



Mercy General Hospital

Community Benefit 2017 Report and 2018 Plan



A message from

Edmundo Castañeda president and CEO of Mercy General Hospital and Dr. Glennah Trochet, Chair of the Dignity Health Sacramento Service Area Community Board.

Dignity Health's comprehensive approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our multi-pronged initiatives to improve community health 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.

Mercy General Hospital (Mercy General) shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2017 Report and 2018 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health produces these reports and plans for all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

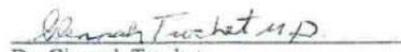
In fiscal year 2017 (FY17), Mercy General provided \$28,985,805 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. The hospital also incurred \$30,113,191 in unreimbursed costs of caring for patients covered by Medicare.

Dignity Health's Mercy General Board of Directors reviewed, approved and adopted the Community Benefit 2017 Report and 2018 Plan at its October 26th, 2017 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at (916) 851-2005.



Edmundo Castañeda
President/CEO



Dr. Glennah Trochet
Chairperson, Board of Directors

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EXECUTIVE SUMMARY

Mercy General is a tertiary care facility located in East Sacramento serving residents from across a broad portion of the region. Mercy General's hospital service area (HSA) encompasses 43 zip codes across three counties including Sacramento, Yolo and El Dorado. There are 1,544,884 residents living within the HSA which makes up nearly 4% of all residents in the State of California. Mercy General's large primary service area encompasses a diverse community with numerous neighborhoods reflecting higher rates of poverty, increased cases of homelessness, lack of insurance and lack of education. The hospital must continuously balance its responsibility caring for the acutely ill with the increasing role it serves as a safety net provider for the poor and vulnerable in a region where public and community capacity is severely limited.

The hospital is Joint Commission-certified in stroke care, and is the first Sacramento-area hospital accredited as a Certified Chest Pain Center with percutaneous coronary intervention (PCI) as the primary treatment for acute heart attacks. The hospital also houses the first acute rehabilitation unit in the region to be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and is designated as the only Spine Center of Excellence in northern California by the Joint Commission. Mercy General was accredited "Meritorious" status for quality outcomes (only one of 52 hospitals internationally) by the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP).

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the 2016 CHNA report.

The significant community health needs identified are:

1. Access to Behavioral Health Services
2. Active Living and Healthy Eating
3. Disease Prevention, Management and Treatment
4. Access to High Quality Health Care and Services
5. Safe, Crime and Violence Free Communities
6. Basic Needs (Food Security, Housing, Economic Security, and Education)
7. Affordable and Accessible Transportation
8. Pollution-Free Living and Working Environments

In FY17, Mercy General took numerous actions to help address identified needs. These included:

- ReferNet Intensive Outpatient Mental Health Partnership
- Triage Navigator Program
- Healthier Living
- WayUp
- CHAMP®
- Patient Navigator Program
- Cancer Nurse Navigator
- Peach Tree Health Capacity Building Project

- Mercy Clinic Loaves & Fishes
- SPIRIT
- School Nurse Program
- Mercy Faith and Health Partnership
- Care for the Undocumented
- Human Trafficking Initiative
- Initiative to Reduce African American Child Deaths
- Interim Care Program
- Homeless Outreach Project
- Housing with Dignity Homeless Program
- Community grants totaling \$266,434

For FY 2018, the hospital plans to collaboratively build upon a number of these initiatives that in particular respond to significant health needs around access to behavioral health and primary health care. A falls prevention class, Matter of Balance, will be added as our part of chronic disease workshops under Healthier Living. Efforts around the initiative to end human trafficking in the Sacramento region will continue in FY 2018 with a specific focus on providing trauma informed care through a collaboration of community organizations, law enforcement, the District Attorney’s office and Dignity Health hospitals. Mercy General will continue to focus on coordination of services and address gaps in care for those experiencing homeless through the Whole Person Care pilot which was awarded to Sacramento under California’s Medi-Cal Section 1115 Waiver.

The economic value of community benefit provided by Mercy General in FY17 was \$28,985,805, excluding unpaid costs of Medicare in the amount of \$30,113,191.

This report and plan is publicly available at dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment. It will be distributed to hospital leadership, members of the Community Board and Health Committee and widely to management and employees of the hospital, as it serves as a valuable tool for ongoing community benefit awareness and training. The document will also be broadly distributed externally to Community Health Needs Assessment partners, community leaders, government and public health officials, program partners and other agencies and businesses throughout the region.

Written comments on this report can be submitted to the Mercy General’s Community Health and Outreach Department at 3400 Data Drive, Rancho Cordova, CA 95670 or by e-mail to DignityHealthGSSA_CHNA@dignityhealth.org.

MISSION, VISION AND VALUES

Mercy General is a part of Dignity Health, a non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

OUR HOSPITAL AND OUR COMMITMENT

For more than 90 years, Mercy General has been caring for residents in the heart of East Sacramento, CA. Founded by Sisters of Mercy in 1925, the hospital has 1,970 employees, 419 licensed acute care beds, and 20 emergency department beds. 2017 was a year of significant achievement for Mercy General Hospital, as it was recognized as a Blue Distinction Center for Maternity Care, is top 3 for cardiac surgeries in the state and was recognized by Healthgrades as America's 50 Best in Cardiac Surgery and America's 100 Best in Cardiac Care. The hospital's Alex G. Spanos Heart & Vascular Center features four state-of-the-art cardiac surgery operating rooms, an innovative hybrid operating room, 71 private, family-friendly patient rooms, expanded 21-bed cardiac ambulatory procedure area, other state-of-the-art technology and a public chapel and healing garden.

Mercy General is Joint Commission-certified in stroke care, and is the first Sacramento-area hospital accredited as a Certified Chest Pain Center with percutaneous coronary intervention (PCI) as the primary treatment for acute heart attacks. The hospital also houses the first acute rehabilitation unit in the region to be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and is designated as the only Spine Center of Excellence in northern California by the Joint Commission. Mercy General was accredited "Meritorious" status for quality outcomes (only one of 52 hospitals internationally) by the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP). Mercy General. Additionally, Mercy General is a respected center for maternity care, orthopedics, and oncology.

Rooted in Dignity Health's mission, vision and values, Mercy General is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board and Community Health Committee. The committee, hospital executive leadership, Community Board, and Dignity Health review community benefit plans and program updates. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

The development of community health improvement strategies to address significant health issues is a collaborative effort engaging members of a dedicated Community Health and Outreach Department who work directly with the hospital president, management and clinical staff, as well as community partners. The department is responsible for implementing, managing and evaluating initiatives, and oversees community benefit reporting and the development of the hospital's Community Health Needs Assessment (CHNA). The department director reports bi-monthly to the Community Board. Meetings are also held bi-monthly with the Community Health Committee, a standing committee of the Board that provides guidance and oversight for the hospital's community benefit practices. Primary committee roles are to ensure hospital initiatives and services are aligned with priority health issues identified in the CHNA, represent the needs of the community and monitor the progress of initiatives. Both the Community Board and the Community Health Committee review and approve the CHNA and the Community Benefit plan (see Appendix A for rosters of the Dignity Health Sacramento Service Area Community Board and Community Health Committee). The hospital's community health program activities and community benefit reporting functions are staffed by a Director of Community Health and Outreach, a Manager, two Senior Community Health Specialists, and a Senior Analyst. Other hospital staff are engaged on a program-by-program basis.

Mercy General's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, community health improvement services and health professions education. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – including by addressing the social determinants of health – through Dignity Health's Community Investment Program. Current investment projects are summarized in Appendix B.

