



COVENANT HEALTH
Fiscal Year 2016 COMMUNITY BENEFIT REPORT
PROGRESS ON FY15 - FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT



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¹ Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.

EXECUTIVE SUMMARY

St. Joseph Health, Covenant Health is sponsored by the St. Joseph Health Ministry, and is one of the largest non-profit healthcare organizations in the West Texas/Eastern New Mexico region, serving a 62 county area. We consist of approximately 1,154 licensed beds, and 4,000 employees, with over 600 admitting physicians. Covenant Health has an average daily census of 409, over 28,000 annual patient discharges, and more than 85,000 annual Emergency Room visits.

In response to identified unmet health-related needs in the community needs assessment, during FY15-17 Covenant Health, including Covenant Medical Center, Covenant Children's and Covenant Specialty Hospital will focus on the following for the broader and underserved disadvantaged members of the surrounding community.

Covenant Health prioritized the following three areas for focused outreach efforts in FY15-17:

- Wellness and Prevention (diabetes prevention and management, childhood obesity prevention and heart health education)
- Oral Health for all ages
- Mental Health

Due to the fast pace at which the community and health care industry change Covenant Health anticipates that implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the Covenant Health Community Health Needs Assessment (CHNA). On an annual basis Covenant Health evaluates its CB Plan, specifically its strategies and resources; and makes adjustments as needed to achieve its goals/outcome measures, and to adapt to changes in resource availability.

MISSION VISION AND VALUES

Mission: To extend Christian ministry by caring for the whole person—body, mind and spirit—and by working with others to improve health and quality of life in our communities.

Vision: Our vision is to bring people together to provide compassionate care, promote health improvement and create healthy communities.

Values: Dignity, Service, Excellence and Justice

INTRODUCTION

Who We Are and Why We Exist

As a ministry founded by the Sisters of St. Joseph of Orange, Covenant Health, including Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty Hospital, lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out “the Dear Neighbors” and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

Covenant Health-Covenant Medical Center, located in Lubbock, Texas is a member of the St. Joseph Health, sponsored by the St. Joseph Health Ministry, and is the largest health care institution in the West Texas and Eastern New Mexico region, with approximately 5,000 employees and more than 600 admitting physicians. Covenant Health was created in 1998, through the merger of Lubbock Methodist Hospital System and St. Mary Hospital. Cornerstone facilities in Lubbock include Covenant Medical Center, Covenant Children’s Hospital, Covenant Specialty Hospital and Hospice of Lubbock. Covenant Medical Group offers a wide array of primary care and specialists throughout Lubbock, West Texas and New Mexico.

Covenant is committed to offering accessible, affordable care to Lubbock’s surrounding areas with hospitals and services offered by Covenant Hospital Levelland and Covenant Hospital Plainview, and Covenant Medical Group, a large employed physician group comprised of approximately 200 primary care and specialist physicians across West Texas and Eastern New Mexico.

As we move into the future, Covenant Health is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY14-18) St. Joseph Health and Covenant Health are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

Community Benefit Investment

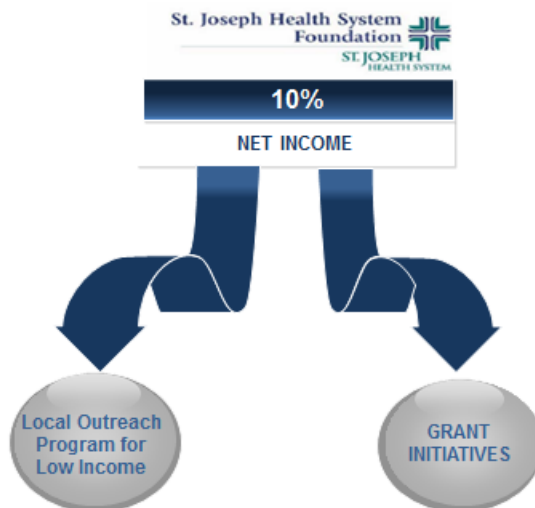
In FY 2016 our community benefit expenditures for Lubbock, Plainview, and Levelland totaled **\$82,469,074** (this includes financial assistance - Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community). Covenant Health hospitals combined had an unpaid cost of Medicare of \$170,230,164.

