DIGNITY HEALTH DOMINICAN HOSPITAL

Community Benefit 2015 Report and 2016 Plan
A message from

Nanette Mickiewicz, M.D., President and CEO of Dignity Health Dominican Hospital, and Janet Capone, O.P., Chair of the Dignity Health Dominican Hospital Community Board.

The Hello humankindness campaign launched by Dignity Health is a movement ignited by and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. Dignity Health’s comprehensive approach to community health improvement includes multi-pronged initiatives directed at significant health needs, partnering with others in the community working to improve health, and investing in efforts that address social determinants of health.

Dignity Health Dominican Hospital shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2015 Report and 2016 Plan describes much of this work. This report meets requirements of not-for-profit hospitals in the Patient Protection and Affordable Care Act to adopt a community health Implementation Strategy at least every three years, and in California state law (Senate Bill 697) to produce an annual community benefit report and plan. Dignity Health complies with both mandates in 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 2015 (FY15), Dignity Health Dominican Hospital provided $35 million in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. Including the unreimbursed costs of caring for patients covered by Medicare, the hospital’s total community benefit expense was $65 million.

The Dignity Health Dominican Hospital Board of Directors reviewed, approved and adopted the Community Benefit 2015 Report and 2016 Plan at its November 18, 2015 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 831/462-7501.

Nanette Mickiewicz, M.D. Janet Capone, O.P.

President/CEO Chairperson, Board of Directors
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EXECUTIVE SUMMARY

- Dignity Health Dominican Hospital serves the county of Santa Cruz, California. Santa Cruz County has a population of approximately 271,804 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, has an estimated population of 63,789 as of January 2015. The City of Watsonville is the center of the county’s agricultural activity, with major industries including food harvesting, canning, and freezing. As of January 2015, the City of Watsonville has an estimated population of 52,087. The county is 58% White and 33% Latino with the remainder of the population comprised of Asian, African American and other ethnic backgrounds. The county has a relatively mature population with 52% of the residents’ ages 35 or older. The senior population, those aged 60 and older, represent 20% of the population. While the county’s largest ethnic group is White, the fastest growing ethnic group is Latino.

- The significant community health needs that form the basis of this report and plan were identified in the hospital’s most recent Community Health Needs Assessment (CHNA), which is publicly available at http://www.dignityhealth.org/cm/media/documents/Dominican-Hospital.pdf. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

- The significant community health needs identified are:
  - Social Determinants of Health
  - Overall Health
  - Access to Health Care
  - Health Insurance
  - Children’s Health
  - Teens
  - Obesity, Physical Activity, Nutrition
  - Diabetes
  - Mental Health
  - Alcohol and Marijuana Use
  - Methamphetamine Use
  - Breast Cancer Deaths
  - End of Life

- In FY15, Dignity Health Dominican Hospital took numerous actions to help address identified needs. These included:
  - Improving Access to Healthcare:
    - Wellness Health Clinic – Mobile Unit – Primary and Preventive Care
    - RotaCare evening clinic sponsored by Rotary – Free walk-in clinic
    - Community Social Service Consultation and Referral
    - Community Grant – Healthy Kids Program – Insurance for uninsured children
    - Community Grant – RotaCare
    - SANE/SART in cooperation with the County for victims of domestic violence
    - Psychiatric Resource Team* - Access to Behavioral Health
  - Preventing and/or Managing Chronic Health Conditions
    - Lifestyle Management – Physical, Neuro, Diabetes, Cardio
    - Annual Crisis Intervention Symposium
    - Well Checks at Community Health Fairs (several community sponsors)
    - Cardiac Stroke Program
    - Diabetes Education Program
    - Personal Enrichment Program (PEP)Classes to prevent health problems
Improving Physical Activity and Nutritional Health
- First Aid at Community Events
- Athletic Training Program with high schools
- Second Harvest – Food Distribution and Nutritional Education
- Community Grant – United Way of Santa Cruz County

Improving Women’s Health and Birth Outcomes
- Lactation Consultation
- Cancer Detection Program
- Katz Cancer Program
- Low Cost Mammograms
- Early Infant Development Program collaborative with Stanford

Improving Life in the Community
- Community Garden and Farmers Market
- Educational Opportunities through internships and partnership with local institutions
- Personal Assistance Programs to patients
- Community Grant – Homeless Services Center
- Bus Fares/Taxi Fares by Social Services in Behavioral Health and Emergency Department
- Community Grant – Project Bright Star (Encompass Community Services)

For FY16, the hospital plans to expand its community benefit outreach to programs with primary focus in these areas:
- Homelessness – Recuperative Care Center
- Mental Health
- Substance Use Disorders
- Human Trafficking
- Healthy City Community Data Mapping Project

The economic value of community benefit provided by Dignity Health Dominican Hospital in FY15 was $35,299,724, excluding unpaid costs of Medicare in the amount of $30,043,516.