DESCRIPTION OF THE COMMUNITY SERVED

Mercy General is a tertiary care facility located in East Sacramento serving residents from across a broad portion of the region. The community or hospital service area (HSA) is defined as the geographic area (by ZIP code) in which the hospital receives its top 80% of discharges. Mercy General's HSA encompasses 43 zip codes across three counties including Sacramento, Yolo and El Dorado. There are 1,544,884 residents living within the HSA which makes up nearly 4% of all residents in the State of California. Seven of the zip codes have regions that fall within designated Health Professional Shortage Areas (HPSA) for primary care (95660, 95815, 95814, 95825, 95838, 95832 and 95825) fall within designated Health Professional Shortage Areas. A summary description of the community is below, and additional community facts and details can be found in the CHNA report online.

Mercy General's large primary service area encompasses a diverse community with numerous neighborhoods reflecting higher rates of poverty, increased cases of homelessness, lack of insurance and lack of education. The hospital must continuously balance its responsibility caring for the acutely ill with the increasing role it serves as a safety net provider for the poor and vulnerable in a region where public and community capacity is severely limited. Many communities served by the hospital and identified in the CHNA are challenged by a lack of access to both primary and mental health care, the absence of a care coordination system, and minimal health prevention and education options for underserved and at-risk populations. These challenges are reflected in alarming hospital utilization trends that show over 50% of all patients presenting to the emergency department are seeking basic primary care. The majority of these patients are Medi-Cal beneficiaries who struggle to access timely care elsewhere. In response to this growing trend, Mercy General has made it a priority to provide patient navigation services to this population which helps to educate patients on how to access care in the appropriate healthcare setting.

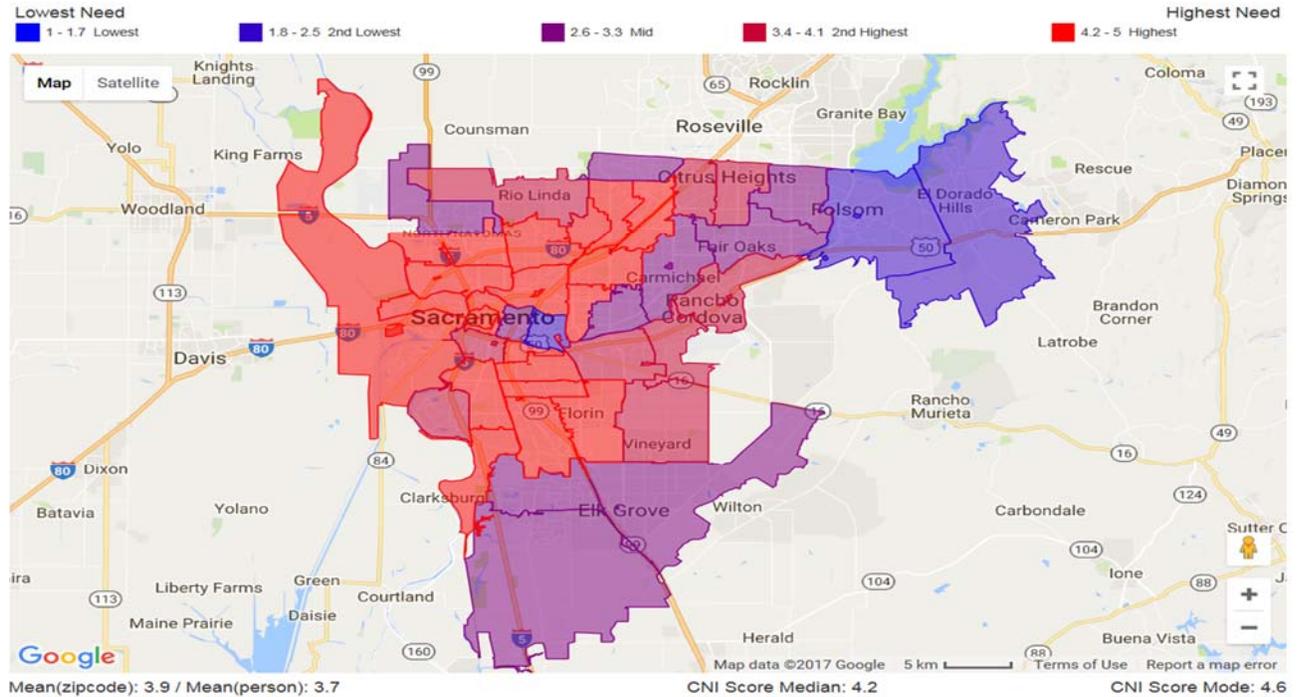
Demographics within Mercy General's hospital service area are as follows, derived from estimates provided by Truven Health Analytics data:

- Total Population: 1,544,884
- Hispanic or Latino: 22.8%
- Race: 45.4% White, 9.6% Black/African American, 16.5% Asian/Pacific Islander, 5.7% Other
- Median Income: \$62,736
- Uninsured: 7.8%
- Unemployment: 7.3%
- No HS Diploma: 13.3%
- CNI Score: 4.2
- Medicaid Population: 32.6%
- Other Area Hospitals: 7
- Medically Underserved Areas or Populations: Yes

Mercy General Hospital Community Needs Index (CNI) Data

The hospital's CNI Score of 4.2 falls in the highest range. One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be

barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Zip Code	CNI Score	Population	City	County	State
95605	4.6	15286	West Sacramento	Yolo	California
95608	3.2	60930	Carmichael	Sacramento	California
95610	3.6	45552	Citrus Heights	Sacramento	California
95621	3.8	41260	Citrus Heights	Sacramento	California
95624	3.2	69300	Elk Grove	Sacramento	California
95628	2.8	41693	Fair Oaks	Sacramento	California
95630	2.4	80136	Folsom	Sacramento	California
95652	4.6	1173	Mcclellan	Sacramento	California
95660	4.4	31770	North Highlands	Sacramento	California
95662	2.8	32542	Orangevale	Sacramento	California
95670	4	55848	Rancho Cordova	Sacramento	California
95673	3.8	15940	Rio Linda	Sacramento	California
95691	4.2	39376	West Sacramento	Yolo	California
95757	3.2	51866	Elk Grove	Sacramento	California
95758	3.2	66478	Elk Grove	Sacramento	California
95762	1.8	42839	El Dorado Hills	El Dorado	California
95811	4.6	7851	Sacramento	Sacramento	California
95814	4.8	11309	Sacramento	Sacramento	California
95815	5	25081	Sacramento	Sacramento	California
95816	3.2	16027	Sacramento	Sacramento	California
95817	4.6	14105	Sacramento	Sacramento	California
95818	4	20171	Sacramento	Sacramento	California
95819	2.4	16356	Sacramento	Sacramento	California
95820	4.6	36562	Sacramento	Sacramento	California
95821	4.6	34245	Sacramento	Sacramento	California
95822	4.6	44197	Sacramento	Sacramento	California
95823	4.8	77718	Sacramento	Sacramento	California
95824	4.8	31523	Sacramento	Sacramento	California
95825	4.4	31120	Sacramento	Sacramento	California
95826	3.8	38313	Sacramento	Sacramento	California
95827	3.8	21852	Sacramento	Sacramento	California
95828	4.4	61510	Sacramento	Sacramento	California
95829	3.6	29892	Sacramento	Sacramento	California
95831	3.4	42440	Sacramento	Sacramento	California
95832	4.4	12778	Sacramento	Sacramento	California
95833	4.2	40161	Sacramento	Sacramento	California
95834	4.2	30106	Sacramento	Sacramento	California
95835	2.8	43478	Sacramento	Sacramento	California
95838	5	39513	Sacramento	Sacramento	California
95841	4.6	20082	Sacramento	Sacramento	California
95842	4.4	33456	Sacramento	Sacramento	California
95843	3.2	49061	Antelope	Sacramento	California
95864	2.8	23988	Sacramento	Sacramento	California

COMMUNITY BENEFIT PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and 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; using five core principles to guide planning and program decisions; measuring and tracking program indicators and impact; and engaging the Community Health Committee and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment Process

The most recent Community Health Needs Assessment (CHNA) was completed and adopted by Mercy General in June 2016. The CHNA was conducted through the Sacramento Regional Collaborative Process which included Mercy General, other Dignity Health hospitals in Sacramento, Yolo and Nevada Counties, Kaiser Permanente, Sutter Health and UC Davis Health System. These health systems all serve the same or portions of the same communities. Nonprofit research consultant, Valley Vision, Inc., was retained to lead the assessment process, based on its local presence and understanding of the greater Sacramento region and experience in conducting multiple CHNAs across an array of communities for nearly a decade.