ORGANIZATIONAL COMMITMENT

Community Benefit Governance Structure

Covenant Health 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 underserved. In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Each year Covenant Health allocates 10% of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. The 10% contributions are used to support local hospital Care for the Poor programs, to provide grant funding for local partner agencies, and to maintain reserves. Local non-profits that receive grant funding provide specific services and resources to meet the identified needs of underserved communities throughout the hospitals' service areas. Reserves are maintained to ensure the fund's ability to sustain programs into the future that assist low-income and underserved populations.



Community Benefit Governance and Management Structure

Covenant Health further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Director of Community Outreach are responsible for coordinating implementation of Texas Health and Safety Code provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management and Training and Development Teams provide orientation for all new employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the Covenant Health Community Benefit Committee. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit 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 and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes six members of the Board of Trustees, Covenant Health CEO and six community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets bi-monthly.

Roles and Responsibilities

Senior Leadership

- CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)

- CBC 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. Trustee members on CBC serve as ‘board level champions’.
- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit (CB) Department

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages outreach programs providing services for low-income and underserved persons
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for 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

Patient Financial Assistance Program

The St. Joseph Health (SJH) Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that insurance does not cover. In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment.

At Covenant Health our commitment is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. This is why we have a Financial Assistance Program for eligible patients. In FY16, the program provided \$35,755,775 in financial assistance (charity care) for patients of the Covenant Health hospitals in Lubbock, Plainview, Levelland and the Covenant Medical Group

For information on our Financial Assistance Program visit www.covenanthealth.org

Medicaid

Covenant Health (including all ministries) provides access to the uninsured and underinsured by participating in Medicaid. In FY16, Covenant Health Ministries, provided 27,442,861 in Medicaid shortfall.

COMMUNITY

Defining the Community

Covenant Health (CH) is a member of the St. Joseph Health, sponsored by the St. Joseph Health Ministry, and is one of the largest non-profit healthcare organizations in the West Texas/Eastern New Mexico region, serving a 62 county area. Many of the counties in the service area are considered Medically Underserved. We consist of 1,154 licensed beds, approximately 4,000 employees, and over 600 admitting physicians. Covenant Health has an average daily census of 409, over 28,000 annual patient discharges, and more than 85,000 annual Emergency Room visits.

Covenant Health – Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty Hospital (Joint Venture) are all located in Lubbock, TX. Lubbock is the county seat of Lubbock County. The city is located in the northwestern part of the state at the base of the Panhandle in a region known as the Llano Estacado. Lubbock is home to Texas Tech University, Lubbock Christian University and has satellite campuses of South Plains Jr. College and Wayland Baptist University. The Lubbock Metropolitan Statistical Area is comprised of Lubbock and Crosby Counties. Lubbock serves as an economic center with an economy based in agriculture, healthcare, education, and manufacturing.

For a complete copy of Covenant Health’s FY15 CHNA’s click here:

<http://www.covenanthealth.org>

COMMUNITY HEALTH NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Covenant Health’s Community Health Outreach Department (CHO) conducts a community needs and assets assessment every three years. The most current was completed in 2014. The assessment process includes secondary data analysis, review of community assets, community needs mapping, focus groups, interviews and surveys. The information is used by the CHO department and the Covenant Community Benefit Committee to select FY 15- FY 17 community health outreach priorities for Covenant Health.

COLLABORATING ORGANIZATIONS

This needs assessment is conducted as a collaborative effort between the following Covenant Health facilities (ministries): Covenant Medical Center, Covenant Children's Hospital and Covenant Specialty Hospital (Joint Venture) all located in Lubbock, TX.

COMMUNITY INPUT

Community input was gathered through focus groups, interviews and on-line surveys. Findings include significant concerns in the community surrounding lack of: mental/behavioral health services, prevention/wellness programs particularly for lower income families and dental services particularly for adults. Additionally the need for more coordination of services among providers and agencies was expressed. For more information please go to <http://www.covenanthealth.org/For-Community/Community-Benefits.aspx>

COMMUNITY NEED

Community health and wellness needs identified in this assessment include:

- Mental/Behavioral Health
- Obesity reduction and prevention
- Diabetes
- Wellness and Prevention
- Cardiovascular
- Dental
- Substance Abuse all ages
- Women's Health
- Children's Health
- Cancer
- Access to care for low income (including prescriptions)
- Childhood Asthma
- Domestic Violence (including child abuse)
- Food Insecurity

Covenant Health anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the Covenant Health entity's CHNA's. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Covenant Health in the enclosed CB Plan/Implementation Strategy.

Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health-Related Needs (DUHN) are communities defined by ZIP codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry Service Area. The twenty zip codes (representing ten cities) within the Covenant Health Primary Community Benefit Service Area are considered medically underserved.

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

DUHN Group and Key Community Needs and Assets Summary Table

ZIP code or block group	Community Needs	Community Assets
Lubbock city Zip Codes: 79401 79403 79404 79407 79410 79411 79412 79413 79414 79415 79416	Per capita income significantly lower than county, state and U.S. averages % of children below the poverty level significantly higher than county, state and U.S. averages % of aged 65+ below the poverty level significantly higher than county, state and U.S. averages % of individuals below the poverty level significantly higher than county, state and U.S. averages East Lubbock County designated medically underserved	Some neighborhood clinics available, community centers, hospital services through both Covenant Health and University Medical center, mobile units provided by Covenant Health System
Lockney Idalou Lamesa Littlefield Shallowater Slaton Ransom Canyon Tahoka Wolfforth	Per capita income significantly lower than county, state and U.S. averages % Spanish as primary language higher than state and U.S. average % of children below poverty level significantly higher than the state and U.S. % of aged 65+ below poverty level Mental Health Professional Shortage Area Dawson, Floyd, Lamb and Lynn Counties are designated as medically underserved	Rural Hospitals and some clinics; Texas Agri-life extension agent services; some outreach and mobile services are provided locally by agencies, hospitals (including Covenant Health) and non-profit organizations based out of Lubbock

Priority Community Health Needs

Based on review of prioritized significant health needs and a thoughtful priority setting process, Covenant Health, including Covenant Medical Center, Covenant Children's Hospital and Covenant Specialty hospital will address the following priority areas as part of its FY15-17 CB Plan:

1. **Wellness and Prevention**
2. **Oral Health**
3. **Mental Health**

Covenant Health anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the Covenant Health CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Covenant Health in the enclosed CB Plan/Implementation Strategy.

Needs Beyond the Hospital's Direct Service Programs

The following community health needs identified in the ministry CHNA are not addressed through direct ongoing hospital programming however are addressed by Covenant Health community partnerships:

- Domestic Violence
- Food Insecurity

Covenant Health does not consistently directly address food insecurity and domestic violence; however we partner with and provide funding to several organizations that provide services in these areas, including but not limited to The South Plains Food bank, YWCA, Women's Protective Services, and Family Guidance and Outreach Center. We also have begun hosting an annual child abuse prevention summit and have an internal food pantry for patient's families in need.

We are committed to continue our Mission through community benefit program and by funding other non-profits through our Wellness and Prevention grants funded through our Care for the Poor dollars and managed by Covenant Health Community Outreach.

COMMUNITY BENEFIT PLANNING PROCESS

The FY15-17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment and is guided by the following five core principles:

- **Disproportionate Unmet Health-Related Needs:** Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care:** Emphasis evidence-based approaches by establishing operational between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

All identified health needs were presented to focus groups comprised of community health leaders from the Lubbock area, representatives from local community service agencies, local public school representatives, governmental agencies, and local clergy. In addition internal Covenant department leaders and the CB Committee also provided input into the priority setting process. Local healthcare providers were also asked to complete an on-line survey to rank the identified needs. The feedback received from these groups combined with the secondary data analysis helped shape the final priorities. Priorities were then assigned rankings by the CHO program team according to how well they met the following elements listed below.

Elements Considered When Ranking Priorities:

- Local secondary and primary data and national evidence have identified this problem as an important one in affecting residents' health status
- All priorities will be focused on the economically poor Local secondary and primary data have identified this problem as affecting a substantial number of persons
- Available local resources to address the problem are not adequate
- Issue can be effectively addressed within the mission, vision, and values
- Focus on this area will help the Emergency Department and inpatient areas
- Focus on this area will help insure that the economically poor receive services in areas of clinical excellence
- Focus on this area will help address other strategic priorities
- Other community service providers agree that there is a need for additional services and providers
- Other community service providers support being a provider in this arena
- There would be a negative impact on community if CHO discontinued a current program or service

