health care happens inside and outside the hospital walls” therefore we believe in providing access to health care resources and services nearest to the communities we serve.

In 2018, our first Wellness Center location was opened in the school campus of Vaughn Next Century Learning Center in Pacoima, CA in partnership with the school. The location was identified and chosen because it was located in one of the highest needs communities within the San Fernando Valley. The Pacoima Wellness Center consist of an 1,100 square foot office space for Community Health staff and another similar sized classroom size space designated for workshops, trainings, and meetings. The Pacoima Wellness Center offers community members, parents, students, and school staff with access to health education programs, vaccination clinics (COVID/flu), workshops, and support from community health workers to assist with application assistance for public benefit programs.

In 2019, Providence Community Health opened its second Wellness Center in the heart of the Van Nuys/Panorama City neighborhoods. The space is 4,000 square feet and provides office space for Community Health staff while also offering a multipurpose room for programs and services to be provided to community members. The multipurpose room can be used for health education workshops, presentations, and convenings amongst community members and partner organizations. These two communities are considered the highest need communities within the Providence Holy Cross Medical Center and Providence Saint Joseph Medical Center.

Community Health Workers

Since 2001, Providence has successfully hired, trained, and integrated Community Health Workers (CHWs) as valued members of the healthcare team in our hospital, clinic, and community settings. CHWs are front-line public health workers who share a common language and cultural experience with our patients and clients. They have faced the same barriers, stigmas, and fears in accessing health care, so they have a greater understanding of the challenges faced by those we serve. Their roles within Providence include outreach, health and wellness education, medical care coordination, system navigation, advocacy, enrollment assistance for public benefit programs (health insurance and CalFresh), and they serve as liaisons between our medical centers and the community. They are a key ingredient for health care organizations to effectively care for their patient populations, especially in low-income neighborhoods. As part of the team, CHWs enrich the quality of care provided to patients. CHWs help patients navigate resources such as CalFresh, Covered CA, and Medi-Cal and improve access to preventive and medical care services, avoiding the use of costly emergency care in nonemergency situations.

In response to the growing demand from health care organizations across Los Angeles to employ trained CHWs in their settings, Providence partnered with Charles R. Drew University School of Medicine and Science in 2018, to develop an innovative and unique workforce development program called the Community Health Worker Academy (CHW Academy). The CHW Academy identifies, trains, and places CHWs within multiple healthcare systems to reach and serve children and adults in underserved, priority communities throughout the Los Angeles area.

Partnerships

The Providence San Fernando Medical Centers are in the San Fernando Valley, and it is an area with an established nonprofit network. These nonprofit organizations help meet the needs of more than 2.2 million residents. Fortunately, Providence has nurtured and cultivated many of these relationships for decades working closely with community based nonprofit organizations, federally qualified health centers, faith-based institutions, schools, and public agencies. There are opportunities to strengthen and deepen these relationships to better meet the needs of the patients and communities we serve. We will be pursuing this effort by working collaboratively with these organizations to better link patients and community members to resources in the community. The Providence Community Health Investment Team will pursue opportunities for more coordinated referral systems, alignment of shared goals, and collective learnings among our community partners.

COMMUNITY NEED ADDRESSED #1: ACCESS TO CARE AND PREVENTIVE SERVICES

Long-Term Goal(s)/ Vision

- To improve access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system.
- To ease the way for people to access the appropriate level of care at the right time.
- To increase the percentage of people with insurance in the community.

Key Community Partners

- Programmatic collaborators: Facey Medical Group, LA Care Family Resource Center – Pacoima, Los Angeles Mission College
- Co-located space sharing and/or referral partnerships: Catholic Charities – Guadalupe Center, Harbor Care Recuperative Center, MEND Poverty, North Valley Caring Services, ONEgeneration – Joining Old and Young, Vaughn Next Century Learning Center
- Providence grantees: All-Inclusive Community Health Center, Comprehensive Community Health Centers, El Proyecto del Barrio, FACEY Medical Group, MEND Poverty, Northeast Valley Healthcare Corporation, San Fernando Community Health Center

Table 2. Strategies and Strategy Measures for Addressing Access to Health Care and Preventive Services