Dignity Health Dominican Hospital maintains its strong, mission-based commitment to caring for Medi-Cal enrollees and all members of the community. The hospital served 25,273 Medi-Cal patients in FY15, compared to 17,185 in FY14, a 47% percent increase.

This report and plan is publicly available at http://www.dignityhealth.org/cm/media/documents/Dominican-Hospital.pdf. The hospital publishes the Annual Community Assessment Project Summary Report in the fall issue of the Focus on Health publication. The publication is sent to over 90,000 homes in the community.
MISSION, VISION AND VALUES

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.

The commitment of the organization to improve the health of the community and address unmet health needs, particularly those of the poor, disadvantaged and underserved, ensures that the hospital’s decisions and processes are guided by the Mission and the Vision and Values of the Adrian Dominican Sisters. Dignity Health Dominican Hospital has provided leadership in community improvement through the sponsorship of the Santa Cruz County Community Assessment Project (CAP), now in its 21st year. This collaborative project is designed to measure and improve the quality of life in Santa Cruz County. Community benefit programs addressing unmet community needs are targeted in Dignity Health Dominican Hospital’s Strategic, Operational and Financial Plan.

Hello humankindness

After more than a century of experience, we’ve learned that modern medicine is more effective when it’s delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word “care” is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

*Hello humankindness* tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.
OUR HOSPITAL AND OUR COMMITMENT

Dignity Health Dominican Hospital, founded on September 14, 1941, is located at 1555 Soquel Drive, Santa Cruz CA 95065. It became a member of Dignity Health, formerly Catholic Healthcare West in 1988. Dominican Hospital is licensed for 223 inpatient beds and is comprised of two campuses: the Soquel Drive acute care hospital for inpatient services (15.11 acres) and Dominican’s Rehabilitation Services on Frederick Street (4.51 acres) for outpatient services. Dominican Hospital has a staff of 1,600 employees and professional relationships with more than 500 local physicians and allied health professionals. Major programs and services include Cardiovascular, OB/GYN, Orthopedics, General Surgery, Pulmonary, Neurosciences, Oncology, Normal Newborns, Neonatology, Cardio/Thoracic/ Vascular Surgery, Emergency Services and Rehabilitation.

In response to identified health-related needs in the CHNA report – also referred to as the Community Assessment Project (CAP) – we set forth our commitment to the care of the poor, to wellness promotion, disease prevention and education. Major Community Benefit activities for 2015 focused on reducing preventable visits to the Emergency Department for ambulatory sensitive conditions, hospital admissions/ readmissions, building community partnerships, promoting social justice, and acting as advocates for the disadvantaged and forgotten.

Rooted in Dignity Health’s mission, vision and values, and the mission, vision and values of the Adrian Dominican Sisters, Dignity Health Dominican Hospital is dedicated to delivering community benefit with the engagement of its management team, Community Board and Dominican Community Advisors. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

The Board of Directors of Dignity Health Dominican Hospital, after participating in education and open dialogue, shall:

- Approve the Community Benefit Report and Plan
- Approve the Community Health Needs Assessment
- Approve the Community Health Needs Assessment Implementation Strategy and Plan
- Approve the Membership of the Dominican Community Advisors, with the recommendation from the Hospital President
- Appoint a minimum of one member of the Dignity Health Dominican Hospital Board of Directors to sit on the Dominican Community Advisors
- Approve the Collective Impact Focus for Funding annually
- Approve the recommendations of the Dignity Health Community Grants Committee annually

The Dominican Hospital Community Advisors (DCA) shall:

- Participate in dialogue with Hospital Senior Leaders concerning community health needs, community engagement, and broad base but strategic community relationships, and be informed of public policy issues affecting healthcare
- Participate in a process for prioritization of the community’s health needs and recommend an area of collective impact to the Dignity Health Dominican Hospital Board of Directors
- Identify and recommend programs for potential Dignity Health Community Grants funding based on identified collective impact partnerships
- Provide input to the Hospital’s activities related to the Community Benefit Report and Plan; the Community Health Needs Assessment; and the Community Health Needs Assessment Implementation Strategy and Plan
- Be Ambassadors to the community on behalf of Dignity Health Dominican Hospital. DCA are the eyes and ears for community concerns and issues related to the healthcare of Santa Cruz
- Report to the Dignity Health Hospital Board of Directors on an annual basis

Please see Appendix A for the membership roster of both the Dignity Health Dominican Hospital Community Board of Directors and the Dominican Community Advisors.
Key staff positions dedicated to planning and carrying out the community benefit programs include the Director of Community Health Integration Services, Director for Community Engagement, Executive Coordinator – Community Benefit Programs, Chief Financial Officer, Director of Finance and the Senior Reimbursement Analyst.

Dignity Health Dominican Hospital’s community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. 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.

Dignity Health’s community investment program makes low-interest loans to nonprofit organizations that deliver health-related services to low-income communities. A Dignity Health loan to the Santa Cruz Women’s Health Center (SCWHC) funded a new clinic that opened in 2014 in Live Oak for pediatric services, as well as primary care, mental health, and substance-abuse services for adults. The SCWHC is a nonprofit Federally Qualified Health Center dedicated to providing culturally appropriate and affordable medical services for Santa Cruz County’s low-income, uninsured, and underinsured residents. 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.
DESCRIPTION OF THE COMMUNITY SERVED

Dignity Health Dominican Hospital serves the county of Santa Cruz. The Santa Cruz community is further defined within the hospital’s mission, which is to meet the health care needs of the people of Santa Cruz County with high quality, high value health care services, without distinguishing by race, creed, religion or source of payment. A summary description of the community is below.

Santa Cruz County has a population of approximately 271,804 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, has an estimated population of 63,789 as of January 2015. Santa Cruz is one of California’s most popular seaside resorts with its historic Boardwalk, spectacular coastline, and accessible beaches. The City of Watsonville is the center of the county’s agricultural activity, with major industries including food harvesting, canning, and freezing. As of January 2015, the City of Watsonville has an estimated population of 52,087. Other incorporated areas in the county include the cities of Scotts Valley and Capitola. Approximately 49% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond and Boulder Creek, and districts including the San Lorenzo Valley, Live Oak, and Pajaro.

The county is 58% White and 33% Latino with the remainder of the population comprised of Asian, African American and other ethnic backgrounds. The county has a relatively mature population with 52% of the residents’ ages 35 or older. The senior population, those aged 60 and older, represent 20% of the population. While the county’s largest ethnic group is White, the fastest growing ethnic group is Latino. Most Santa Cruz County residents had a high school degree (86%) in 2015. Median family income was $80,788 in Santa Cruz County in 2014, higher than in California ($71,015) and the nation overall ($65,910). The unemployment rate in Santa Cruz County and throughout the country has steadily declined since 2010, following a ten-year high. The unemployment rate was 8.7% for the county during 2014, higher than the state overall (7.5%). The City of Watsonville had the highest unemployment rate at 11.2% for 2014. The median sales price of homes in Santa Cruz-Watsonville metro area has increased 80% since 2009; rent has decreased in the county since 2011. Average rent for a one bedroom apartment was $1,424 in 2011 compared to $1,387 in 2014, a decrease of 6%.

- Total Population: 271,804 (Source: American Community Survey)
- Hispanic or Latino: 33% (Source: American Community Survey)
- Race: 58% White, 9% Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, Other, or Two or More Races (Source: American Community Survey)
- Median Income: $80,788 (Source: American Community Survey)
- Uninsured: 15% (Source: California Health Interview Survey)
- Unemployment: 8.7% (Source: California Employment Development Department)
- No HS Diploma: 14% (Source: American Community Survey)
- CNI Score: 3.2
- Other Area Hospitals: 1 plus a Maternity & Surgery Center
- Medically Underserved Areas or Populations: The Felton/West Santa Cruz Area and Monterey Service Area within Santa Cruz
- Medicaid Population: 19.7%  (Source: © 2015 The Nielsen Company, © 2015 Truven Health Analytics Inc.)
Community Need Index

The hospital community’s CNI median score of 3.2 is in the middle of the 1.0 (less needy) to 5.0 (most needy) ranges. The CNI highlights by zip code the areas of greatest risk for preventable hospitalizations. The data are derived from socio-economic indicators that contribute to barriers to health and health care (income, education, insurance, housing and culture/language), as validated by hospital discharge data.
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 and the vision and values of the Adrian Dominican Sisters to guide planning and program decisions; measuring and tracking program indicators; and engaging the Dominican Community Advisors and other stakeholders in the development and annual updating of the community benefit plan.