The objectives of the CHNA were to identify and prioritize community health needs and identify resources available to address those health needs. Data collected and analyzed included both primary or qualitative data, and secondary or quantitative data. To determine geographic locations affected by social inequities, data were compiled and analyzed at the census tract and ZIP code levels. To assess overall health status and disparities in health outcomes, indicators were developed from a variety of secondary data sources which can be found in the complete CHNA. These “downstream” health outcome indicators included measures of both mortality and morbidity such as mortality rates, emergency department visit and hospitalization rates. Health drivers/conditions or “upstream” health indicators included measures of living conditions spanning the physical environment, social environment, economic and work environment, and service environment. Overall, more than 170 indicators were included in the CHNA.

Community input and primary data on health needs were obtained via interviews with service providers and community key informants (including hospital staff, Sacramento County Public Health and community providers) and through focus groups with medically underserved, low-income, and minority populations. Primary data for Mercy General included 35 key informant interviews with 55 participants and 20 focus groups conducted with 228 participants.

An important component of the assessment included the identification of community and hospital resources that might be available to address priority needs. This resource mapping process which identified 182 community resources provided insight on community capacity and potential opportunities for collaborating with partners. The hospital is currently working with some of the resources identified and others are being targeted for future partnership initiatives.

Mercy General’s CHNA was distributed externally to community leaders, government and public health officials, program partners and other agencies and businesses throughout the region, and made available

internally to hospital leadership and employees. The complete assessment is available to the public at dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment.

CHNA Significant Health Needs

Significant health needs were identified and prioritized by using quantitative and qualitative data which was synthesized and analyzed according to established criteria. This included identifying eight potential health need categories based upon the needs identified in the 2013 CHNA, the grouping of indicators in the Kaiser Permanente Community Commons Data Platform (CCDP), and a preliminary review of primary data. Indicators within these categories were flagged if they compared unfavorably to county, state, or Healthy People 2020 benchmarks or demonstrated racial/ethnic disparities according to a set of established criteria. Eight potential health needs were validated as significant health needs for the service area.

Eight significant health needs emerged from the assessment across the hospital's primary service area:

1. **Access to Behavioral Health Services:** Includes access to mental health and substance abuse prevention and treatment services,
2. **Active Living and Healthy Eating:** Encompasses all components of active living and healthy eating including health behaviors, associated health outcomes and aspects of physical environment/living conditions.
3. **Disease Prevention, Management and Treatment:** Contains health outcomes that require disease prevention and/or management and treatment including: cancer, cardiovascular disease/stroke, HIV/AIDS/STDs and asthma.
4. **Access to High Quality Health Care and Services:** Encompasses access to primary care and specialty care, dental care and maternal and infant care.
5. **Safe, Crime and Violence Free Communities:** Consists of safety from violence and crime including violent crime, property crimes and domestic violence.
6. **Basic Needs (Food Security, Housing, Economic Security, and Education):** Includes economic security, food security/insecurity, housing, education and homelessness.
7. **Affordable and Accessible Transportation:** Includes the need for transportation options, transportation to health services and options for person with disabilities.
8. **Pollution-Free Living and Working Environments:** Contains measures of pollution such as air and water pollution levels.

These health needs appeared in greater magnitude within eleven focus communities, including West Sacramento (95605); North Highlands (95660); Downtown/Mission Flags (95814); North Sacramento (95815); North Oak Park (95817); South Sacramento/Executive Airport (95822); Fruitridge (95823); Parkway (95824); Arden (95825); Meadowview (95832); Del Paso Heights (95838); and Foothill Farms (95841). These eleven areas of concern are densely populated and home to more than 322,000 residents who are highly diverse, have high rates of poverty, low educational attainment, high levels of unemployment, and rent versus own their homes.

Mercy General is addressing or currently developing partnership initiatives to focus on significant health issues identified in the Community Health Needs Assessment that include: 1) access to behavioral health services; 2) active living and healthy eating; 3) disease prevention, management, and treatment; 4) access to high quality health care and services; 5) safe, crime and violence free communities; and 6) basic needs. Initiatives that address these priorities largely target vulnerable and

at-risk populations, with emphasis on identified focus communities and collaboration with other Dignity Health hospitals and community partners to maximize efforts and have a greater region-wide impact. Initiatives also utilize methodologies to measure and demonstrate health improvement outcomes.

Mercy General does not have the capacity or resources to address all priority health issues. The hospital is not directly addressing affordable and accessible transportation or pollution-free living and working environments. Many of the current initiatives include a transportation component, although services are limited. Sacramento Area Council of Governments (SACOG), an association of local governments in the six-county Sacramento Region, focuses on initiatives around transportation planning and clean air initiatives. The hospital will also continue to seek new partnership initiatives to address priority health issues when there are opportunities to make a meaningful impact on health and quality of life in partnership with others.

Creating the Community Benefit Plan

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

A general approach is taken when planning and developing initiatives to address priority health issues. At the onset, Community Health and Outreach staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of the Mercy General leadership team, and Dignity Health leaders at the regional and local levels from Mission Integration, IT, Legal, Administration, and Finance. These core teams help shape initiatives, provide internal perspective on issues (i.e. utilization trends relative to the issue, gaps experienced in available follow-up or wraparound care for patients, etc.) and help define appropriate processes, procedures and methodologies for measuring outcomes.

The planning and development of each initiative also involves research on best practices to identify existing evidence-based programs and interventions, and relationship strengthening with community-based providers that serve target populations for intended initiatives. Once identified, community-based partners become part of the hospital's core project team. Core project teams for all initiatives meet quarterly, or as needed, to evaluate program progress and outcomes, and to make program changes and/or improvements. When target populations and priority health issues are shared by other Dignity Health hospitals in the Sacramento region, initiatives are often regionalized in order to leverage resources, extend reach and achieve greater impact.

