

# Mercy Medical Center Redding

## Community Benefit 2023 Report and 2024 Plan

**Adopted November 2023**



## A message from

Dear Community Members, Community Partners and Colleagues,

On behalf of Mercy Medical Center Redding, we'd like to thank you for your interest in the health of our community as we seek to improve the overall health in Shasta County. Our Mission is to make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all. We are excited to share our Community Benefit 2022 Report and 2023 Plan.

It's no secret that our world is more complicated than ever. The COVID-19 global pandemic has caused extraordinary challenges for us all. Yet, in some ways this disruption has been a positive force of change and new beginnings. The ongoing pandemic taught us that improving the health of our community requires all of us to come together and bring our expertise, engagement and investment, only by working together in partnership, can we become a healthier, stronger community.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the 2022 Community Health Needs Assessments (CHNA) that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

In fiscal year 2023 (FY23), Mercy Medical Center Redding provided \$35,704,461 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$38,603,326 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2023 Report and 2024 Plan at its November 9, 2023, meeting. We welcome any questions or ideas for collaborating that you may have, by reaching out to Laura Acosta, Community Health Director at 530-225-6114 or by email at [laura.acosta900@commonspirit.org](mailto:laura.acosta900@commonspirit.org).

We look forward to partnering across our sectors to build a stronger, more equitable future for all.

Sincerely,






Todd Smith  
President

Riico Dotson  
Chairperson, Board of Directors

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## At-a-Glance Summary

<b>Community Served</b> 	<p>Mercy Medical Center Redding (MMCR) is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. Situated along the north-south Interstate 5 corridor the county is lined with mountains on its north, east, and west sides. Beyond Redding, the county is rural. While the majority of individuals served reside in Shasta County there are community health services available to bordering communities in Tehama and Trinity Counties. Due to the rural nature of the county access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority population.</p>
<b>Economic Value of Community Benefit</b> 	<p>\$35,704,461 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$38,603,326 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.</p>
<b>Significant Community Health Needs Being Addressed</b> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> <li>• Access to Mental/Behavioral health and Substance-Use Services</li> <li>• Access to Quality Primary Care Health Services</li> <li>• Safe and Violence-Free Environment</li> </ul>
<b>FY23 Programs and Services</b> 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <ul style="list-style-type: none"> <li>• Community Health Improvement Grants</li> <li>• Community Health Education</li> <li>• Health Professions Education</li> <li>• Housing Support for Transitional Age Youth</li> <li>• Human Trafficking/Violence Prevention</li> <li>• Medications for Uninsured and Indigent</li> <li>• Medical Respite/Scatter Site Housing Support</li> <li>• Transportation Services</li> </ul>
<b>FY24 Planned Programs and Services</b> 	<p>For FY24, Mercy Medical Center Redding plans to build upon many of the FY23 initiatives, explore new partnership opportunities with Shasta County community organizations, and intends to take actions and to dedicate resources to address these needs.</p>

This document is publicly available online at <https://www.dignityhealth.org/north-state/locations/stelizabethhospital/about-us/community-benefit>.

Written comments on this report can be submitted to the Mercy Medical Center Redding via the Community Health Office at 2175 Rosaline Ave, Redding, CA 96001, Attn: Laura Acosta or by e-mail to [laura.acosta900@commonspirit.org](mailto:laura.acosta900@commonspirit.org).

## Our Hospital and the Community Served

### About Mercy Medical Center Redding

Mercy Medical Center Redding is a member of Dignity Health, which is a part of CommonSpirit Health.

Mercy Medical Center Redding is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. Situated along the north-south Interstate 5 corridor the county is lined with mountains on its north, east, and west sides. Beyond Redding, the county is rural. While the majority of individuals served reside in Shasta County there are community health services available to bordering communities in Tehama and Trinity Counties. Due to the rural nature of the county access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority population.

### Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

### Financial Assistance for Medically Necessary Care

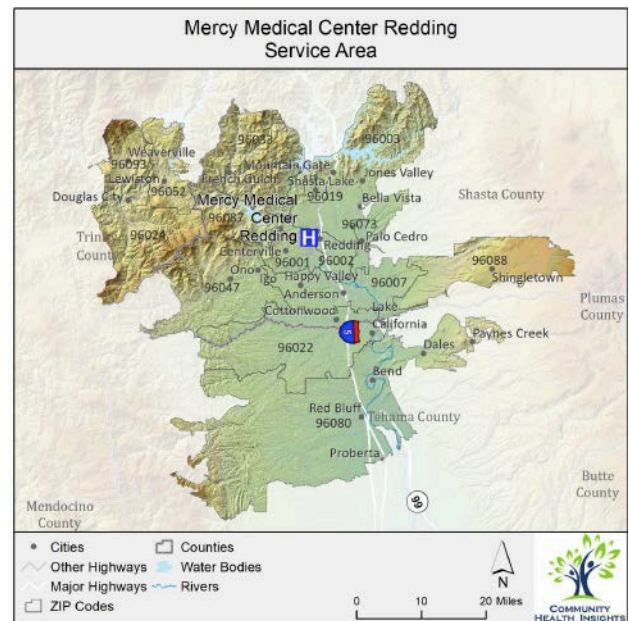
It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.



## Description of the Community Served

Mercy Medical Center Redding is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. While the majority of individuals served reside in Shasta County there are community health services available to bordering communities in Tehama and Trinity Counties. Due to the rural nature of the county access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority population.

Shasta County has a total area of 3,847 square miles and covers the Redding California Metropolitan Statistical Area. According to the US Census, the county's 2020 population was approximately 180,000 residents. The county seat is Redding, home to approximately one-half of Shasta County residents. Situated along the north-south Interstate 5 corridor the county is lined with mountains on its north, east, and west sides. Beyond Redding, the county is rural. Only a small portion of the MMCR service area dips into northern Tehama County. This area includes the city of Red Bluff, which is both the Tehama County Seat and the largest city in the county, with a population of just over 14 thousand residents. For the purposes of this assessment, the service area was further defined by 15 ZIP codes, 13 of which were located in Shasta and the remaining two in Tehama. The Shasta County ZIP codes included 96001, 96002, 96003, 96007, 96019, 96024, 96033, 96047, 96052, 96073, 96087, 96088, and 96093. The Tehama County ZIP codes included 96022 and 96080.



### Population Groups Experiencing Disparities

Key informants were asked to identify population groups that experienced health disparities in the MMCR service area. Interview participants were asked, “What specific groups of community members experience health issues the most?” Responses were analyzed by identifying all groups noted as one experiencing disparities. Groups identified by key informants are listed below. The groups are not mutually exclusive—one group could be a subset of another group. One of the purposes of identifying the sub-populations was to help guide additional qualitative data collection efforts to focus on the needs of these population groups. Additional details can be found in the CHNA report online.

- Low income
- Youth
- Native Americans
- Seniors
- Hispanic/Latino
- Men
- Homeless
- African American
- Asian
- People of Color
- Veterans

## Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited to, conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

### Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in April 2022.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/north-state/locations/mercy-redding/about-us/community-benefit> or upon request at the hospital's Community Health office.

### Significant Health Needs

Building a healthy community requires multiple stakeholders working together with a common purpose. The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to Mental/Behavioral Health and Substance-Use Services	Access to mental, behavioral, and substance-use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.	•
Access to Basic Needs Such as Housing, Jobs, and Food	Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, have a substantial impact on health behaviors and health outcomes. Addressing access to basic needs will improve health in the communities we serve.	
Access to Quality Primary Care Health Services	Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are	•

