

FY25

COMMUNITY BENEFIT REPORT/

PROGRESS ON 2024-2026 COMMUNITY HEALTH IMPROVEMENT PLAN

Providence St. Joseph Hospital

Orange, California

Reporting Period: July 1, 2024 – June 30, 2025

HCAI ID: 106301340



To provide feedback on this CB Report or obtain a printed copy free of charge, please email Cecilia Bustamante-Pixa at Cecilia.Bustamante-Pixa@stjoe.org.



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EXECUTIVE SUMMARY

Providence continues its Mission of service in Orange County through Providence St. Joseph Hospital Orange (SJO). SJO is an acute-care hospital founded in 1929 and located in Orange, California. The hospital's service area is the entirety of Central Orange County, including 1,778,000 people.

Providence St. Joseph Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY25, the hospital provided **\$80,591,526** in Community Benefit in response to unmet needs. For FY25, Providence St. Joseph Hospital Orange had **\$149,641,163** in unpaid cost of Medicare. The SJO FY25 CB Report can be located online at: <https://www.providence.org/locations/socal/st-joseph-hospital-orange/about-us/community-benefit>

2024-2026 Providence St. Joseph Hospital Orange Community Health Improvement Plan Priorities

As a result of the findings of our [2023 CHNA](#), and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence St. Joseph Hospital Orange will focus on the following areas for its 2024-2026 Community Benefit efforts:

PRIORITY 1: ACCESS TO CARE

Ensure access to care that is financially sustainable for vulnerable, underserved, and low-income communities.

2025 Accomplishments

- Provided access to 26,156 medical, dental, vision, and behavioral health service visits.
- Increased new access to OB/Prenatal Care and Pediatrics services at La Amistad FQHC providing 2,577 visits.
- The Avoidable ED Navigation Program saw a reduction in the number of ER visits by 16% (post-engagement visits 2,864 compared to 3,418 visits pre-engagement).

PRIORITY 2: BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH AND SUBSTANCE USE)

Improved system to access mental health and substance use services to ensure that patients receive care at the appropriate level of care and not in the Emergency Department (ED), reduced mental health stigma in the community and increase in resources for youth.

2025 Accomplishments

- 345 patients received medication assistance in the ED through the MAT program.
- Over 24,684 individuals are active on the Each Mind Matters/Promise to Talk social media site.
- 204 patients received psychiatric evaluations and medication management through the partnership with (La Amistad) SJNHC FQHC.

PRIORITY 3: HOMELESSNESS AND AFFORDABLE HOUSING

Social determinants of health, like housing, have a substantial impact on health behaviors and health outcomes. Addressing housing instability, housing affordability, and preventing homelessness will improve health in the communities we serve.

2025 Accomplishments

- 2,433 clients received services along a continuum of needs including rental assistance.
- The Homeless Navigator Program provided support to 444 individuals.
- Trained 60 resident Housing Navigators in the Homes for All advocacy curriculum and provided 4 workshops.

About Providence

For nearly 170 years, Providence has been dedicated to supporting communities across the seven states we serve. We have always believed in the power of collaboration, recognizing that strong partnerships are essential to our vision of health for a better world.

As we focus on our core operations of delivering high-quality, compassionate care, we rely on partners in local communities to help us get upstream so we can address the social factors that affect health, especially in communities experiencing high levels of health disparities.

At the heart of this collaboration is our community benefit programs. Every year, our family of organizations identifies unmet community needs and responds with strategic contributions and partnerships. Through this work, we aim to meet basic health needs, remove barriers to health, build resilient communities and find innovative ways to serve those who are most vulnerable.

Together, our 125,000 caregivers (all employees) serve in 51 hospitals, 1,014 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

For more information go to: <https://www.providence.org/about/annual-report>

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 St. Joseph Hospital Orange is an acute care hospital founded in 1929 and located in Orange, California. The hospital has 465 licensed beds, a staff of more than 3,100, and professional relationships with more than 1,000 local physicians. Major programs and services offered to the community include the following: cardiac care, orthopedics, diagnostic imaging, rehabilitation, oncology, emergency medicine and obstetrics.