- Can provide this service as efficiently as other providers of this service in the community
- Has or will develop the competencies/expertise needed to address this need effectively
- Will focus on primary and/or secondary prevention approaches to this problem, rather than tertiary prevention
- Will address this problem through an integrated/coordinated approach working with other providers to meet consumers' needs and "best practice" standards
- Scope and seriousness of the issue
- Evaluation of community resources that currently address the issue
- Overall Alignment with internal strategic plans

Addressing the Needs of the Community

Based on review of prioritized significant health needs and a thoughtful priority setting process, Covenant Health, including Covenant Medical Center, Covenant Children's Hospital and Covenant Specialty hospital will address the following priority areas as part of its FY15-17 CB Plan:

Wellness and Prevention – focused primarily on adult diabetic education, obesity prevention for children, adult cardiac health education and early oral health interventions for children; a full time health educator will be dedicated to diabetes education/prevention and general health /nutrition education for all ages; funding for childhood obesity and wellness programs will be provided to community agencies; participation in health screenings and health fairs; funding for well heart presentations; oral health education provided on-site at elementary schools

Oral Health - Community Outreach Dental Clinic serves low-income families offering comprehensive dental care to patients aged 5 and up; mobile dental unit that serves patients in a 75-mile radius of Lubbock; free regional dental sealant clinics for school children

Mental Health - Covenant Community Outreach Counseling Center provides counseling services to underserved and low-income persons in our community offering individual, couples and family therapy to people of all ages

FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan

FY16 Accomplishments

Anxiety Reduction Initiative – Mental Health

Goal: Reduce anxiety among adult Covenant Counseling Center clients with a GAD-7 Score of 5 or above

Outcome Measure	Baseline	Target	FY16 Result
Percentage change score on GAD-7 between initial score and concluding score.	Determined in FY 16 32%	Will be set in FY17	32% (baseline)

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Provide Timely Intake	Number of Days between screening and intake.	6 days	5 days	3 days
Utilize Evidence Based Therapy Modalities	Percent of sessions in which EBT Modalities to address anxiety are utilized.	100%	100%	100%
Decrease Intake No-Show Rate	Percentage of Clients who attended at least three sessions.	23% Baseline was established in FY16	Target will be set for FY17	23% (baseline)

Key Community Partners: Larry Combest Center (FQHC), Catholic Charities, and StarCare

FY16 Accomplishments: Collected information to establish baseline, evaluated national data, set targets for two strategies, treated 407 clients and had over 1,500 encounters utilizing evidence based modalities, improved referral process for medication management

Oral Health Initiative: Family Dentistry Program

Goal: Improve the oral health and increase prevention of cavities for third grade children in area low income schools

Outcome Measure	Baseline	Target	FY16 Result
Children receiving sealants/ children identified in need during screening	Collecting data Q1 and Q2 FY17	Will be set Jan. 2018	

Strategy	Strategy Measure	Baseline	FY16 Target	FY16 Result
Deliver sealants to high-risk children with susceptible permanent molar teeth	Increase Title 1 schools participation in sealant clinics	3	4	8
Identify children with treatment needs and ensure that they receive appropriate follow up dental care	Children scheduled for follow up care /identified in need of follow	Collecting Data		

Key Community Partners: Larry Combest Center, StarCare, The Dream Center, Lubbock Children’s Health Clinic, and Title 1 Elementary Schools in the region.

FY16 Accomplishments: In FY2016, Covenant Health’s Community Health Outreach dental program provided dental services to 1,347 adults, children and ED patients. Patient encounters totaled 3,313. Additionally, 206 3rd grade students, at eight Title 1 elementary schools in the region, were screened for sealants, 515 sealants were placed. Dental staff also provided emergent, preventative or restorative dental services to individuals at The Dream Center, Grace Campus and Carpenter’s Church.

Health and Wellness Initiative: Covenant Body Mind Initiative Wellness and Prevention Program

Goal: Overall improvement in the health and wellness of CBMI program participants. This is a ten year longitudinal research project collaboration with Texas Tech. Measures are set and tracked by TTU.

Outcome Measure	Results
Depression Index	For the school year 2014-2015, there was statistically significant improvement in students ages 14-17. Scores went from 56.6 in the fall to 53.7 in the spring for a mean change of -2.9. In school year 2015-2016, there was continued improvement, but not statistically significant. Scores were 55.27 in the fall and 55.15 in the spring for a mean change of -0.12.