Significant Health Need	Description	Intend to Address?
	typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.	
Access to Specialty and Extended Care	Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go hand in hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own.	
Increased Community Connections	Community connection is a crucial part of living a healthy life. Research suggests individuals who feel a sense of security, belonging, and trust in their community have better health. Assuring that community members have ways to connect with each other through programs, services, and opportunities is important in fostering a healthy community. Furthermore, healthcare and community support services are more effective when they are delivered in a coordinated fashion to build a coordinated ecosystem.	
Safe and Violence-Free Environment	Feeling safe in one's home and community is fundamental to overall health. Next to having basic needs met (e.g., food, shelter, and clothing) is having physical safety. Research has demonstrated that individuals exposed to violence in their homes, the community, and schools are more likely to experience depression and anxiety and demonstrate more aggressive, violent behavior.	●
System Navigation	System navigation refers to an individual's ability to traverse fragmented social services and healthcare systems in order to receive the necessary benefits and supports to improve health outcomes. Research has demonstrated that navigating the complex U.S. healthcare system is a barrier for many that results in health disparities.	
Injury and Disease Prevention and Management	Efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.	
Access to Functional Needs	Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation,	



Significant Health Need	Description	Intend to Address?
	individuals struggle to meet their basic needs, including those needs that promote and support a healthy life.	

### Significant Needs the Hospital Does Not Intend to Address

Mercy Medical Center Redding met with internal and community members to review and determine the top priorities the hospital would address. MMCR will continue to lean into the organizations who are addressing the needs and continue to build capacity by strengthening partnerships among local community-based organizations. Due to the magnitude of the need and the capacity of MMCR's ability to address the need the Implementation Strategy will not address the following health needs:

- Access to Basic-Needs Such as Housing, Jobs and Food
- Access to Specialty and Extended Care
- Increased Community Connections
- System Navigation
- Injury and Disease Prevention Management
- Access to Functional Needs

## 2023 Report and 2024 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY23 and planned activities for FY24, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

### Creating the Community Benefit Plan

MMCR is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Mercy Medical Center Redding leaders met with internal and community members to review and determine the top priorities the hospital would address over the next three years.



To aid in determining the priority health needs, the criteria below was considered when making a decision.

- Mission alignment
- Magnitude of the problem
- Severity of the problem
- Health disparities: The health need disproportionately impacts the health status of one or more vulnerable population groups.
- Need among vulnerable population
- Community's capacity and willingness to act on the issue
- Availability of hospital and community resources
- Ability to have measurable impact on the issue
- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners to address the issue.
- Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

Improving community health requires collaboration across community stakeholders and with community engagement. Each initiative involves research on best practice and is written to align with local resources, state or national health priorities and initiatives. The goals, objectives, and strategies contained in this document, where possible, intend to utilize upstream prevention models to address the social determinants of health. In addition, building and strengthening relationships with community-based providers that serve target populations for intended initiatives is critical to the success and sustainability to achieve impact.



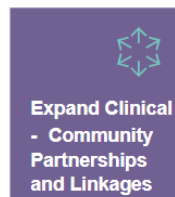
## Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



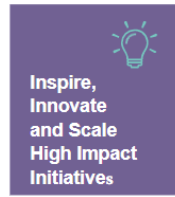
Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.




Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

## Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

 <b>Health Need: Access to Mental/Behavioral Health and Substance-Use Services/increased Community Connections</b>			
<b>Strategy or Program</b>	<b>Summary Description</b>	<b>Active FY22</b>	<b>Planned FY23</b>
Substance Use Coalition	The Shasta Substance Use Coalition’s purpose is to reduce the harms associated with substance use in Shasta County. This is accomplished by aligning strategies among stakeholders to: reduce harmful substance use and overdose related deaths, increase community awareness and understanding of substance use disorder, promote timely access to evidence-based treatment and enhance access to individual and family recovery support services.	☒	☒
Substance Use Navigation	CA Bridge is a program of the Public Health Institute working to ensure that people with substance use disorder receive 24/7 high-quality care in every California health system by 2025. The CA Bridge Navigator program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Utilizing a Substance Use Navigator to build a trusting relationship with the patient and motivating them to engage in treatment. The hospital works to reduce the language that stigmatizes people who use drugs, treating substance use disorder like any other disease. Program is currently funded through Medication for Addiction Treatment (MAT) program.	☒	☒
Education and Awareness	Provide education and awareness and reduce stigma in the community.	☒	☒
Lutheran Social Services (LSS)	LSS provides transition-aged youths (ages 18 – 24) with transitional housing and supportive services. Once placed in a unit master leased by LSS, staff assist youth in identifying barriers to remaining housed and work to resolve these barriers. This may include addressing health and mental health barriers, exploring employment, and completing either high school or community college. Staff works with each youth to identify their next steps toward permanent housing. MMCR provides community benefit investment to LSS to support the needs of transitioned-aged youth.	☒	☒
Mental Health/Hope Summit	Hope Summit to bring service providers and community members together to learn about the Science of Hope and how to implement Hope Theory in their work and their lives. A two-day Hope Navigator Training to teach our community and service providers how to implement the evidence-based Science of Hope curriculum. Topics include: Hope Theory, Adverse Childhood Conditions (ACEs), how to be trauma informed, hope centered work places and much more.	☒	☒
<b>Goal and Impact:</b>  Improved system for patient linkages to outpatient behavioral health services; provide a seamless transition of care, reduce mental health stigma and increase in resources in the community.			

### Anticipated Impact

Ensure equitable access to quality, culturally responsive and linguistically appropriate services.

**Collaborators:** MMCR currently partners with Children’s Legacy Center, Safe. Haven, Shasta Community Health Center, Lutheran Social Services, Public Health - Shasta County Health & Human Services Agency but will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.



### Health Need: Access To Quality Primary Care Health Services

Strategy or Program	Summary Description	Active FY22	Planned FY23
Provide services for vulnerable populations	Financial Assistance for uninsured/underinsured and low-income residents. Rural Health Clinics offering sliding fee scale for patients who do not qualify for insurance.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Increase Access to Care	Physician recruitment efforts. Rural Health Clinics eligible for federal and state student loan repayment programs for clinicians. Offer convenient appointments on the weekend acute care walk in or drive through clinic appointments. When appropriate, offer video and telephone visits to those who’s health may limit their ability to drive to their appointment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Workforce Development	Align efforts with and identify additional community organizations who are leading workforce development efforts to increase access to a diverse and inclusive health care workforce—both in clinical and nonclinical/corporate settings and improve health equity.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation Assistance	Address transportation barriers to accessing healthcare services. Provide van service, taxi vouchers or bus tokens to patients who need assistance with access to our facilities.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Goal and Impact:

Leverage MMCR’s investments as an anchor institution to address Social Determinants of Health (SDOH) needs in our communities to improve access to quality health care services for vulnerable populations by coordinating and improving resources and referrals to services to improve access.

#### Goal (Anticipated impact)

- Reduce the utilization of Emergency Departments for “avoidable”, non-emergency visits.
- Reduce the rates of uninsured people in the community.

**Collaborators:** MMCR will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.





## Health Need: Safe and Violence Free Environment

Strategy or Program	Summary Description	Active FY23	Planned FY24
Mission and Ministry Fund, United Against Violence Planning Grant	Facilitate strategy sessions to develop violence prevention/human trafficking implementation plan encompassing in Shasta County. This plan will build upon and align existing work identified during planned activities.		☒
Sexual Assault Nurse Examiner/ Sexual Assault Response (SANE/SART)	In late Spring, 2022, under the leadership of the ER Director and Dr. Sean Dugan, Forensic Specialist are working on building a Sexual Assault Nurse Examiner/ Sexual Assault Response (SANE/SART) at MMCR.	☒	☒
Provide trauma-informed care for patients	Explore ongoing opportunities to promote Trauma Informed Care practices within the behavioral health service line.	☒	☒
Prevent violence and intervene when it is suspected	Increase health system and community capacity to identify victims of human trafficking and respond appropriately.	☒	☒
Human Trafficking Taskforce	A revitalization of the Human Trafficking Taskforce made up of multidisciplinary leaders with a victim-centered approach on strategies, interventions and policies.	☒	☒
Human Trafficking/Violence Training led by the International Rescue Committee (IRC)	Anti-Trafficking Outreach and Training Specialist from IRC will provide quarterly trainings to bring awareness around human trafficking and its various forms and resources available at local and national level. Physicians, Physicians Assistants, Nurse Practitioners, Nurses, Social Workers, Pharmacists, Police, Fire, Hospitality, Government, and other Community Members will be invited.	☒	☒
Comprehensive Adult/Pediatric Sexual Assault Training for Examiners	Five-day course trains physicians, advanced practitioners and nurses to conduct forensic medical examinations for patients that survive sexual and physical assault, including physical child abuse, domestic violence, elder abuse, child sexual abuse, adolescent/adult sexual assault, strangulation, head injury, traumatic brain injury, and human trafficking.	☒	☒