Our Commitment to Community

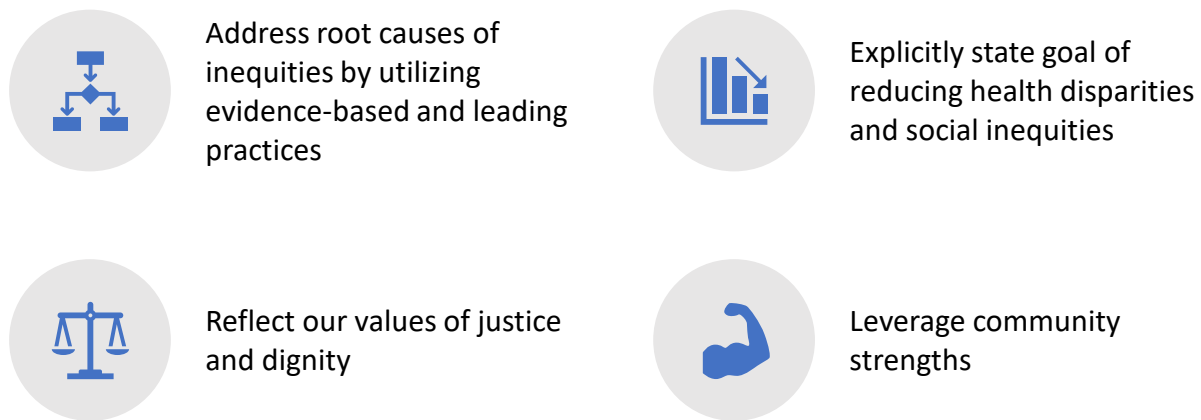
Providence St. Joseph Hospital Orange dedicates resources to improve the health and quality of life for the communities we serve. During Fiscal Year 2025 (July 1, 2024 – June 30, 2025), Providence St. Joseph Hospital Orange provided **\$80,591,526 in Community Benefit¹** in response to unmet needs and to improve the health and well-being of those we serve in Central Orange County.

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 hospitals will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



Community Benefit Governance

Providence St. Joseph Hospital Orange (SJO) demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The Senior Director of Community Health Department is responsible for coordinating implementation of State regulations and Federal 501r requirements.

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

The Community Health Committee has a minimum of eight members including three members of the Ministry Board. Current membership includes 15 members of the Ministry Board and 10 community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Health Committee generally meets quarterly.

Roles and Responsibilities

Senior Leadership

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

Community Health Committee (CHC)

- CHC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with "Advancing the State of the Art of Community Benefit" (ASACB) Five Core Principles. It includes diverse community stakeholders. Ministry Board members on CHC serve as 'board level champions.'
- The Committee provides recommendations to the Ministry Board regarding budget, program targeting and program continuation or revision.

Community Health (CH) Department

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

Local Community

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

Planning for the Uninsured and Underinsured

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

One way Providence St. Joseph Hospital Orange informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click <https://www.providence.org/obp/ca>. In FY25, Providence St. Joseph Hospital Orange provided \$8,833,996 in financial assistance- at cost (referred to as Traditional Charity Care).

Medi-Cal (Medicaid)

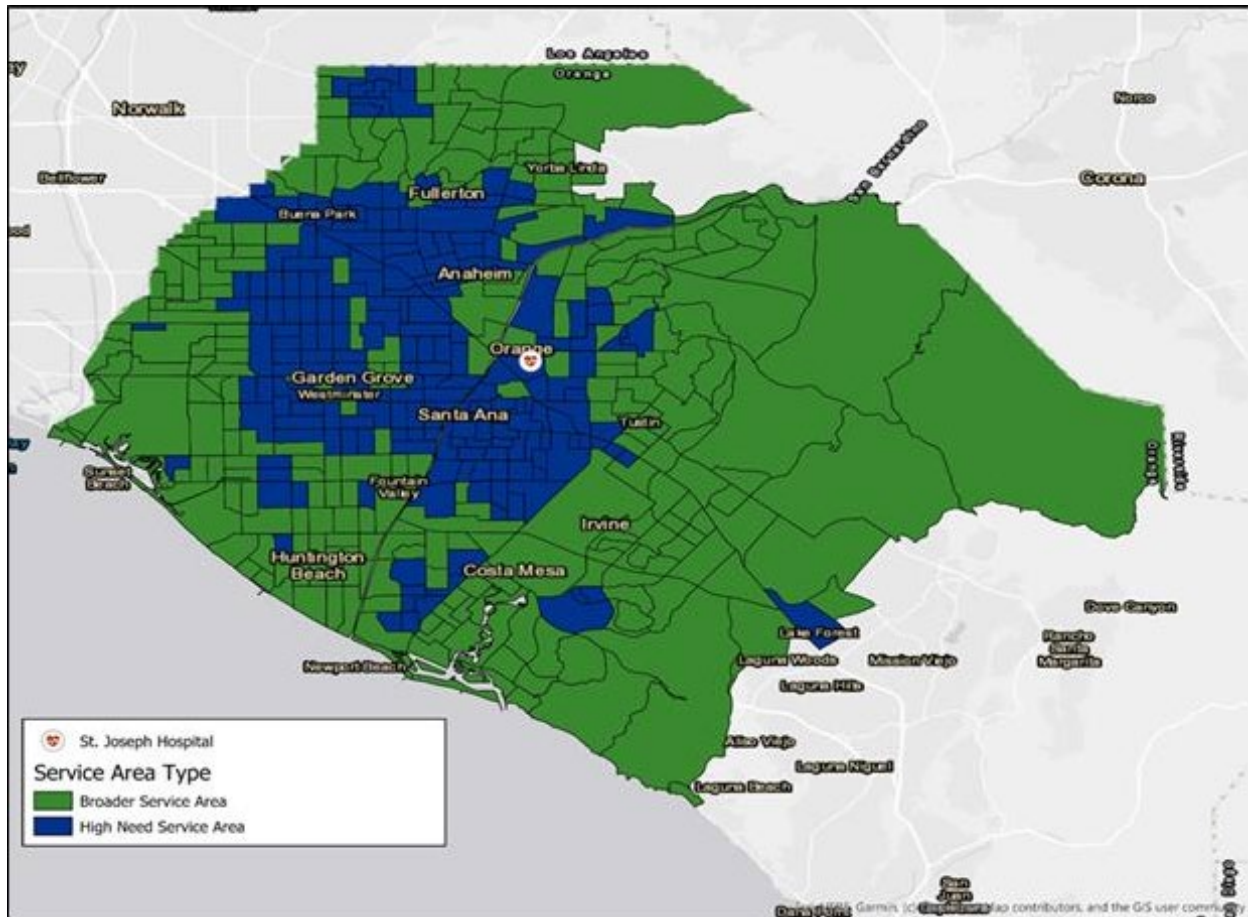
Providence St. Joseph Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY25, Providence St. Joseph Hospital Orange provided \$65,968,793 in Medicaid shortfall.