2017 REPORT AND 2018 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 FY17 and planned activities for FY18, with statements on anticipated impacts, planned collaboration, and patient financial assistance to address access. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

The strategy and plan specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

Strategy and Program Plan Summary

Health Need: Access to Behavioral Health Services			
Strategy or Activity	Summary Description	Active FY17	Planned FY18
ReferNet Intensive Outpatient Mental Health Partnership	In collaboration with community-based nonprofit mental health provider, El Hogar, the program provides a seamless process for patients admitting to the emergency department with mental illness to receive immediate and ongoing treatment and other social services they need for a continuum of care when they leave the hospital.	☒	☒
Mental Health Consultations and Conservatorship Services	The hospital provides psychiatric consultations at no cost for all patients who require evaluations while hospitalized, as well as patient conservatorship services to those who lack capacity or family help to make decisions.	☒	☒
TLCS Triage Navigator	In partnership with Sacramento County and Transforming Lives, Cultivating Success (TLCS), the Triage Navigator Program serves Sacramento County residents who are experiencing a mental health crisis resulting in functional impairment that interferes with primary activities of daily and independent living. Triage Navigators are placed in hospital emergency departments as well as the county jail and Loaves & Fishes to assist patients in accessing outpatient mental health services and other resources.	☒	☒
Anticipated Impact: The hospital's initiative to address access to behavioral health services are anticipated to result in: improve patient linkages to outpatient behavioral health services; provide a seamless transition of care; and improve care coordination to ensure individuals are connected to appropriate care and can access necessary services.			

Health Need: Active Living and Healthy Eating			
Strategy or Activity	Summary Description	Active FY17	Planned FY18

Food Exploration and School Transformation (FEAST)	Under the Community Grants, Mercy General supports this organization’s efforts to teach literacy and nutrition through cooking classes at underserved elementary schools. The center offers strategies to create behavior change and prevent childhood obesity through two core programs, which together provide a complete, scalable and replicable solution to the problem: 1) teaching food literacy to low-income pre-K through 6th graders, and 2) training community members as food literacy instructors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WayUp Station	Through the Community Grants Program, the WayUp Station in partnership with WayUp Sacramento, Sacramento Covered and WellSpace Health places a community-based educational resource center in an underserved community. The primary purpose of the collaborative is to expand access to health-related resources and other social services including nutrition and exercise.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recreate for Health	This pilot project through the Community Grants program provides at-risk youth the opportunity to enjoy healthy, outdoor educational and recreational experiences. In partnership with American River Parkway, Always Knocking, Hooked on Fishing, and Bike Lab, the project exposes youth to healthy activities and behavior. It allows for the youth to reduce the stress and trauma they may face or experience living in impoverished areas.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anticipated Impact: The anticipated result is to increase access to healthy foods and safe activity and improve the knowledge of the community about the importance of living a healthy and active lifestyle.			

Health Need: Disease Prevention, Management and Treatment			
Strategy or Activity	Summary Description	Active FY17	Planned FY18
Healthier Living	<p>The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better self-managers of their ongoing health conditions. Workshops are open to anyone with ongoing health condition, as well as those who care for persons with chronic health conditions. They are offered at the community level in partnership with clinics, food banks, low-income housing developments and others to ensure the underserved have access. Workshops are offered in multiple languages including English, Spanish, and Hmong and include:</p> <ul style="list-style-type: none"> Chronic Disease Self-Management Program (CDSMP) 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	<ul style="list-style-type: none"> ○ Chronic disease, chronic pain, cancer survivors and HIV ● Diabetes Empowerment Education Program (DEEP) ● Matter of Balance (fall prevention) 		
Congestive Heart Active Management Program (CHAMP®)	This unique program keeps individuals with heart disease connected to the medical world through symptom and medication monitoring and education. CHAMP® establishes a relationship with patients who have heart disease after discharge from the hospital through: 1) Regular phone interaction to help support and educate patients in managing their disease; 2) Monitoring of symptoms or complications and recommendations for diet changes medicine modifications or physician visits.	☒	☒
Mercy Faith and Health Partnership	This interfaith community outreach program supports the development of health ministry programs including healthcare professionals, clergy and other interested members who have a desire to focus on health promotion and disease prevention programs within their congregations. Providing education, advocacy and referrals for available resources within the congregation, health ministry teams do not duplicate available services, such as nursing or medical care, but seek to creatively bridge gaps in healthcare.	☒	☒
Anticipated Impact: The initiative to address this health need by the hospital is anticipated to result in: reduction of hospital admissions for chronic disease related; improve the health and quality of life for those who suffer from chronic illness; enable participants to better manage their disease; and create a supportive environment for individuals to learn critical skills and enhance their knowledge on self-management.			

Health Need: Access to High Quality Health Care and Services			
Strategy or Activity	Summary Description	Active FY17	Planned FY18
Patient Navigator Program	The Patient Navigator program focuses on assisting patients who rely on emergency departments for non-urgent needs. The navigators help patients by connecting them to a medical home in an appropriate setting and assisting them with scheduling a follow up appointment along with any other barriers that may create obstacles with accessing care. The Patient Navigator Program represents a unique collaboration between Health Net, a Medi-Cal Managed Care insurance plan, Sacramento Covered, a community-based nonprofit organization, and community clinics in the region.	☒	☒
Cancer Nurse Navigator	This program help patients navigate the maze of options related to cancer and to complement and enhance services	☒	☒

	provided by physicians. Nurses work to improve continuity of care, enhance patient/doctor communication whenever an abnormality shows up on mammogram, breast ultrasound, or breast MRI, as well as information to the community about financial assistance for breast cancer screening. Patients receive information, resources, and support for assisting with biopsies. Education about pathology results and assistance obtaining referrals to specialists is provided in a timely manner. The navigators also coordinate a group of peer support volunteers who are matched up with patients newly diagnosed with breast cancer.		
Sacramento Physicians' Initiative to Reach Out, Innovate and Teach (SPIRIT)	Operated under the Sierra Sacramento Valley Medical Society, the program exists as a vehicle to involve physicians in the community. SPIRIT recruits and places physician volunteers in local clinics to provide free specialty medical care to the uninsured and coordinates and case manages surgical procedures donated at local hospitals and ambulatory surgery centers. This collaboration is between the Sierra Sacramento Valley Medical Society, Mercy General, sister Dignity Health hospitals, Sacramento County, and other health systems in the region. Mercy General plays a leading role in this collaboration between the Sierra Sacramento Valley Medical Society, sister Dignity Health hospitals, Sacramento County and other health systems in the region. The hospital performs the majority of surgeries, and its physicians donate nearly 100 hours annually to provide a variety of specialty care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peach Tree Health Capacity Building Project	Mercy General partnered with Federally Qualified Health Center, Peach Tree Health, to establish a new full- service community clinic in a part of the region that lacks access to primary care. In early FY17, Peach Tree opened a new full-service health center that increases capacity and expands primary, specialty, optometry and behavioral health services. The new site is close to the hospital, which presents an ideal opportunity for partners to jointly assist patients, coordinate their care and monitor their health outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MercyClinic Loaves & Fishes	MercyClinic Loaves & Fishes is the only clinic in the region that is designed specifically to provide health care to homeless individuals, families and children. The hospital and its partner, Sacramento County, operate the clinic and have continued to work collaboratively to increase efficiency and enhance services by adding case management and enrollment assistance for government funded programs. In FY17 focus will remain on providing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	triage and first aid services as well as assistance with getting individuals connected to their primary care providers.		
School Nurse Program	Nearly 2,000 students and family members received health services annually within the Catholic Diocese of Sacramento through the hospital's School Nurse program. Services include health care and mandated health screenings.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Care for the Undocumented	Mercy General and the other Dignity Health hospitals in Sacramento County partnered with Sacramento County, other health system and the Sierra Sacramento Valley Medical Society to develop an initiative that launched in FY 2016 to provide primary and specialty care, including surgery, to the region's undocumented immigrants who currently have no insurance or access to care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anticipated Impact: The hospital's initiatives to address access to high quality health care and services are anticipated to result in: increased timely access and services; increased knowledge about how to access and navigate the health care system; increased primary care "medical homes" among those reached by navigators; and improve collaborative efforts between all health care providers.			