Strategy	Strategy Measure	Anticipated Impact
<p>Community Health Insurance Program: CHWs provide community-based outreach and enrollment assistance for affordable health insurance options including Medi-Cal and Covered California health plans</p>	<p>Number of insurance applications assisted</p> <p>Percentage of applications with enrollment confirmed</p>	<p>Baseline (2022)</p> <ul style="list-style-type: none"> • 1,090 insurance applications assisted • 88% of applications assisted were confirmed enrolled <p>2023-2025 Objective</p> <ul style="list-style-type: none"> • 1,300 insurance applications assisted per year • 90% of applications assisted will have enrollment confirmed
<p>Vaccination Program for Children and Adults: a mobile clinic offering childhood immunizations at elementary and middle schools; COVID-19 and flu immunizations for adults; and health insurance enrollment information and navigation assistance</p>	<p>Number of immunizations administered</p>	<p>Baseline (2022)</p> <ul style="list-style-type: none"> • 616 influenza vaccines administered • 1,731 COVID-19 vaccines administered <p>2023-2025 Objectives</p> <ul style="list-style-type: none"> • 2,000 childhood vaccines administered per year • 500 influenza vaccines administered per year • COVID-19 vaccine objective to be determined based upon community need
<p>CHW COVID-19 Outreach and Education: CHWs deliver grassroots outreach that promote information</p>	<p>Number of outreach contacts made</p>	<p>Baseline (2022)</p> <ul style="list-style-type: none"> • 97,793 outreach contacts made; external grant funding by LA County

<p>on COVID-19 prevention, testing, and vaccinations. The program focuses on local communities with low vaccination rates and high rates of COVID-19 transmission identified by LA County Department of Public Health</p>		<p>Department of Public Health for this project reduced by 50% for 2023</p> <p>2023-2025 Objectives</p> <ul style="list-style-type: none"> • 45,000 outreach contacts per year • Expand scope of work to include chronic disease prevention and early intervention outreach
<p>Emergency Department Community Health Workers: CHWs who assist uninsured patients in the emergency department with affordable health care options, applications for enrollment in eligible health insurance programs and coordination of follow-up visits at a clinic in their community</p>	<p>Number of primary care referrals made</p> <p>Percentage of patient follow up primary care appointments kept</p>	<p>Baseline (2022)</p> <ul style="list-style-type: none"> • 252 follow up primary care referrals and appointments made • 76% of patient follow up primary care appointments kept <p>2023-2025 Objectives</p> <ul style="list-style-type: none"> • 500 appointments made per year • 78% of follow up primary care appointments kept
<p>Grantmaking: Financial support to local agencies that provide healthcare to underserved populations, including Federally Qualified Health Centers</p>	<p>Number of grants awarded</p> <p>Total \$ value of grants awarded</p>	<p>2023-2025 Objectives</p> <p>2023: Identify and award grants through local ministry grantmaking</p> <p>2024-2025: Nominate and advocate for local SFV organizations for funding to Providence’s South Division future grantmaking structure</p>

Population Served

- Elementary and middle school students
- Low-income households
- Providence San Fernando Valley Medical Centers Emergency Department patients
- Residents of the identified High Need census tracts from 2022 CHNA
- Monolingual Spanish speaking households
- Immigrant households and mixed status households
- Uninsured and underinsured community members
- Low income and fixed income seniors and older adults
- Uninsured or underinsured LGBTQIA+ youth and TAY

Resource Commitment

- Staffing for multiple access to care programs
- Funding for agencies providing access to care services

Evidenced Based Resources

[Community health workers | County Health Rankings & Roadmaps](#)

[Federally qualified health centers \(FQHCs\) | County Health Rankings & Roadmaps](#)

[Health insurance enrollment outreach & support | County Health Rankings & Roadmaps](#)

[Medical homes | County Health Rankings & Roadmaps](#)

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS AND HOUSING INSTABILITY

Long-Term Goal(s)/ Vision

- A seamless connection between health care and homeless services, ensuring that people experiencing homelessness receive timely and appropriate linkage to community-based homeless services.
- A coordinated and holistic community approach to providing increased linkages to supportive services for people experiencing homelessness.
- Providence is a dedicated member of local coalitions to ensure coordination of homeless support services, including recuperative care, and that there are increased connections to supportive services for individuals experiencing homelessness.

Key Community Partners

- Programmatic collaborators: Ascencia, Harbor Care Center, National Health Foundation, North Valley Caring Services, San Fernando Community Health Center, Tarzana Treatment Centers, The People Concern
- Coalitions, Networks, and Referral partnerships: Burbank Care Coordination Homeless Work Group, San Fernando Valley Santa Clarita Valley Homeless Coalition
- Providence grantees: Ascencia, Burbank Housing Corporation, City of Burbank, East Valley family YMCA, Family Promise of Santa Clarita Valley, Harbor Care Center, Haven Hills, Home Again LA, Hope the Mission (formerly Hope of the Rescue Mission), LA Family Housing, National Health Foundation, Saint Charles Holy Family Church Service Ministry, San Fernando Community Health Center, Tarzana Treatment Centers, The People Concern