OUR COMMUNITY

Description of Community Served

Providence St. Joseph Hospital's service area is Central Orange County and includes a population of approximately 1,778,000 people.

Figure 2. Providence St. Joseph Hospital's Total Service Area



Of the over 1,778,000 permanent residents of Central Orange County, roughly 44% 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, 200% FPL represents an annual household income of \$55,500 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

Of the over 1,778,000 permanent residents in the total service area, the male-to-female distribution is roughly equal across geographies. Individuals under the age of 35 are more likely to live in high need census tracts.

POPULATION BY RACE AND ETHNICITY

Individuals who identify as Hispanic and “other” race are substantially overrepresented in the high need census tracts compared to the St. Joseph service area and Orange County overall. People identifying as White are less likely to live in high need census tracts.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Orange County Service Area

Indicator	Broader Service Area	High Need Service Area	Orange County
Median Income Data Source: American Community Survey Year: 2021	\$119,783	\$74,324	\$100,429

The median income for the total service area for St. Joseph is about the same as Orange County overall. There is over a \$45,000 difference in median income between St. Joseph’s Broader Service Area and the High Need Service Area.

Full demographic and socioeconomic information for the service area can be found in the [2023 CHNA for St. Joseph Hospital Orange](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

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

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities.

The 2023 CHNA was approved by the SJO Community Health Committee on November 16, 2023. Our 2023 CHNA is posted on our public website at: <https://www.providence.org/about/annual-report/reports/chna-and-chip-reports>

Significant Community Health Needs Prioritized

On September 21, 2023, the primary and secondary data findings were reviewed with members of a cross-sector group Community Health Committee along with members of Providence staff. They asked questions and engaged with the data. At the end of the review, Committee members were invited to choose their top three priority needs based on the five criteria below. As in-person attendance was lower than expected, later selections were received after the Director of Community Health Department carried out 1 on 1s with individual Committee members to review the findings, ask questions, and provide their input.

The following criteria were used in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black/African American, Brown, Indigenous, and People of Color (BBIPOC) communities
- Providence service area/high need service area rates worse than state average and/or national benchmarks
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need
- Alignment with existing System priorities

2024-2026 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process:

PRIORITY 1: ACCESS TO CARE

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

PRIORITY 2: BEHAVIORAL HEALTH

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Mental health is an important part of overall health and well-being. Substance use/misuse occurs when the recurrent use of alcohol/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco.

PRIORITY 3: AFFORDABLE HOUSING AND HOMELESSNESS

Lack of affordable housing can have a number of negative impacts on individuals, families, and communities. When basic needs, such as housing, are not met, they impact a family's emotional, psychological, developmental, and physical well-being. Over the last few years, Orange County has been facing a critical housing shortage. It has become ever more difficult for communities with low incomes who work in Orange County to also live in Orange County. As a result, families must seek substandard housing with multiple families living in one dwelling. Affordable housing is defined by an individual or family spending 30% or less of their gross income toward housing. Low-income communities in Orange County can expect to spend over 50% of their gross income on housing.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission partnering with like-minded organizations that count with the capacity and expertise to address the needs of Orange County Residents by funding other non-profits through our Care for the Poor program managed by Providence St. Joseph Hospital Orange.

Furthermore, Providence St. Joseph Hospital Orange will endorse local non-profit organization partners to apply for funding through the [St. Joseph Fund](#). Organizations that receive funding provide specific

services and resources to meet the identified needs of underserved communities throughout SJO's service areas.