Health Need: Safe, Crime and Violence Free Communities			
Strategy or Activity	Summary Description	Active FY17	Planned FY18
Human Trafficking	The Human Trafficking (HT) initiative focuses on: <ul style="list-style-type: none"> • Educating staff to identify and respond to victims within the hospital; • Provide victim-centered, trauma-informed care; • Collaborate with community agencies to improve quality of care; • Access critical resources and for victims; and • Provide and support innovative programs for recovery and reintegration. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Healthy Women and Families	Through our community grants and in partnership with Community Against Sexual Harm (CASH), City of Refuge, and Chicks in Crisis, the program provides an easily accessible, strong safety net to victims of commercial sexual exploitation and at-risk young women. The program will help stabilize and ensure that the most vulnerable receive a coordinated system of support capable of addressing the individual and family needs that often lead to a pattern of continued abuse, exploitation, and poor health outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Initiative to Reduce African American Child Deaths	Mercy General and Dignity Health hospitals in Sacramento County have all implemented the program which creates a consistent method for assessing safe sleep environments, ensuring children have a safe sleeping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>environment by providing appropriate cribs and providing consistent education partnership with the Sacramento County Child Abuse Center. The hospital is also represented on the Sacramento County Steering Committee on Reduction of African American Child Deaths, which is chartered to develop strategy and oversight for all county-wide efforts to reduce child deaths among this target population between 10 and 20 percent by 2020.</p>		
<p>Anticipated Impact: The initiative to address safe, crime, and violence free communities are anticipated to result in: prevent unsafe environments; improve safety for the patient population served; provide education to all hospital staff on trauma informed care; increase the awareness of services available; and improve care coordination to ensure individuals are connected to appropriate care and can access necessary services.</p>			

Health Need: Basic Needs (Food Security, Housing, Economic Security and Education)			
Strategy or Activity	Summary Description	Active FY17	Planned FY18
Interim Care Program	<p>The hospital is an active partner in the Interim Care Program (ICP). This collaborative engages other Dignity Health hospitals and health systems in the region, Sacramento County and Federally Qualified Health Center, WellSpace Health, and provides a respite care shelter for homeless patients with available physical and mental health, and substance abuse treatment. The program provides case management services to assist participants in connecting with outpatient services and community resources.</p>	☒	☒
Housing with Dignity	<p>In partnership with Lutheran Social Services, Mercy General aims to assist homeless individuals with severe chronic health and mental health issues obtain and retain housing, care and services designed to achieve stability in their lives. Hospital case managers work directly with Lutheran Social Services staff to identify participants who will be housed in supportive stabilization apartments and receive intensive case management and supportive services. Ongoing health care for these participants is provided by the Mercy Family Health Center or their established medical home and Mercy Home Care, with the goal of transitioning participants into permanent housing.</p>	☒	☒
Homeless Outreach Project	<p>Through the Community Grants Program, the hospital is collaborating with Sacramento Steps Forward, Sacramento Loaves & Fishes, and TLCS on an outreach program for chronically homeless individuals. Using a central intake method, the collaborative partners work</p>	☒	☒

	with social work to connect with patients experiencing homelessness while they are in the hospital and then develop a care plan that links them with community resources based on their needs. This collaborative also addresses access to behavioral health services.		
<p>Anticipated Impact: The initiative to address basic needs are anticipated to result in: improved coordination of homeless services; increasing access to services including successful completion of referrals to outpatient services; and creating a safe discharge for individuals without a permanent housing option.</p>			

Anticipated Impact

The anticipated impacts of the hospital’s activities on significant health needs are summarized above, and for select program initiatives are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

Planned Collaboration

Whole Person Care

The Whole Person Care (WPC) is an opportunity to increase the level and scope of services provided to homeless and at-risk MediCal beneficiaries who are frequent users of emergency health care and who have complex medical, behavioral health and/or substance abuse challenges. WPC is a statewide pilot program administered by the State Department of Health Care Services, under the federal authority of the Centers for Medicare and Medicaid Services. The program allows communities to create programs that coordinate health, behavioral health and social services for vulnerable Medi-Cal patients in an effort to improve the long term health and well-being of the patient and to create purposeful collaborations among services supporting the patient. Sacramento has engaged a variety of partners including all four Dignity Health hospitals in Sacramento County to create a pilot that supports care coordination and improves wrap around services for the target population. Other partners include:

- All Geographic Managed Care Medi-Cal plans
- Medi-Cal Dental plans
- UC Davis Health Center
- Sutter Health
- Kaiser Permanente
- Federally Qualified Health Centers
- Homeless Service Providers
- Housing Organizations
- Community and Advocacy Organizations
- EMS
- Law Enforcement Organizations

Care for the Undocumented

Mercy General and the other Dignity Health hospitals in Sacramento County have taken an active role in an initiative to reinstate health care for the undocumented, a population that has gone ignored in the community since County officials eliminated health coverage in 2009. A pilot program launched in FY 2016 addressing the need for basic primary care as well as specialty care and surgery. The pilot involves the innovative use of space at the County's Primary Care Center and hospital ambulatory care surgery centers and intensive care coordination. Other partners in this collaborative effort include:

- Sierra Sacramento Valley Medical Society
- Sacramento County
- UC Davis Health Center
- Sutter Health
- Kaiser Permanente
- Federally Qualified Health Centers
- Community and Advocacy Organizations

Human Trafficking

Since initiative launch in FY 2015, over 7,700 employees within the service area have received education on red flag and response protocols to identify and connect vulnerable patients with qualified community resources. FY 2018 will expand this education along with implementing advanced training on victim-centered and trauma-informed care within emergency department, family birth center, care coordination, and spiritual care staff.

In FY 2018, the hospital will continue to strengthen meaningful collaboration with community stakeholders that focus on recovery, prevention and reintegration. Special emphasis will be placed on meeting the critical needs of human trafficking victims by providing: mobile trauma therapy; trauma-centered longitudinal care medical home; workplace/volunteer reintegration; and prevention education.

Interagency partners include:

- Grace City Center
- 3Strands Global Foundation
- Community Against Sexual Harm
- Opening Doors
- Sacramento Regional Family Justice Center
- WEAVE
- My Sister's House
- City of Refuge
- The Bridge Network
- Sacramento County District Attorney's Office
- Law Enforcement

Financial Assistance for Medically Necessary Care

Mercy General delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. The amount of

financial assistance provided in FY17 is listed in the Economic Value of Community Benefit section of this report.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.

Mercy General also includes the Financial Assistance Policy in the reports made publicly available, including the annual Community Benefit reports and triennial Implementation Strategies.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Patient Navigator

Significant Health Needs Addressed	<input type="checkbox"/> Access to Behavioral Health Services <input type="checkbox"/> Active Living and Healthy Eating <input checked="" type="checkbox"/> Disease Prevention, Management, and Treatment <input checked="" type="checkbox"/> Access to High Quality Health Care and Services <input type="checkbox"/> Safe, Crime and Violence Free Communities <input type="checkbox"/> Basic Needs
Core Principles Addressed	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	The Patient Navigator program focuses on assisting patients who rely on emergency departments for non-urgent needs. The navigators help patients by connecting them to a medical home in an appropriate setting and assisting them with scheduling a follow up appointment along with any other barriers that may create obstacles with accessing care.
Community Benefit Category	A3-e Health Care Support Services – Information & Referral.