### Goal and Impact:

#### Goals:

- Prevent future traumatization once violence has occurred
- Prevent violence
- Align and support efforts in community.

#### Anticipated Impact:

- Increase healthcare workforce capacity to provide trauma informed care for victims of violence.

- Support community capacity to reduce violence.

**Collaborators:** MMCR will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.

## Community Health Improvement Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY23, the hospital awarded the grants below totaling \$250,000. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Children's Legacy Center	Children's Legacy Center for Resilience	\$60,000
Empire Recovery Center, Inc.	Transitioning Recovery with Coaching: From Treatment to Sober Living	\$75,000
FaithWorks Community Coalition, Inc.	Rebuilding Lives	\$60,000
The Northern California Center for Family Awareness	Kids' Turn Whole Family Workshops	\$25,000
Pathways to Hope for Children	Camp Hope	\$30,000

## Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.



### Sexual Assault Nurse Examiner/Sexual Assault Response (SANE/SART) Team

#### Significant Health Needs Addressed

- Safe and Violence Free-Environment
- Access to Mental Health/Behavioral Health and Substance Use Services
- Increased Community Connections

	<ul style="list-style-type: none"> <li>• System Navigation</li> </ul>
Program Description	Under the leadership of the ER Director and Dr. Sean Dugan, Forensic Specialist are working on building a Sexual Assault Nurse Examiner/ Sexual Assault Response (SANE/SART) at MMCR.
Population Served	Victims of sexual assault, physical assault, child abuse, elder abuse
Program Goal / Anticipated Impact	Increase internal capacity to respond needs of survivors to minimize the trauma for sexual assault victims when they seek medical assistance and to reduce repeated questioning of the victim and increase effective collection and preservation of evidence. A team approach helps meet the victim's needs and can increase the likelihood that a victim will seek follow-up services, thereby promoting healing.

### FY 2023 Report

Activities Summary	Identify nurses to participate in training and join team. Comprehensive Adult/Pediatric Sexual Assault Training for Examiners Develop a North State Strategy approach
Performance / Impact	Meet the victims' needs and increase the likelihood that a victim will seek follow-up services, thereby promoting healing. In addition, connect to wrap around services, such as One Safe Place, International Rescue Committee,
Hospital's Contribution / Program Expense	Staff, facility, and expense in identifying and trainings.

### FY 2024 Plan

Program Goal / Anticipated Impact	Goal is to have a SANE RN on duty 24/7.
Planned Activities	Identify nurses to participate in training and join team. Comprehensive Adult/Pediatric Sexual Assault Training for Examiners Develop a North State Strategy approach