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

- **Culturally and linguistically concordant services:** While this was not selected as a priority issue, St. Joseph Hospital Orange works to integrate culturally and linguistically concordant services in its community-based programming as well as provides interpreter services for multiple languages in its hospital-based settings.
- **Lack of community involvement and engagement:** Stakeholders and micro communities who participated in listening sessions identified a lack of involvement and engagement among some communities to address health disparities and inequities. Although this is not a priority identified, St. Joseph Hospital Orange will prioritize community involvement and engagement in all key initiatives.
- **Access to safe, reliable, affordable transportation:** Although not identified as a selected priority St. Joseph Hospital Orange provides transportation support with taxi vouchers to vulnerable and low-income ED and inpatient population.
- **Economic insecurity (lack of living wage jobs and unemployment):** While St. Joseph Hospital Orange has not selected economic issues as a top priority, the majority of its community benefit programs are targeted to the low-income population. St. Joseph Hospital Orange partners with Orange County Community Action Partnership, the county anti-poverty agency on several initiatives, a collaborative to address workforce in low-income areas. St. Joseph Hospital Orange has a policy of a just living wage and in that way serves as a role model for other organizations in the community.
- **Food insecurity:** While not identified as a priority in the CHNA, St. Joseph Hospital Orange will seek opportunities with collaborative partners addressing housing needs to include food insecurity and nutrition.
- **Basic needs:** Not identified as a selected priority, St. Joseph Hospital Orange funds the pharmacy medication program by providing needed prescription medication to low-income and vulnerable patients upon discharge from the hospital. Additionally, St. Joseph Hospital Orange provides access to clothing, shoes, and basic hygiene items to patients experiencing homelessness.
- **Racism and discrimination:** While St. Joseph Hospital Orange is not focusing on a specific initiative around racism and discrimination all strategies focus on the principles of health equity which directly address racism and discrimination.
- **Aging concerns and issues (e.g., cognitive decline/ dementia, mobility, etc.):** While this is not one of the selected priorities, St. Joseph Hospital Orange partners with the Council on Aging - Southern California. Over the past five years, St. Joseph Hospital Orange has funded a program that provides isolated, low-income older adults in central Orange County with social service resources and referrals, mental health services, and a volunteer visiting program.

In addition, Providence St. Joseph Hospital Orange of Orange will collaborate with local organizations that address the aforementioned community needs to coordinate care and referrals to address these unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Community Benefit Plan Report FY25

Providence St. Joseph Hospital Orange approved its most recent Community Health Needs Assessment (CHNA) on November 16, 2023, and the Community Health Improvement Plan in as required by state and federal law on February 15, 2024. The CHNA is a primary tool used by the hospital to determine its community benefit plan as required by California legislation, which outlines how we respond to community need.

Summary of Community Health Improvement Planning Process

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

The local Community Health team worked with internal and external partners to develop strategies to respond to community needs. The 2024-2026 CHIP was presented and approved on February 15, 2024, and made publicly available no later than May 15, 2024.

Addressing the Needs of the Community: 2024-2026 Key Community Benefit Initiatives and Evaluation Plan

2025 ACCOMPLISHMENTS

COMMUNITY NEED ADDRESSED #1: ACCESS TO CARE

Initiative Name

Access to care

Population Served

Underserved, uninsured/underinsured communities in North Orange County

Long-Term Goal(s)/ Vision

1. 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.
2. To ease the way for people to access appropriate and culturally responsive levels of care at the right time.

Table 2. Strategies and Strategy Measures for Addressing lack of Access to Care

Strategy	Population Served	Strategy Measure	Baseline	FY25 Accomplishments
Ensure seamless transition to Medi-Cal/CalOptima	Newly Medi-Cal eligible FQHC patient population.	# of patients enrolled	Approximately 2,000 newly eligible patients in 2023.	225 patients enrolled
Increase new access to OB/Prenatal Care and Pediatric services for FQHC patient population.	Underserved, low-income pregnant women and their children	# of patients served	New site opening summer 2024	2,577 patients served
Support Avoidable ED Navigation Program to provide comprehensive intervention	Medi-Cal/CalOptima patients.	# of Avoidable ED visits	65% reduced AED visits in first 90-days in 2023	2,351 Avoidable ED visits Pre-engagement ER visits: 3,418 Post-engagement ER visits: 2,864 16% reduction in AED visits
		# of PCP visits	48% increase in PCP visits in first 90-days in 2023	Pre-engagement PCP visits: 37 Post-engagement PCP visits: 162 337% increase in PCP visits
		# of Specialty Care visits	19% increase in Specialty Care visits in first 90-days in 2023	Pre-engagement Specialty Care visits: 172 Post-engagement Specialty Care Visits: 600 248% increase in Specialty Care visits

Provide post-discharge care, Care Coordination, and Navigation	Medi-Cal/CalOptima and uninsured ED/hospital patients	# of ED and Inpatients receive post-discharge care, care coordination, and navigation	595 patients	560 patients
Increase access to health care for North and Central Orange County providing Medi-Cal outreach, enrollment, retention, and utilization services.	Uninsured undocumented population age 26-49 who are newly eligible for Medi-Cal	# of persons enrolled # of persons receiving outreach and education	Enrolled 958 persons Provided outreach to 6,602 persons.	1,851 individuals enrolled into Medi-Cal Provided outreach to 1,055 residents
Partner with TGR Foundation to promote health care workforce development	11 th and 12 th grade high school students in the Unified Anaheim School District	# of students participating in the healthcare career pathways program	125 students in 2023	483 high school students served. This includes the career panel event, student showcase, industry visit to St. Jude Medical center, and the micro-internship program.