FY 2017 Report

Program Goal / Anticipated Impact	Assist underserved patients admitting to the emergency department for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned provider and other social support services to reduce their reliance on the emergency department, improve their health and lower costs.
Measurable Objective(s) with Indicator(s)	Over 50% of all emergency department visits are for primary care and could be avoided if care were received in a physician's office or clinic. Program will be measured by improved access for patients; reduced emergency department primary care visits; and reduced costs.
Intervention Actions for Achieving Goal	Worked with emergency department staff and Sacramento Covered to build a comprehensive program that responds to the growing Medi-Cal population and engage other plans, IPA, and community clinics to work collectively in addressing the need for improved access to primary care. Patient Registration played a pivotal role in 2017 to increase number of patients served.
Planned Collaboration	The program is a collaborative initiative between the hospital, Health Net, Sacramento Covered and community health centers. Health Net had much involved presence in comparison to other years. The result has been a unified effort between Health Net and Dignity to ensure program success. Services expanded to inpatient population that experience barriers accessing follow-up care post-discharge. As a result of increased collaboration with Health Net, patients referred to the program were able to receive education regarding Urgent Care access and additional services offered to Health Net patients such as mental health, transportation and dental services.
Program Performance / Outcome	7,025 patients were assisted in FY17 and nearly 70% of the patients assisted had a follow up appointment scheduled for them with a Primary Care or other type of provider. Outcomes show a decrease in primary care visits by 50% and urgent care visits by 44% across all hospitals for population served.
Hospital's Contribution / Program Expense	\$71,749 which is a shared expense by Dignity Health hospitals in Sacramento County.

FY 2018 Plan

Program Goal / Anticipated Impact	Continue to assist underserved patients admitting to the emergency department for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned provider and other social support services to reduce their reliance on the emergency department, improve their health and lower costs.
Measurable Objective(s) with Indicator(s)	Over 50% of all emergency department visits are for primary care and could be avoided if care were received in a physician's office or clinic. Program will be measured by improved access for patients; reduced emergency department primary care visits; and reduced costs
Intervention Actions for Achieving Goal	Continue to work with emergency department staff, Patient Registration, and Sacramento Covered to build a comprehensive program that responds to the growing Medi-Cal population and engage other plans, IPA, and community clinics to work collectively in addressing the need for improved access to primary care.
Planned Collaboration	The program is a collaborative initiative between the hospital, Health Net, Sacramento Covered and community health centers. We will continue to work closely with Health Net to ensure program success. Continue to work with Health Net to provide patients with the most up-to-date information regarding Urgent Care access and additional services available to their patients.

Congestive Heart Active Management Program (CHAMP®)

Significant Health Needs Addressed	<input type="checkbox"/> Access to Behavioral Health Services <input type="checkbox"/> Active Living and Healthy Eating <input checked="" type="checkbox"/> Disease Prevention, Management, and Treatment <input checked="" type="checkbox"/> Access to High Quality Health Care and Services <input type="checkbox"/> Safe, Crime and Violence Free Communities <input type="checkbox"/> Basic Needs
Core Principles Addressed	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	CHAMP® establishes a relationship with patients who have heart disease after discharge from the hospital through: - Regular phone interaction; support and education to help manage this disease. - Monitoring of symptoms or complications
Community Benefit Category	A2-e community based clinical services – ancillary/other clinical services.

FY 2017 Report

Program Goal / Anticipated Impact	Improve the health and quality of life for those who suffer from heart disease, enabling them to better manage their disease and reducing their need to be admitted or readmitted to the hospital.
Measurable Objective(s) with Indicator(s)	Increase enrollment of the underserved through outreach and community collaboration, and maintain reduction in number of hospital admissions and readmissions for participants. Strengthen collaboration between CHAMP®, the Patient Navigator Program and the hospital's Readmission team to increase referrals. Provide ongoing education to community clinics about available services.
Intervention Actions for Achieving Goal	Regular meetings with the CHAMP® Team and continued partnership building with Federally Qualified Health Centers to connect heart failure patients to a medical home with assistance from the patient navigators as needed.
Planned Collaboration	CHAMP® currently works with the care coordinators at the hospitals, patient navigators, and community clinics.
Program Performance / Outcome	11,552 patients served across the four Sacramento hospitals and less than two percent of the patients served admitted to the emergency department three months post intervention.
Hospital's Contribution / Program Expense	\$1,094,150

FY 2018 Plan

Program Goal / Anticipated Impact	Improve the health and quality of life for those who suffer from heart disease, enabling them to better manage their disease and reducing their need to be admitted or readmitted to the hospital.
Measurable Objective(s) with Indicator(s)	Continue to increase enrollment of the underserved through outreach and community collaboration, and maintain reduction in number of hospital admissions and readmissions for participants. Strengthen collaboration between CHAMP®, the Patient Navigator Program and the hospital's Readmission team to increase referrals. Provide ongoing education to community clinics about available services and improve communication between CHAMP staff and primary care providers
Intervention Actions for Achieving Goal	Regular meetings with the CHAMP® Team and continued partnership building with Federally Qualified Health Centers to connect heart failure patients to a medical home with assistance from the patient navigators as needed.
Planned Collaboration	CHAMP® currently works with the care coordinators at the hospitals, patient navigators, and community clinics.

ReferNet

Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Access to Behavioral Health Services □ Active Living and Healthy Eating ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services ✓ Safe, Crime and Violence Free Communities ✓ Basic Needs
Core Principles Addressed	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs □ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	The program provides a seamless way for individuals admitting to the emergency department with mental illness to receive immediate and ongoing intensive outpatient treatment and other social services they need for a continuum of care when they leave the hospital.
Community Benefit Category	A2-e Community Based Clinical Services - Ancillary/other clinical services

FY 2017 Report

Program Goal / Anticipated Impact	Provide immediate access to intensive outpatient mental health care for those who suffer from this illness and connect them to other available resources that may be appropriate as well as county behavioral health services if eligible.
Measurable Objective(s) with Indicator(s)	Increase awareness of the program by emergency department staff including the care coordination teams and work with El Hogar and community partners to reduce no-show rates by providing limited transportation
Intervention Actions for Achieving Goal	Ongoing evaluation of partner options to add substance abuse treatment and work with other community organization to assist with additional transportation as needed.
Planned Collaboration	ReferNet is a promising mental health initiative being conducted in partnership with community-based nonprofit mental health provider El Hogar. Transportation is now being offered 4 times per week.
Program Performance / Outcome	575 patients were referred to program through hospital social workers; 181 successfully received intensive outpatient treatment and were referred to other social service resources as needed.
Hospital's Contribution / Program Expense	\$115,270, which is a shared expense by Dignity Health hospitals in Sacramento County.

FY 2018 Plan

Program Goal / Anticipated Impact	Provide immediate access to intensive outpatient mental health care for those who suffer from this illness and connect them to other available resources that may be appropriate as well as county behavioral health services if eligible.
Measurable Objective(s) with Indicator(s)	Continue to increase awareness of the program by emergency department staff including the care coordination teams and work with El Hogar and community partners to reduce no-show rates by providing limited transportation.
Intervention Actions for Achieving Goal	Efforts will continue around building hospital referrals and capacity. Continue to work on navigation and transportation as needed to ensure patients are able to attend their appointment. Ongoing evaluation of partner options to add substance abuse treatment.
Planned Collaboration	ReferNet is a mental health initiative being conducted in partnership with community-based nonprofit mental health provider El Hogar.