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

Strategy	Strategy Measure	Anticipate Impact
<p>CHW Homeless Care Navigators: CHWs placed within our emergency department to specifically care for patients experiencing homelessness. They act as liaisons between homeless service providers and our Medical Centers to reduce avoidable emergency department visits and link patients with permanent and interim housing.</p>	<p>Number of patients experiencing homelessness connected to shelter/housing</p>	<p>Baseline (2022) 282 patients connected to shelter/housing</p> <p>2023-2025 Objective 600 patients connected to shelter/housing per year</p>
<p>Coalition Building: Strengthen organizational partnerships to address homelessness and housing insecurity. Stakeholders include homeless service providers, FQHCs, affordable housing providers, and other hospitals.</p>	<p>Participation and engagement in local/regional coalitions on homelessness</p> <p>New potential partnerships identified</p> <p>Number of cooperative and collaborative partnerships</p>	<p>2023-2025 Objectives</p> <ul style="list-style-type: none"> • Increased participation and representation of Providence at two local coalitions on homelessness • Networking & Coordinating: Identify additional community-based organizations for potential partnerships • Collaborating: Strengthened existing partnerships to form collaborative relationships
<p>Grantmaking: Financial support to local partners across the continuum of homeless services, including: recuperative care, street medicine, and interim housing</p>	<p>Number of grants awarded</p> <p>Total \$ value of grants awarded</p>	<p>2023-2025 Objectives</p> <p>2023: Identify and award grants through local ministry grantmaking</p> <p>2024-2025: Nominate and advocate for local SFV organizations for funding to Providence’s South Division future grantmaking structure</p>

Population Served

- People Experiencing Homelessness
- Providence San Fernando Valley Medical Centers Emergency Department Patients
- Staff at local nonprofit organizations

Resource Commitment

- Staffing for CHW Homeless Navigators programs
- Staff time for coalition networks, work groups, and committees
- Funding for agencies providing housing services

COMMUNITY NEED ADDRESSED #3: BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE/MISUSE

Long-Term Goal(s)/ Vision

- To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes.
- An improved workforce of mental health professionals that is representative of the community served and can effectively and compassionately respond to the community’s mental health and substance use needs.

Key Community Partners

- Programmatic collaborators: Facey Medical Group, Mental Health First Aid America
- Coalitions, networks, and referral partnerships: Facey Medical Group, LA County DMH Health Neighborhoods SFV, Reseda Community Network
- Providence grantees: Alliance for Community Empowerment, Boys and Girls Club of Burbank and Greater East Valley, Boys and Girls Club of the San Fernando Valley, Child and Family Guidance Center, El Centro de Amistad, El Nido Family Services, Family Service Agency of Burbank, Foundation for Senior Services, Hands for Hope LA, Pukuu Cultural Services, SRD Straightening Reins Foundation, The Village Family Services, Therapeutic Centers for the Blind, Valley Family Center

Table 4. Strategies and Strategy Measures for Addressing Behavioral Health including mental health and substance use/misuse

Strategy	Strategy Measure	Anticipated Impact
Mental Health First Aid: support prevention and early intervention by teaching the evidence-based	Number of participants trained and certified in Mental Health First Aid	Baseline (2022) 136 participants completed MHFA

<p>MHFA curriculum. The skills-based course teaches participants how to identify, understand and respond to signs and symptoms of mental health and substance use challenges</p>		<p>2023-2025 Objective</p> <p>750 participants trained and certified in MHFA per year</p>
<p>Behavioral Health Care Navigation: CHW links emergency department patients to follow up care with behavioral health treatment resources</p>	<p>Number of patients contacted</p> <p>Number of patients that consent to receive navigation assistance</p> <p>Number of patients that utilize behavioral health treatment resource</p>	<p>Baseline (2022)</p> <ul style="list-style-type: none"> • 402 patients contacted • 84 patients consented to receive navigation assistance • 58 patients utilized behavioral health treatment resource <p>2023-2025 Objectives</p> <ul style="list-style-type: none"> • 1500 patients contacted per year • 300 patients consent to receive navigation assistance per year • 200 patients utilize behavioral health treatment resource per year
<p>Care Coordination: Improved linkages between hospital caregivers and community partners with a focus on referral systems, data sharing, and trainings/in-service</p>	<p>Number of trainings/in-services conducted at hospital ministries</p> <p>Number of MOU’s with mental health, behavioral health, and substance use agencies</p>	<p>2023-2025 Objectives</p> <ul style="list-style-type: none"> • A total of 8 trainings and in-services conducted at SFV hospital ministries by outside organizations per year • Secure a total of 5 MOUs with community partner agencies per year
<p>Grantmaking: Financial support to local non-profit mental health providers to increase access to services</p>	<p>Number of grants awarded</p> <p>Total \$ value of grants awarded</p>	<p>2023-2025 Objectives</p> <ul style="list-style-type: none"> • 2023: Identify and award grants through local ministry grantmaking • 2024-2025: Nominate and advocate for local SFV organizations for funding to Providence’s South Division future grantmaking structure