Evidence Based Sources

- Health insurance enrollment outreach and support: <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/health-insurance-enrollment-outreach-support>
- Federally qualified health centers (FQHCs): <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/federally-qualified-health-centers-fqhcs>
- Strategies for expanding health insurance coverage in vulnerable populations - [Healthy People 2030 | health.gov](#)

Resource Commitment

\$1.2 million per year in operating support for all access to care initiatives in 2024-2026

Key Community Partners

St. Jude Neighborhood Health Centers (La Amistad); Heritage Medical Group; CalOptima/Cal AIM; CHIOC; TGR Foundation

2025 Accomplishments

St. Jude Neighborhood Health Center (La Amistad) provided 26,156 primary care, dental, vision and mental health visits to the uninsured and underinsured population of Central Orange County. 225 clinic patients who were newly eligible gained Medi-Cal coverage. The clinic does not have many patients under the age of 50. Therefore, most of the patients gained Medi-Cal coverage during the prior expansion for individuals 50 and older (May 1, 2022). In March 2024, the Helen Caloggero Women's and Family Center opened, SJNC (La Amistad) opened its Women and Children's Clinic within the Center and has served 2,577 patients.

The AED Navigator is a grant funded program that looks at the reasons individuals are presenting to the ED multiple times. The Navigator is a Licensed Clinical Social Worker, who focuses on how to best serve the Medi-Cal patient population, decrease inappropriate visits, and increase education around alternate sites for suitable access to care. In FY25, the AED Navigator served 1,791 individuals in the hospital's Emergency Center to access appropriate health coverage and resources. As a result of the work being done by the AED Navigator there was a 16% reduction in avoidable ED visits, 337% increase in the number of PCP visits and 248% increase in the number of specialty care visits.

Through the partnership with Community Health Initiative of Orange County (CHIOC), access to health care for North and Central Orange County increased. The newly eligible for Medi-Cal population between 26-49 years old could obtain services in accessing Medi-Cal coverage including outreach, enrollment, retention, and utilization. In FY25 1,851 individuals were enrolled into Medi-Cal.

Tiger Woods' Foundation (TGR) and Providence partnered to promote health care workforce development. In FY25, TGR hosted a Community Health Academy Day, Health Career Panel Session, Career Explorer Program with AUHSD, and a Career Explorer Presentation on CHNA. Through this partnership 483 Juniors and Seniors (high school students) from the Anaheim Union School District participated in the healthcare career pathways program. The goal of the partnership is to provide opportunities for high school students to gain real-world, tangible experiences related to their career interests.

COMMUNITY NEED ADDRESSED #2: BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH AND SUBSTANCE USE)

Initiative Name

Behavioral Health

Population Served

Underserved communities living in North Orange County

Long-Term Goal(s)/ Vision

1. To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental/behavioral health services, especially for populations who are on the margins and are low income.
2. Reduce mental health stigma in the community.

Table 3. Strategies and Strategy Measures for Addressing Mental Health

Strategy	Population Served	Strategy Measure	Baseline	FY 2025 Accomplishments
Promote Each Mind Matters Campaign/ Green Bench OC among community partners	Low-income communities with an emphasis in Latino and Vietnamese households.	# of residents active on the EMM & Green Bench OC social media sites. # of new green benches installed in key/high traffic locations.	4005 residents active in 2023 29 green benches since 2021	24,684 residents active on social media sites with 3,029,050 impressions. A total of 29 green benches painted and installed.
Implement Mental Health First Aid Training to identify, understand, and respond to signs of mental health and substance use challenges	Community-based organizations serving underserved low- income populations.	# of people who are trained to become Mental Health First Aiders. # of people who are trained in suicide prevention	New program	123 people were trained and were certified as Mental Health First Aiders.
Expand MAT Program in Emergency Department by promoting free Naloxone Program.	Patients with opioid use disorder	# of patients and/or community at large who receive Naloxone prescription in the ED.	512 patients in 2023	345 patients received Naloxone. In addition, provided 337 unique visits for assessments, and encounters for therapy, and medication management.