Community Health Needs Assessment (CHNA) Process

The most recently completed CHNA report was submitted to Dignity Health in May 2013. Over the past twenty years, a consortium of public and private health, education, human service, and civic organizations, convened by the United Way of Santa Cruz County, have sponsored the Community Assessment Project (CAP), a collaborative project to measure and improve the quality of life in Santa Cruz County by:

- Raising public awareness of human needs, changing trends, emerging issues, community assets and challenges;
- Providing accurate, credible and valid information on an ongoing basis to guide decision making;
- Setting community goals that will lead to positive healthy development for individuals, families, and communities; and
- Supporting and assisting collaborative action plans to achieve the community goals.

Applied Survey Research (ASR), a not-for-profit social research firm, was originally contracted by the United Way to incorporate best practices from other assessment efforts across the nation into a community assessment model that would provide public and private interests with clear information about past trends and current realities. Under the guidance of the CAP Steering Committee, ASR continues to manage the project, collecting secondary (pre-existing) data and conducting a bi-annual community survey for primary data.

In order to capture and understand the diverse perspectives of community members Applied Survey Research conducted a telephone survey, in both English and Spanish, with over 700 randomly selected county residents. Survey data are available for the county as a whole or by the following cross-tabulations: ethnicity, region, age, gender and income. The intent of the survey is to measure the opinions, attitudes, desires, and needs of a demographically representative sample of the County’s residents. Respondents, including those from medically underserved, low-income, and minority populations, are primarily asked questions with confined options in addition to open-ended questions. Secondary data are collected from a variety of sources, including but not limited to: the U.S. Census; federal, state, and local government agencies; academic institutions; economic development groups; health care institutions; libraries; schools; local police, sheriff and fire departments; and computerized sources through online databases and the Internet.

Over 300 community stakeholders participate in setting goals for the CAP project. The goals for the health section of the report are set by the Health Improvement Partnership (HIP), a local coalition of public and private health care leaders dedicated to increasing access to health care and building stronger local health care systems. The HIP has representation from the public health department in addition to community clinics who are serving the medically underserved, low-income, and minority populations. The goals from CAP are taken into account when identifying top health needs.

Community Assets include two acute full service hospitals, one maternity & surgery center and their community benefit initiatives, many community health clinics, an adequate number of primary care physicians, allied health professionals, dentists, podiatrists, public and private school systems with related associations, and a variety of church related schools and religions. The complete CHNA report is publicly available:

https://www.dignityhealth.org/cm/media/documents/Dominican-Hospital.pdf
**CHNA Significant Health Needs**
The list of health needs was developed based on a review of the primary and secondary data in the 2015 CAP looking for indicators not meeting benchmarks or having disparities. The list below constitutes all of the needs identified. After review, the Hospital’s Community Board of Directors prioritized the findings to identify Homelessness (or Social Determinants of Health), Mental Health Issues, Substance Use Disorders and Human Trafficking as the significant health needs.

**Health Needs Identified**

**Social Determinants of Health:** The number of CAP survey respondents who reported going without basic needs decreased from 16% in 2009 to 14% in 2011. There was a 22% increase in the number of homeless persons counted in the biennial point-in-time count, from 2,265 in 2009 to 2,771 in 2011.

**Overall Health/Access to Health Care:** Almost 1 in 3 (30%) Latino CAP survey respondents in 2011 indicated that in general their overall health was “fair” or “poor” compared to 14% of White respondents, a statistically significant difference. Approximately 1 in 4 CAP survey respondents were using the emergency room as one of their regular sources of care in 2011.

**Health Insurance:** There was a statistically significant difference between the percent of White (90%) and Latino (51%) CAP survey respondents who currently had health insurance in 2011. **Children’s Health:** Children in Santa Cruz County have consistently lower rates of immunization than children in California overall.