Outcome Measure	Results
BMI	Students in a healthy range – 2015 Fall 52.4% 2016 Spring 52.9% for a .5% improvement. 62.3 % of students who are in an underweight, overweight, or obese range moved toward a healthy range(i.e. a student’s BMI in the overweight percentile range improved, moving them in a positive direction toward the healthy range).

Key Community Partners: Lubbock ISD, Brownfield ISD, Shallowater ISD, Sudan ISD, Lazbuddie ISD, Guthrie ISD, Christ the King Cathedral School, Lamesa ISD, Smyer ISD, Olton ISD, Sweetwater ISD, Hale Center ISD, and Texas Agrilife Extension

Research Update:

Body Dissatisfaction has shown to be a risk factor in weight related disorders. Our research has consistently measured a decrease in students who show body dissatisfaction. Looking at school years 2011-2016, in the body dissatisfaction categories of “not present”, “possible”, and “definitely present”, improvement ranges from 1.8%-8.8%. To see this upward trend in the decrease of body dissatisfaction is a very good sign.

School year 2014-2015 shows:

- Statistically significant improvement in depression scores in middle adolescence (14-17 years old)

School year 2015-2016 shows:

- Continued movement in a positive direction in the depression index scores

Local, state, and national efforts for CBMI program expansion

- Development of the TSYWL to TTU program. Our purpose is to continue following the students from Talkington as they transition to TTU. We are working with them to formulate a plan for future meetings and what the meetings will involve. Our hope is that they will provide us with the information to assess if/how comprehensive wellness influences their lives at this point, thus extending our longitudinal study.
- Our curriculum is now being utilized by the Garza County Juvenile Justice Center. The skills taught in Comprehensive Wellness will be extremely helpful in the transition back to the student's home campus, and influence healthy choices and behaviors.

FY16 Other Community Benefit Program Accomplishments

Initiative (community need being addressed):	Program	Target	FY 16 Result
Diabetes	Diabetes Education	Engage patients in group interventions Target 85% of patients in the program will complete 3 out of 4 classes	86%
		Engage patient in individual sessions with educator Target 50% of new patients attending classes will also attend at least one session with a educator	79%

FY16 Community Benefit Investment

Covenant Lubbock Hospitals

(ending June 30, 2016)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ²	Net Benefit
Medical Care Services for Vulnerable³ Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	\$28,423,526
	Unpaid cost of Medicaid ⁴	\$12,982,834
	Unpaid cost of other means-tested government programs	\$1,412,359
Other benefits for Vulnerable Populations	Community Benefit Operations	\$265,620
	Community Health Improvements Services	\$1,639,256
	Cash and in-kind contributions for community benefit	\$512,652
	Community Building	\$0
	Subsidized Health Services	\$0
Total Community Benefit for the Vulnerable		\$45,236,247
Other benefits for the Broader Community	Community Benefit Operations	\$5,420
	Community Health Improvements Services	\$6,097
	Cash and in-kind contributions for community benefit	\$83,026
	Community Building	\$0
	Subsidized Health Services	\$0
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	\$14,905,251
Total Community Benefit for the Broader Community		\$14,999,794
TOTAL COMMUNITY BENEFIT (excluding Medicare)		\$60,236,041
Medical Care Services for the Broader Community	Unpaid cost to Medicare ⁵ (not included in CB total)	\$141,461,038

¹ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

² CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

³ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁴ Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

Covenant Plainview
(ending June 30, 2016)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ⁶	Net Benefit
Medical Care Services for Vulnerable⁷ Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	\$3,475,469
	Unpaid cost of Medicaid ⁸	\$1,511,238
	Unpaid cost of other means-tested government programs	\$241,083
Other benefits for Vulnerable Populations	Community Benefit Operations	\$0
	Community Health Improvements Services	\$0
	Cash and in-kind contributions for community benefit	\$0
	Community Building	\$0
	Subsidized Health Services	\$0
Total Community Benefit for the Vulnerable		\$5,227,790
Other benefits for the Broader Community	Community Benefit Operations	\$0
	Community Health Improvements Services	\$18,959
	Cash and in-kind contributions for community benefit	\$20,183
	Community Building	\$0
	Subsidized Health Services	\$0
Total Community Benefit for the Broader Community		\$39,142
TOTAL COMMUNITY BENEFIT (excluding Medicare)		\$5,266,932
Medical Care Services for the Broader Community	Unpaid cost to Medicare (not included in CB total) ⁹	\$3,059,115