Collaborate with partner FQHCs to provide free psychiatry services	FQHC patients	# of patients who receive psychiatric evaluation and medication management.	100 unique patients 110 encounters	204 patients served.
Support collaboration using pass-through grant funding to support pre and postnatal mental health of Vietnamese women by connecting them with mental health services and education	Underserved/under-resourced Vietnamese women of child-bearing age	# of Vietnamese women receiving education, outreach, and resources	New program	Media - Reached 800 people through Nguoi Viet Daily News, Radio Bolsa, Little Saigon TV and Vietface TV. Ngoi Viet printed and distributed 5,000 pamphlets. OBGYN and Childcare partners- 100 postcards were distributed to members and patients. 121 community members were reached through workshops and community.

Evidence Based Sources

- Behavioral health primary care integration: <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/behavioral-health-primary-care-integration>

Resource Commitment

\$150,000-\$200,000 per year for Each Mind Matters and other mental health strategies.

Key Community Partners

Southland Integrated Services (FQHC), St. Jude Medical Center, Mission Hospital, Westbound Communications, St. Jude Neighborhood Health Centers (FQHC).

2025 Accomplishments

Each Mind Matters/Promise to Talk acquired 3M impressions across all social media and web platforms during FY25. The year ended with 24,684 residents active in social media. A key component of the Promise to Talk campaign is the Green Bench OC movement. For the past three years, we have been working with community partners to have them paint green benches at their locations.

Local organizations like the Diocese of Orange, El Sol Academy and Be Well OC, all have painted/installed benches at their locations. In total, through the Green Bench OC initiative, 29 lime green benches have been painted /installed at schools, churches, parks and mental health rehabilitation

centers to encourage conversations about mental health. The Promise to Talk team attended two May Mental Health Month in-person events, Día Del Niño hosted by UNIDOS South OC, and a Cinco De Mayo celebration hosted by Bower’s Museum, to foster strong connections and a positive impact with community members. The Promise to Talk booths host a green bench photo opportunity, lime green branded giveaways free and flyers with free or low-cost mental health resources and activity sheets. The in-person events drive guests to our websites and social media pages allowing our message a wider reach with our targeted audience. In addition to in-person outreach, EMM created Back-To-School Toolkit for parents to help their children navigate their emotions while integrating into a new school year. This campaign allows us to continue having important conversations with members of the community and create interest around the stigma reduction movement.

The MAT (Medication Assisted Treatment) program continues to be fully implemented in the Hospital’s Emergency Department since 2020. In FY25, 345 patients received Naloxone. In addition, provided 337 unique visits for assessments, and encounters for therapy, and medication management. The MAT program is intended to serve individuals struggling with opioid addiction or substance abuse disorder. It focuses primarily on psychotherapy assisted by psychiatric prescribed medication designed to alleviate withdrawal symptoms and cravings.

COMMUNITY NEED ADDRESSED #3: HOMELESSNESS AND AFFORDABLE HOUSING

Initiative Name

Unhoused people/ communities and low-income residents residing in Central Orange County

Population Served

Unhoused people communities and low-income residents in Central Orange County

Long-Term Goal(s)/ Vision

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.

Table 4. Strategies and Strategy Measures for Addressing Homelessness and Affordable Housing

Strategy	Population Served	Strategy Measure	Baseline	FY 2025 Accomplishments
Support Homeless Navigation Program	Patients experiencing homelessness	Decrease the number of days patients experiencing homelessness are in the hospital beyond	275 days in the hospital in 2023	676 days in the hospital

		what is medically necessary without an appropriate place to discharge		
Join with the St. Joseph Justice Center Advocacy Team to address affordable housing efforts in the City of Orange	City Council/ Officials and City Mayor	Implementation of policy change that has the potential to produce more affordable housing in the City of Orange	New program	Providence Senior Director for Community Health was appointed to the Orange County Board of Supervisors Commission to Address Homelessness. She provides updates to the St. Joseph Advocacy Team Leader and collaborates with the group to bring key issues to the Commission for discussion.
Partner with Illumination Foundation to provide Recuperative Care.	Patients experiencing homelessness	# of patients that are referred to recuperative care post discharge and obtain access to primary care, behavioral health services, case management, and supportive housing services.	19 patients referred	18 patients served
Collaborate with United Way Eviction Diversion & Prevention Program; new program name in year 2: Homelessness Prevention and Stabilization Program	Families at risk for eviction	# of households that are assessed and receive an ecosystem of eviction prevention services.	600 clients referred to program. 347 clients utilized eviction prevention assessment tool. 165 clients served with eviction diversion services	Total of 2,433 client calls seeking rental assistance. 296 clients passed eligibility pre-screening and were eligible for referral. 291 clients were matched for housing. All clients came from District 1, 2, 4, (north and central OC)

Support Homes for All, an advocacy training program to build community leaders' capacity in north and central OC to address immediate housing needs and advocate for increased production of affordable housing.	Persons living in rent-burdened census tracts	# of Community-based Organizations trained	30 community members trained using curriculum. 12 residents actively participate in community meetings on Housing Element compliance and submit public comments	Trained 60 Housing Navigators in the Homes for All advocacy curriculum. Provided 4 workshops 20 residents actively participate and attend meetings.
Support development of OC's first Affordable Housing Access website to empower residents and Housing Navigators in social service agencies seeking affordable housing opportunities.	Low-income residents trying to secure stable affordable housing	Website developed and deployed in English and Spanish.	New project	The AHAP (Affordable Housing Access Platform), has formed an official partnership with 211 OC to leverage their Get Help OC platform to connect residents seeking affordable housing with those opportunities. We are still working to get buy in from cities and housing providers. We set a goal to have 20 interested cities before we begin the build out, so far we have 14.