### Achieving Change Together Shasta (ACTS)

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>• Safe and Violence Free-Environment</li> <li>• Access to Mental Health/Behavioral Health and Substance Use Services</li> <li>• Increased Community Connections</li> <li>• System Navigation</li> <li>• Access to Basic Needs such as Housing, Jobs and Food</li> </ul>
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Program Description	LSS provides transition-aged youths (ages 18 – 24) with transitional housing and supportive services. Once placed in a unit master leased by LSS, staff assist youth in identifying barriers to remaining housed and work to resolve these barriers. This may include addressing health and mental health barriers, exploring employment, and completing either high school or community college. Staff work with each youth to identify their next steps toward permanent housing.
Population Served	Transition-aged youths (ages 18 – 24)
Program Goal / Anticipated Impact	<p><b>Short-Term</b></p> <ul style="list-style-type: none"> <li>• Safely housed with adequate food, basic needs met;</li> <li>• Enrolled in appropriate entitlement programs, e.g. CalWORKs, food stamps, Medi-Cal;</li> <li>• Enrolled in a high school diploma or GED program or post-secondary education;</li> <li>• Gain the vocational skills to obtain part-time employment;</li> <li>• Create and make progress on a life plan that addresses all the social determinants of health.</li> </ul> <p><b>Intermediate (at program graduation)</b></p> <ul style="list-style-type: none"> <li>• Able to maintain housing, permanent destination is identified (may be self, or living with family or friends);</li> <li>• Attained a high school diploma or GED;</li> <li>• Post-secondary education plan in progress;</li> <li>• Utilizing permanent connections with supportive individuals;</li> <li>• Self-report and exhibit improved social-emotional well-being; and</li> <li>• Maintain six months continuous employment while in the program.</li> </ul> <p><b>Long-Term Outcomes that the program will achieve:</b></p> <ul style="list-style-type: none"> <li>• Maintain stable housing;</li> <li>• Maintain permanent connections with caring adults, family, friends, community;</li> <li>• Attain a higher level of education (e.g., AA degree, trade school) than if they had not been in the program; and</li> <li>• On track to obtain a living wage job within five years (based on education goals).</li> </ul>
FY 2023 Report	
Activities Summary	Case Managers provide all the services described above, with an emphasis on allowing youth to find their own path forward. We begin to focus on each youths' goals at intake. We understand that the trauma our youth have experienced can be a barrier to moving forward, and that it takes time and treatment to overcome past trauma. Making progress towards goals may necessitate a referral to mental health or other specialty services. It may take teaching life skills such as how to clean a house, or teaching youth financial literacy. It might necessitate a warm hand-off to services at Shasta College. Case Managers try to set small, short-term achievable goals so that the youth can see progress and not get discouraged. The success of this program is the result of that understanding and patience.

Performance / Impact	This program currently serves 12 previously homeless youth, providing shelter, essential needs, and case management services. 10 of the 12 youth are employed. Four of them are also attending college. We have helped them locate and utilize local resources and services such as food pantries, medical and dental treatment, and counseling services. Many of the youth have obtained ID's, birth certificates, social security cards, and drivers licenses.
Hospital's Contribution / Program Expense	Continued financial support through community benefit investment.
<b>FY 2024 Plan</b>	
Program Goal / Anticipated Impact	The FY24 goal is to continue to serve 12 youth in the program at any given time, graduate 25% of program participants to permanent destinations, have 80% of program participants employed and a minimum of 30% in post-secondary education.
Planned Activities	Continued coordination and support to transitioned youth and connect them to wrap around services.



## Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

- **Recuperative Care/Medical Respite** – The HOPE Medical Respite Program began in November 2020 as a partnership between Shasta Community Health Center and Pathways to Housing. The HOPE Program is a 15-bed recuperative care/medical respite facility where individuals who are unhoused can recover from medical conditions in either a congregate or non-congregate setting. In FY23 more than 100 unduplicated persons were served through the program and received access to care and services such as wound care and prenatal care, chronic disease treatment and management and medical and specialty appointment coordination. Patients who access the program have shared that they feel “seen and heard,” and many participants are motivated to engage in their health care as a result of this person-centered care model.
- **Members of the hospital's leadership and management teams** provide significant in-kind support and expertise to nonprofit health care organizations, civic, and service agencies such as Partnership HealthPlan, Shasta College, Shasta Community Health Center, Empire Recovery Center, Shasta County HHSA Children's Services, Shasta County Mental Health Meetings, and Redding Chamber of Commerce.
- **Dignity Health North State Hospitals sponsorship program** supports health and wellness initiatives, programs serving the poor and disenfranchised, education programs, community based and events of organizations among them, include; Northern Valley Catholic Social Service Magic of Christmas, Good News Rescue Mission Harvest of Hope, Shining Care Purple City Family and Nor-Cal Think Pink 5K.
- **FaithWorks- Point in Time Count** - Support the 2023 Homeless Point-In Time (PIT) Count, to help identify and serve individuals who are experiencing homelessness. On January 25, 2023, local agencies and volunteers will coordinate efforts to send various teams out into camps, emergency shelters, and areas known as gathering spaces for the unsheltered to provide a survey, emergency supplies.
- **College Options** - Community building support to increase access to higher education opportunities for interested students and general community.
- **Caregiver Support Group**
- **Participation at various community events** to bring awareness on health careers and various health education.