Interim Care Program (ICP)	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Access to Behavioral Health Services ✓ Active Living and Healthy Eating ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services ✓ Safe, Crime and Violence Free Communities ✓ Basic Needs
Core Principles Addressed	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	The Interim Care Program (ICP) provides homeless men and women a safe environment for recovery when they are ready to be discharged from the hospital. Participants receive mental health care, substance abuse treatment, and social services support to transition to a healthier lifestyle.
Community Benefit Category	A2-e Community Based Clinical Services - Ancillary/other clinical services
FY 2017 Report	
Program Goal / Anticipated Impact	Increase access to a continuum of care and social support services to meet the special needs of homeless individuals necessary to improve their health status, and reduce their need to admit/readmit to the hospital.
Measurable Objective(s) with Indicator(s)	Increase number of successful ICP referrals, improve housing outcomes, and provide additional supportive services while patients are in the program such as substance abuse.
Intervention Actions for Achieving Goal	Participants continue to have access to additional services that otherwise would not be available as a result of the FY 2016 relocation from Salvation Army to Volunteers of America. The hospital will continue to meet with WellSpace Health and Sacramento County to build stronger relationships and increase successful referrals.
Planned Collaboration	ICP is a partnership with Mercy General, sister Dignity Health Hospitals, other health systems, Sacramento County, and WellSpace Health which is a Federally Qualified Health Center (FQHC).
Program Performance / Outcome	63 persons served in FY17 with an average length of stay of nearly 21 days, which otherwise would have been days spent in hospital
Hospital's Contribution / Program Expense	\$93,232 which is a shared expense by Dignity Health Hospitals in Sacramento County.
FY 2018 Plan	
Program Goal / Anticipated Impact	Increase access to a continuum of care and social support services to meet the special needs of homeless individuals necessary to improve their health status, and reduce their need to admit/readmit to the hospital.
Measurable Objective(s) with Indicator(s)	Increase number of successful ICP referrals, improve housing outcomes, and provide additional supportive services while patients are in the program such as substance abuse.
Intervention Actions for Achieving Goal	Continue to work with all partners to improve number of successful referrals. Emphasis will be focused on improving communication between hospital and ICP staff. The hospital will continue to meet with WellSpace Health and Sacramento County to build stronger relationships and increase successful referrals.
Planned Collaboration	ICP is a partnership with Mercy General, sister Dignity Health Hospitals, other health systems, Sacramento County, and WellSpace Health which is a Federally Qualified Health Center (FQHC).

Healthier Living

Significant Health Needs Addressed	<input type="checkbox"/> Access to Behavioral Health Services <input checked="" type="checkbox"/> Active Living and Healthy Eating <input checked="" type="checkbox"/> Disease Prevention, Management, and Treatment <input type="checkbox"/> Access to High Quality Health Care and Services <input type="checkbox"/> Safe, Crime and Violence Free Communities <input type="checkbox"/> Basic Needs
Core Principles Addressed	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	Healthier Living provides residents with chronic diseases knowledge, tools and motivation needed to become proactive with their health. Healthier Living workshops are open to anyone with any ongoing health condition, as well as those who care for persons with chronic health conditions. The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better self-managers of their ongoing health conditions
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops.

FY 2017 Report

Program Goal / Anticipated Impact	Provide education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission post program intervention.
Measurable Objective(s) with Indicator(s)	Meet/exceed the metric goal. Develop new lay leaders and community partners to expand workshop offerings at community clinics and other agencies; increase the number of participants.
Intervention Actions for Achieving Goal	Outreach to the community clinics and other nonprofits. Build community partnerships to expand workshops and identify community lay leaders and partnerships for growth.
Planned Collaboration	The Healthier Living workshops are conducted in collaboration with a variety of community organizations and are held in locations that are accessible to the residents, such as senior housing communities and local organizations that serve a high percentage of residents that have or are caring for family members with chronic illnesses.
Program Performance / Outcome	19 Healthier Living workshops were conducted. 235 participants completing the program. Less than 5% of the completers readmitted to the hospital within 6 months of completing the workshop. There are now 27 active lay leaders, 14 of which are Spanish speaking and 3 certified master trainers in the region.
Hospital's Contribution / Program Expense	\$92,639 which is a shared expense by Dignity Health hospitals in Sacramento County.

FY 2018 Plan

Program Goal / Anticipated Impact	Continue providing education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the Hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission post program intervention. A falls prevention workshop will be added in FY 2018.
Measurable Objective(s) with Indicator(s)	Continue to meet/exceed the metric goal. Develop new lay leaders and community partners to expand workshop offerings at community clinics and other agencies; increase the number of participants.
Intervention Actions for Achieving Goal	Outreach to the community clinics and other nonprofits. Continue to build community partnerships to expand workshops. Continue to identify community lay leaders and partnerships for growth.
Planned Collaboration	The Healthier Living workshops are conducted in collaboration with a variety of community organizations and are held in locations that are accessible to the residents, such as senior housing communities and local organizations that serve a high percentage of residents that have or are caring for family members with chronic illnesses.

Homeless Outreach Project	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Access to Behavioral Health Services <input type="checkbox"/> Active Living and Healthy Eating <input type="checkbox"/> Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services ✓ Safe, Crime and Violence Free Communities ✓ Basic Needs
Core Principles Addressed	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Through the Community Grants Program, the homeless outreach project focuses on connecting with chronically homeless individuals. Using a central intake method, the collaborative partners work with care coordination to connect with patients experiencing homelessness while they are in the hospital and then develop a care plan that links them with community resources based on their needs.
Community Benefit Category	E2-a Grants - Program grants
FY 2017 Report	
Program Goal / Anticipated Impact	Connect individuals in the hospital who are experiencing homelessness with primary care and supportive services to improve their health while reducing hospital admission rates and emergency department utilization.
Measurable Objective(s) with Indicator(s)	Increase the number of individuals who are assessed by the homeless outreach staff while in the hospital and connect them to community resources.
Intervention Actions for Achieving Goal	Through a collaborative effort, community partners will work with hospital staff to identify patients in the hospital who are experiencing homelessness and create a seamless referral mechanism to ensure patients are assessed by the outreach worker utilizing the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI--SPDAT) and connected to appropriate services.
Planned Collaboration	The collaborative partners including Mercy General, Sacramento Steps Forward, Sacramento Loaves & Fishes, TLCS and Downtown Sacramento Foundation.
Program Performance / Outcome	89 persons served in FY17
Hospital's Contribution / Program Expense	\$88,000 which is a shared expense by Dignity Health Hospitals in Sacramento County.
FY 2018 Plan	
Program Goal / Anticipated Impact	Connect individuals in the hospital who are experiencing homelessness with primary care and supportive services to improve their health while reducing hospital admission rates and emergency department utilization.
Measurable Objective(s) with Indicator(s)	Increase the number of individuals who are assessed by the homeless outreach staff while in the hospital and connect them to community resources.
Intervention Actions for Achieving Goal	Through a collaborative effort, community partners will work with hospital staff to identify patients in the hospital who are experiencing homelessness and create a seamless referral mechanism to ensure patients are assessed by the outreach worker utilizing the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI--SPDAT) and connected to appropriate services.
Planned Collaboration	The program has not been re-funded for second-half of FY 2018. We anticipate to rollout a similar program with the introduction of Whole Person Care pilot program in the City of Sacramento.

ECONOMIC VALUE OF COMMUNITY BENEFIT

The economic value of community benefit for patient financial assistance is calculated using a cost-to-charge ratio, and for Medicaid and other categories of community benefit using a cost accounting methodology.