Evidence Based Sources

- Best practices for community responses to unsheltered homelessness:
http://www.evidenceonhomelessness.com/recent_highlights/series-of-briefs-offer-evidence-based-guidance-and-best-practices-for-community-responses-to-unsheltered-homelessness/

Resource Commitment

\$200,000 is budgeted for 2024-2026 to support Homeless Navigation Program

Key Community Partners

Sisters of St. Joseph Justice Center; Health Care Agency Orange County; Illumination Foundation; The Kennedy Commission; United Way OC; People For Housing

2025 Accomplishments

The Homeless Navigator provided services to 444 individual homeless patients. The greatest challenge has been identifying the appropriate level of care post discharge which impacts the number of custodial days a homeless patient spends in the hospital. We had 676 custodial days. Clients are most often discharged to SNFs (Skilled Nursing Facilities), recuperative care facilities, step-down units, sober living homes, family/friends, and shelters. This provides stabilization and a safe place for patients while bridging other options and community resources. According to the 2024 Point in Time Count (conducted by the County and Orange County Continuum of Care) Central OC has the highest number of unhoused individuals (3,454) compared to North (3,227) and South (641) OC. 48.79% of the unhoused population in Central OC is unsheltered and 45.03% is sheltered. While homelessness has increased from 2022, there are resources such as permanent supportive housing units, recuperative care, rental assistance and added shelter beds. It is important to point out that of the total population 48.33% are experiencing homelessness for the first time in the past 12 months. Overall, it is noted that chronic homelessness in the unsheltered population has decreased from 2022 and increased in those with shelter.

As an added effort to address homelessness Providence St. Joseph Hospital Orange has partnered with the Illumination Foundation (IF) to connect medically vulnerable homeless clients who are frequent utilizers of Providence Hospitals in OC to medical care, post-hospital recuperative care, micro communities and permanent supportive housing. In FY25, Illumination Foundation served 22 patients. Services provided include therapy, psychiatry, hospital follow-ups, wound care, medication re-fills, specialty care, outside services, vaccinations, and higher level of care.

Through collaboration with OC United Way Housing Champions worked to increase advocacy efforts to impact local affordable housing policies and programs in OC. In FY25, a total of 2,433 client calls seeking rental assistance, 296 clients passed eligibility pre-screening and were eligible for referral, and 291 clients were matched for housing. All clients came from District 1, 2, 4, (north and central OC). in the network. Home for All trained 60 Housing Navigators in the Homes for All advocacy curriculum. Provided 4 workshops 20 residents actively participate and attend meetings. The AHAP (Affordable Housing Access Platform), has formed an official partnership with 211 OC to leverage their Get Help OC platform to connect residents seeking affordable housing with those opportunities. We are still working to get buy in from cities and housing providers. We set a goal to have 20 interested cities before we begin the build out, so far we have 14.

Providence Government Affairs update efforts

Local- Providence continues to keep our community and elected stakeholders informed about recent changes to the local healthcare landscape. To strengthen collaboration, we hosted hospital tours and community events, providing updates on recently passed H.R.1 , state budget, and local challenges impacting our Orange County ministries. These events provide opportunities for local elected leaders,

community members, and area health care partners to engage with Providence leadership and find ways to work together to strengthen Orange County’s care continuum.

State- Providence collaborated with other health care organizations to advocate for the passage of legislation strengthening behavioral health treatment, ethical implementation of AI in health care, and sensible reforms to California’s hospital seismic regulations. Providence also actively advocated for the passage of California’s Proposition 35 to permanently extend the state’s MCO tax and provide critical funding for Medi-Cal and graduate medical education.

Federal - On July 4, 2025, H.R. 1 was signed into law by President Trump. H.R. 1 includes significant policy changes affecting Medicaid, the Affordable Care Act, Medicare, and an expansion of health savings accounts. Providence and our partners advocated strongly against cuts to health care funding and harmful provisions contained in H.R. 1 but faced a challenging advocacy landscape. Providence held more than 100 meetings and events with federal lawmakers, participated in four nationwide coalitions to amplify our message, and ran our “Many Faces of Medicaid” advocacy campaign that resulted in 7,000 messages being sent to federal lawmakers from our caregivers and patients.