Population Served

- Adults
- Adults working youth and students
- Adults working seniors and older adults
- Providence San Fernando Valley Medical Centers Emergency Department patients
- Low-income households
- Spanish speaking communities
- Staff members of nonprofit organizations serving people experiencing homelessness, seniors, children and youth
- LGBTQIA+ youth, TAY, and adults

Resource Commitment

- Staffing for Mental Health CHWs, Social Worker, and MHFA Program
- Staff time for partnership development, coordination of trainings, and outreach
- Funding for agencies providing behavioral health services including mental health and substance use/misuse

Evidenced Based Resources

[Community health workers | County Health Rankings & Roadmaps](#)

[Behavioral health primary care integration | County Health Rankings & Roadmaps](#)

Other Community Benefit Programs

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

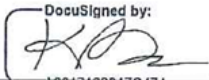
Program Name	Community Need Addressed	Description	Evidenced Based Resources
CalFresh Application Assistance	Food Insecurity	CalFresh, known federally as the Supplemental Nutrition Assistance Program or SNAP, provides monthly food benefits to individuals and families with low-income and provides economic benefits to communities.	Health insurance enrollment outreach & support County Health Rankings & Roadmaps
Community Health Worker Academy	Access Health Care and Preventive Services	The Community Health Worker Academy identifies, trains, and places CHWs within multiple healthcare	Community health workers County Health Rankings & Roadmaps

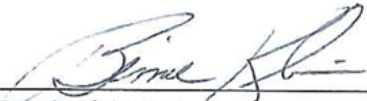
		systems to reach and serve children and adults in underserved, priority communities throughout the Los Angeles area.	
Diabetes Prevention Program	Chronic Disease	The National Diabetes Prevention Program (National DPP) makes it easier for people at risk for type 2 diabetes to participate in evidence-based lifestyle change programs to reduce their risk of type 2 diabetes.	Chronic disease management programs County Health Rankings & Roadmaps
FEAST (Food, Education, Access, Support, Together)	Chronic Disease	FEAST is a comprehensive 16-week wellness program that combines Food Education, Access to healthy foods, and group Support, Together.	Multi-component obesity prevention interventions County Health Rankings & Roadmaps
Senior Outreach	Senior Health	A social support program for seniors and older adults living alone to better connect with others in a safe, supportive environment.	Activity programs for older adults County Health Rankings & Roadmaps

2023-25 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Mission Community Health Committee of the hospital on April 4, 2023. The final report was made widely available by May 15, 2023.

This Community Health Improvement Plan was adopted by the Mission Community Health Committee of the hospital on April 4, 2023. The final report was made widely available by May 15, 2023.

DocuSigned by:

3/29/2023
Kenya Beckmann
Date
Chief Philanthropy and Health Equity Officer, South Division, Providence


4/6/2023
Bernie Klein, MD
Date
Chief Executive, Providence Holy Cross Medical Center


4/10/2023
Karl Keeler
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Chief Executive, Providence Saint Joseph Medical Center


3/30/23
Judie Wilke
Date
Mission Community Health Committee Chairperson, Valley Service Area Board of Directors

CHNA/CHIP Contact:

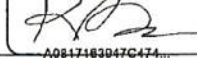
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To request a copy free of charge, provide comments, or view electronic copies of the current and previous Community Health Improvement Plans please email CHI@providence.org.

2023- 2025 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Board of Managers of the hospital on March 21, 2023. The final report was made widely available by May 15, 2023.

DocuSigned by:

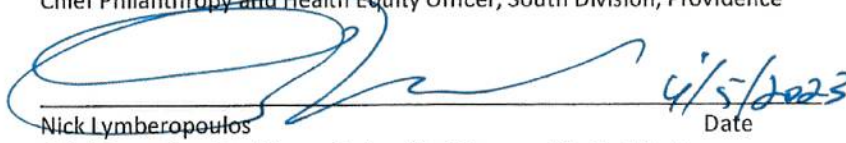


3/29/2023

A0817163047C474...
Kenya Beckmann

Date

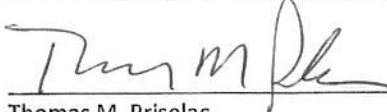
Chief Philanthropy and Health Equity Officer, South Division, Providence



Nick Lymberopoulos

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4/6/23

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