¹ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

² CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

³ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁴ Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

Covenant Levelland
(ending June 30, 2016)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ¹⁰	Net Benefit
Medical Care Services for Vulnerable¹¹ Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	\$1,434,136
	Unpaid cost of Medicaid ¹²	\$404,443
	Unpaid cost of other means-tested government programs	\$151,660
Other benefits for Vulnerable Populations	Community Benefit Operations	\$
	Community Health Improvements Services	\$
	Cash and in-kind contributions for community benefit	\$
	Community Building	\$
	Subsidized Health Services	\$
Total Community Benefit for the Vulnerable		\$1,990,239
Other benefits for the Broader Community	Community Benefit Operations	\$0
	Community Health Improvements Services	\$5,911
	Cash and in-kind contributions for community benefit	\$2,971
	Community Building	\$0
	Subsidized Health Services	\$0
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	\$0
Total Community Benefit for the Broader Community		\$8,882
TOTAL COMMUNITY BENEFIT (excluding Medicare)		\$1,999,121
Medical Care Services for the Broader Community	Unpaid cost to Medicare ¹³ (not included in CB total)	\$2,458,839

¹ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

² CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

³ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁴ Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

Covenant Medical Group
(ending June 30, 2016)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ¹⁴	Net Benefit
Medical Care Services for Vulnerable¹⁵ Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	\$2,422,634
	Unpaid cost of Medicaid ¹⁶	\$12,544,346
	Unpaid cost of other means-tested government programs	\$
Other benefits for Vulnerable Populations	Community Benefit Operations	\$
	Community Health Improvements Services	\$
	Cash and in-kind contributions for community benefit	\$
	Community Building	\$
	Subsidized Health Services	\$
Total Community Benefit for the Vulnerable		\$14,966,980
Other benefits for the Broader Community	Community Benefit Operations	\$
	Community Health Improvements Services	\$
	Cash and in-kind contributions for community benefit	\$
	Community Building	\$
	Subsidized Health Services	\$
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	\$
Total Community Benefit for the Broader Community		\$0
TOTAL COMMUNITY BENEFIT (excluding Medicare)		\$14,966,980
Medical Care Services for the Broader Community	Unpaid cost to Medicare ¹⁷ (not included in CB total)	\$23,251,172

¹ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

² CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

³Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁴ Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

Telling Our Community Benefit Story: Non-Financial¹⁸ Summary of Accomplishments

The mission statement of the Community Outreach Department is “to create a healthy community by providing human and material resources to benefit the community, by responding to the needs of the underserved, and by advocating at the local, state and national levels on identified key issues”. The services provided by CHO during the last year include: health education, nutrition and dietary services, counseling, mobile dental for adults, adult denture program, and dental clinics and sealants for children. Covenant Health staff also participated in numerous health education events, school health fairs, community center activities and supported other community agencies through goodwill service participation and resource sharing. Staff participated in an annual food drive for our local food bank, fundraising for the United Way and an annual coat drive for a local clothes closet. The Covenant Health leadership team serves on multiple community board and board committees. In FY16, Covenant Health conducted many educational events for the public including Boy Talk/Girl Talk, Heart Matters, and an Annual Child Abuse Summit. Covenant Health also hosted several educational and fundraising events in FY16 for community partners including a resource fair. Covenant Health also provides the facility space for a weekly Adult Education GED program and a Post-Partum Depression Support Group. Covenant Health has provided support and funding to local agencies addressing homelessness, domestic abuse, young adults aging out of foster care and women’s health just to name a few. We also participate in collaborations with the Lubbock Police Department in addressing the underlying needs of homelessness. Additionally, Covenant Health supported numerous health and wellness awareness campaigns of non-profit agencies such as The American Health Association, The March of Dimes, The American Red Cross, The Salvation Army, The Susan Komen Foundation, The American Diabetes Association and several others.

¹⁸ Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.

Governance Approval

This FY16 Community Benefit Report was approved at the [INSERT DATE] meeting of the [INSERT MINISTRY NAME] Community Benefit Committee of the Board of Trustees.

Chair's Signature confirming approval of the FY15-FY17 Community Benefit Report

Date