## Economic Value of Community Benefit

<b>151 Mercy Medical Center (Redding)</b>					
<b>Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare)</b>					
<b>For period from 07/01/2022 through 06/30/2023</b>					
	<u>Persons</u>	<u>Expense</u>	<u>Offsetting Revenue</u>	<u>Net Benefit</u>	<u>% of Expenses</u>
<b><u>Benefits for Poor</u></b>					
Financial Assistance	10,706	\$8,393,432	\$0	\$8,393,432	1.5%
Medicaid	54,966	\$230,124,220	\$210,076,599	\$20,047,621	3.5%
<b>Community Services</b>					
A - Community Health Improvement Services	1,343	\$418,667	\$0	\$418,667	0.1%
E - Cash and In-Kind Contributions	5	\$680,239	\$0	\$680,239	0.1%
<b>Totals for Community Services</b>	<b>1,348</b>	<b>\$1,098,906</b>	<b>\$0</b>	<b>\$1,098,906</b>	<b>0.2%</b>
<b>Totals for Benefits for Poor</b>	<b>67,020</b>	<b>\$239,616,558</b>	<b>\$210,076,599</b>	<b>\$29,539,959</b>	<b>5.2%</b>
<b><u>Benefits for Broader Community</u></b>					
<b>Community Services</b>					
A - Community Health Improvement Services	472	\$16,789	\$0	\$16,789	0.0%
B - Health Professions Education	18	\$7,239,438	\$1,150,218	\$6,089,220	1.1%
D - Research	Unknown	\$40,212	\$625	\$39,587	0.0%
E - Cash and In-Kind Contributions	14	\$15,635	\$0	\$15,635	0.0%
F - Community Building Activities	6	\$3,271	\$0	\$3,271	0.0%
<b>Totals for Community Services</b>	<b>510</b>	<b>\$7,315,345</b>	<b>\$1,150,843</b>	<b>\$6,164,502</b>	<b>1.1%</b>
<b>Totals for Broader Community</b>	<b>510</b>	<b>\$7,315,345</b>	<b>\$1,150,843</b>	<b>\$6,164,502</b>	<b>1.1%</b>
<b>Totals - Community Benefit</b>	<b>67,530</b>	<b>\$246,931,903</b>	<b>\$211,227,442</b>	<b>\$35,704,461</b>	<b>6.3%</b>
<b>Medicare</b>	<b>43,886</b>	<b>\$199,664,156</b>	<b>\$161,060,830</b>	<b>\$38,603,326</b>	<b>6.8%</b>
<b>Totals Including Medicare</b>	<b>111,416</b>	<b>\$446,596,059</b>	<b>\$372,288,272</b>	<b>\$74,307,787</b>	<b>13.1%</b>

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

## Hospital Board and Committee Rosters

### Dignity Health North State Service Area Community Board Members

Riico Dotson, M.D., Chairperson  
Karolina DeAugustinis, M.D., Secretary  
Amanda Hutchings  
Irene DeLao  
Keith Cool  
Mary Rushka  
Mike Davis  
Nikita Gill, M.D,  
Russ Porterfield  
Sister Bridget McCarthy  
Sister Sheila Browne

Any communications to Board Members should be made in writing and directed to:

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Dignity Health North State  
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Redding, CA 96049-6009  
(530) 225-6103  
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