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses
<u>Benefits for Poor/Vulnera</u>					
Financial Assistance	1,636	2,368,809	0	2,368,809	0.4
Medicaid	31,757	139,204,158	117,624,468	21,579,690	4.0
Means-Tested Programs	8	9,362	5,135	4,227	0.0
<u>Community Services</u>					
A - Community Health Improvement Services	4,939	887,982	46,185	841,797	0.2
C - Subsidized Health Services	11,384	1,451,059	40,061	1,410,998	0.3
E - Cash and In-Kind Contributions	277	782,462	0	782,462	0.1
F - Community Building Activities	2	4,363	0	4,363	0.0
G - Community Benefit Operations	0	117,593	0	117,593	0.0
Totals for Community Services	16,602	3,243,459	86,246	3,157,213	0.6
Totals for Poor/Vulnera	50,003	144,825,788	117,715,849	27,109,939	5.0
<u>Benefits for Broader Community</u>					
<u>Community Services</u>					
A - Community Health Improvement Services	13,907	546,460	0	546,460	0.1
B - Health Professions Education	1,081	1,101,776	0	1,101,776	0.2
D - Research	30	1,637	0	1,637	0.0
E - Cash and In-Kind Contributions	4	223,994	0	223,994	0.0
F - Community Building Activities	1	1,999	0	1,999	0.0
Totals for Community Services	15,023	1,875,866	0	1,875,866	0.3
Totals for Broader Community	15,023	1,875,866	0	1,875,866	0.3
Totals - Community Benefit	65,026	146,701,654	117,715,849	28,985,805	5.3
Medicare	31,549	243,243,224	213,130,033	30,113,191	5.5
Totals with Medicare	96,575	389,944,878	330,845,882	59,098,996	10.9

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Dignity Health Sacramento Service Area Community Board

Sister Brenda O’Keeffe, Vice President, Mission Integration Mercy Medical Center Redding	Sister Patricia Simpson, O.P.
Glennah Trochet, MD, Chair Retired Sacramento County Public Health Officer Community Representative	Thiru Rajagopal, MD Chief of Staff Mercy General Hospital
Brian King, Secretary Los Rios College District Chancellor	Steven Polansky, MD Chief of Staff Mercy General Medical Center
Gil Albiani, Vice Chair Real Estate Community Representative	Laurie Harting Sr. Vice President, Operations Dignity Health Sacramento Service Area
Julius Cherry Attorney Community Representative	Dwight (Brad) Stalker, MD Chief of Staff Mercy Hospital of Folsom
Linda Ubaldi Former Dignity Health Director of Quality	Timothy Takagi, MD Chief of Staff Mercy General of Sacramento
Sister Patricia Manoli, RSM Director, Mission Integration St. Elizabeth Community Hospital	Roger Neillo Former Sacramento Chamber of Commerce President; Former California State Assemblyman

Dignity Health Sacramento Service Area Community Health Committee Roster

Sister Bridget McCarthy Vice President, Mission Integration Dignity Health Greater Sacramento Service Area	Robin Oliver Vice President, Marketing & Communications Dignity Health Greater Sacramento Service Area
Sister Clare Marie Dalton Vice President, Mission Integration Mercy General Hospital	Sister Cornelius O'Conner Vice President, Mission Integration Mercy Hospital of Folsom
Michael Cox Vice President, Mission Integration Methodist Hospital of Sacramento and GSSA	Catherine Geraty-Hoag Director of Clinical Partnerships Dignity Health Greater Sacramento Service Area
Rosemary Younts Senior Director, Behavioral Health Service Line Dignity Health Greater Sacramento Service Area	Fr Louis Asobi Vice President, Mission Integration Mercy San Juan Medical Center
Shirlie Marymee Retired	Kevin Duggan President, Mercy Foundation
Sister Gabrielle Marie Jones, Chair	Marge Ginsburg Retired
Ashley Brand Director, Community Health and Outreach Dignity Health Greater Sacramento Service Area	Sister Patricia Simpson, O.P.
Jennifer Zachariou Sr. Community Health Specialist Dignity Health Greater Sacramento Service Area	Liza Kirkland Manager, Community Health and Outreach Dignity Health Greater Sacramento Service Area

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs 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.

- Community Grants
 - Patient Support Network, Reducing Barriers to Health: Focuses on increasing access to health care and healthy foods. The program expands the current patient navigator program at Sacramento Covered to co-locate health navigators at two Federally Qualified Health Centers to streamline the referral process. The project incorporates a Food Pharmacy concept which encourages the consumption of fresh fruits and vegetables as means to improve health outcomes by having produce “prescribed” to individuals by their physician. Partners include Sacramento Covered, Peach Tree Health, Sacramento Native American Health Center, and Sacramento Food Bank and Family Service.
 - Health Access Response Team (HART) Partnership: Program provides intensive case management to homeless youth and youth at-risk of becoming homeless, with complex needs by assisting with access to appropriate health care services including both primary and behavioral health. The program provides ongoing support and utilizes community based resources that are most qualified to meet the specific needs of the target population with the goal to provide quality health care services and to help individuals meet their essential needs. The collaborative partners include Wind Youth Services, Gender Health Center, and Harm Reduction Services.

- Northern California Community Loan Fund

In September 2016 Dignity Health approved a \$1,000,000 loan to the Northern California Community Loan Fund (NCCLF), a Community Development Financial Institution whose mission is to promote economic justice and alleviate poverty by increasing the financial resilience and sustainability of community-based nonprofits and enterprises. The funds will be used to capitalize various projects within Dignity Health service areas in Northern and Central California, focused on affordable housing, community facilities, human services, and/or healthy foods.

- Elica Health Centers

Formerly the Midtown Medical Center for Children and Families serving primarily underserved, multi-cultural immigrant populations, Elica came to Dignity Health for funds to help them transition into an FQHC, which they achieved in June 2012. Now operating as Elica Health Centers, they have eight health sites and a mobile clinic, serving 22,000 patients and 80,000 visits annually.

- Nehemiah Community Reinvestment Fund (NCRF)

NCRF has been a borrower with Dignity Health since 2006 providing lending capital for affordable housing projects, and more recently the acquisition and refurbishment of housing to be sold at below-market interest rates to veterans and active military personnel with its Roofs for Troops program. Much of their activity is confined to the three-state area of California, Nevada

and Arizona. However, with their latest Roofs for Troops program, they have branched out nationally. During 2015 alone, NCRF refurbished and sold 140 housing units and created or preserved over 2,000 jobs.

- Health Professions Education - The hospital regularly sponsors seminars and training for medical students, physicians, nurses, and other students in the health care field. Hundreds of hours each year are committed to providing internships for nurses, paramedics, therapists, and clinical laboratory technicians.
- Transitional Housing and Lodging - When there are no available alternatives, Mercy General subsidizes payments for room and board in the community for patients unable to pay when they are discharged from the hospital.
- Sacramento County Medi-Cal Managed Advisory Committee -The hospital has appointed representation on this Committee which was established by Senator Steinberg's legislation in 2010. The purpose of the Committee is to improve services and health outcomes for beneficiaries of the region's Geographic Managed Medi-Cal system. The Committee grapples with issues that include access, quality and care coordination, and reviews and provides input on quality indicators, policies and processes.

Additionally, members of the hospital's leadership and management teams volunteer significant time and expertise as board members of nonprofit health care organizations and civic and service agencies, such as Valley Vision, American Heart Association, Elica Health, Sacramento Asian Chamber of Commerce, Sacramento Food Bank, the CARES Foundation and Boys and Girls Club. Annual sponsorships also support multiple programs, services and fund-raising events of organizations; among them, Cristo Rey High School, Joshua's House, Clara's House, Los Rios College, Sacramento Regional Family Justice Center, Serotonin Surge Charities, California Careforce, National Multiple Sclerosis Society, and others.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Mercy General Hospital 4001 J St, Sacramento, CA 95819 | Financial Counseling 916-389-8626
Patient Financial Services 888-488-7667 | www.dignityhealth.org/sacramento/paymenthelp