Other Community Benefit Programs

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

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)	FY25 Accomplishments
1. Access to Dental Services	La Amistad Dental Service (SJNHC)	Provide fixed and mobile comprehensive dental service for adults and children	Low-income	2,789 encounters
2. Access to Vision Services	La Amistad Vision Services (SJNHC)	Provide mobile vision services for adults and children	Low-income	2,475 encounters
3. Access to Prescriptions	Pharmacy Meds Programs	Provide needed Rx to patients upon discharge from the hospital	Low-income	83 prescriptions

4. Transportation	Taxi Vouchers	Provide transportation support to ED indigent population	Low-income	530 taxi vouchers
5. Postpartum Services	Post Partum Depression Comprehensive Services	Provide screening and treatment to women	Broader Community	962 encounters
6. Postpartum Services	Mother/Baby Assessment Center	Provide physical and psycho-social assessment of mother and baby	Broader Community	1,459 encounters
7. Access to Maternal Health	Sweet Beginnings	Gestational diabetes nutrition counseling	Low-income	1,653 encounters
8. Access to Psyc/Social Services and Resources	Senior Visitation Program	Provide vulnerable and isolated seniors/ older adults visits by LCSW to assess needs (physical and psycho-social), resources and referrals	Low-income	301 older adults served and provided over 2,659 referrals
9. Access to clothing, shoes, and basic hygiene items	Clothing for unhoused patients	Provide clothing, shoes, blankets, and basic needs	Low-income	81 persons served

FY25 Community Benefit Financials

In FY25, Providence St. Joseph Hospital Orange provided a total of \$80,591,526 in vital community benefits. \$80,194,337 was invested in community benefit programs for the poor and vulnerable and \$397,189 for the broader community. A total of \$8,833,996 in Traditional charity care at cost was provided, \$65,968,793 in unpaid cost of Medi-Cal, and \$1,954 in other means-tested government programs.

Providence St. Joseph Hospital Orange applies a ratio of cost to charge to quantify financial assistance at cost, unpaid cost of Medicaid, unpaid cost of other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY25 PROVIDENCE ST. JOSEPH HOSPITAL ORANGE (July 1, 2024 - June 30, 2025)

Financial Assistance and Means-Tested Government Program	Vulnerable Population	Broader Community	Total
Traditional Charity Care	\$8,833,996	\$0	\$8,833,996
Medi-Cal	\$65,968,793	\$0	\$65,968,793
Other Means-Tested Government (Indigent Care)	\$1,954	\$0	\$1,954
Sum Financial Assistance and Means-Tested Government Program	\$74,804,743	\$0	\$74,804,743
Other Benefits			
Community Health Improvement Services	\$366,655	\$91,222	\$457,877
Community Benefit Operations	\$613,808	\$0	\$613,808
Health Professions Education	\$0	\$305,967	\$305,967
Subsidized Health Services	\$3,512,329	\$0	\$3,512,329
Research	\$0	\$0	\$0
Cash and in-kind Contributions for Community Benefits	\$896,802		\$896,802
Other Community Benefits	\$0	\$0	\$0
Total Other Benefits	\$5,389,594	\$397,189	\$5,786,783
Community Benefits Spending			
Total Community Benefits	\$80,194,337	\$397,189	\$80,591,526
Medicare (non-IRS)	\$149,641,163	\$0	\$149,641,163
Total Community Benefits with Medicare	\$229,835,500	\$397,189	\$230,232,689

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

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

Community Participations: Hospital leaders serve on the Board of Directors and Advisory Committees of many non-profit organizations, including St. Jude Neighborhood Health Centers, The Cambodian Family Community Center, Community Health Initiative of Orange County, MOMS Orange County, and this spring, the Senior Director for Community Health in OC/HD was appointed to serve as a hospital representative on the Orange County Board of Supervisors Commission to End Homelessness. The hospital participated in the County of Orange Health Care Agency Health Equity in OC Initiative. Smile Makers: Christmas Angels (Adopt-a-Family Program): Every year, St. Joseph Hospital coordinates the Adopt-a-Family Christmas Program. In FY25, the hospital partnered with Angel Tree Prison Fellowship to provide children with an incarcerated parent(s) a gift and school supplies, Council on Aging - Southern California and the Orange Senior Center to provide 55 seniors residing alone or in long term care facilities without friends or family with an individual gift during the 2024 Holiday season. Additionally, 6 military families from Camp Pendleton, 7 caregivers and their families were generously provided with presents and gift cards. This effort was achieved by the participation of our caregivers.


2025 CB REPORT GOVERNANCE APPROVAL

This 2025 Community Benefit Report was adopted by the Community Health Committee of the hospital on August 21, 2025. The final report was made widely available by November 20, 2025.

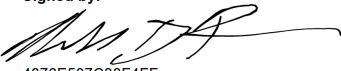
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Ruben A. Smith
Chair, Providence St. Joseph Hospital Orange Community Health Committee

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Brian Helleland
Chief Executive, Providence St. Joseph Hospital Orange

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Michael Robinson
Chief Community Health Officer, South Division Providence

11/3/2025
Date

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