**Obesity, Physical Activity, Nutrition:** 1 in 4 low income children ages 5-19 were obese in Santa Cruz County in 2010. County students achieved statewide fitness goals at rates slightly higher than the statewide averages.

**Diabetes:** In Santa Cruz County, the percentage of CAP survey respondents who reported that a doctor had told them that they had diabetes or pre-diabetes (other than during pregnancy) increased from 10% in 2007 to 12% in 2011.

**Mental Health:** Over one-fourth (26%) of Latino CAP survey respondents in 2011 reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, compared to 9% of White respondents.

**Alcohol and Other Drug Use:** Thirteen percent of CAP survey respondents engaged in binge drinking (5 or more drinks within 2 hours) “one or more times” in the past 30 days in 2011, down from a high of 17% in 2005. Overall, the percentage of CAP survey respondents who reported feeling that marijuana use for recreational or non-medicinal use was “acceptable” decreased from 55% in 2003 to 50% in 2011.

**Breast Cancer Deaths:** The female breast cancer death rate (25.7 per 100,000) in the county was higher than the state (20.7 per 100,000) and the Healthy People 2020 objective (20.6 per 100,000).

**End-of-Life:** 40% of CAP survey respondents had their end-of-life wishes in a written document. However, only 8% of Latinos had a living will compared to 51% of Whites, a statistically significant difference.

Within the annual CAP report, there are approximately thirty-four needs identified within the health section. No one agency, hospital, or group is able to respond to all of them in a cost effective manner, however, there are many examples within the community where several agencies focus on the same identified need(s) thereby collectively and collaboratively work to make improvements.

**Community Benefit Plan Development Process**
As a matter of Dignity Health policy, the hospital’s community benefit programs are guided by five core principles and the vision and values of the Adrian Dominican Sisters. All of our initiatives relate to one or more of these principles:
• **Disproportionate Unmet Health-Related Needs**: Seek to address the needs of communities with disproportionate unmet health-related needs.

• **Primary Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.

• **Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.

• **Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.

• **Collaborative Governance**: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Presentations were made to Dominican Community Advisors and the Community Board of Directors outlining identified needs; the focus/plan to collaborate with community partners in initiatives to positively affect homelessness was made. Dominican Community Advisors, Dominican Community Board of Directors and Dominican Community Grants Review committee participated in the process.

A consortium of public and private health, education, human service, and civic organizations, convened by the United Way of Santa Cruz County and including the County of Santa Cruz Health Services Agency, has sponsored the CAP..

Presentations were made to Dominican’s Community Board of Directors and the Dominican Community Advisors. The identified needs of Homelessness, Substance Use Disorders and Mental Health were chosen to be addressed. Each of these needs relate to one or more of the Dignity Health guiding principles listed above.

**Planning for the Uninsured/Underinsured Patient Population**

In keeping with its mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. The amount of financial assistance provided in FY15 is listed in the Economic Value of Community Benefit section of this report.

Dominican Hospital is committed to making all patients and visitors to the hospital aware of the financial assistance available to them and has worked hard to implement this practice. To meet our patient’s needs, Dominican Hospital has six Financial Counselors and Insurance Verification Specialists. They are available to help uninsured patients apply for Medi-Cal and its related healthcare programs (Healthy Families, California Childrens’ Services, etc.), County Programs (Central California Alliance for Health, Medi-Cruz, etc.), State and other Federal disability programs, and Dignity Health’s Charity Care program.

Also available to patients, at no cost to them, is a contracted specialist to assist them with the process and completion of applications for health care coverage. We have established the following techniques to make all patients aware of financial assistance and help available to them:

- Our uninsured and collection vendors have been trained on our policy and to offer payment assistance.
- We are actively seeking out people who have been patients but have not sought assistance.

Posters in both English and Spanish are placed in registration areas, the Emergency Department and in other high profile areas. Brochures are available in English and Spanish at all registration and patient accounting areas. The visibility of our Patient Assistance representatives has increased. The business cards of the Financial Counselor Specialists, stating “Payment Assistance” are distributed to any patient requesting assistance. In addition, information about payment assistance available to all Dignity Health hospitals is available on each facility website.
2015 REPORT AND 2016 PLAN

This section presents programs and initiatives the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It includes both a report on activities for FY15 and planned programs with measurable objectives for FY16.

SUMMARY

Below are community benefit and community health programs and initiatives operated or substantially supported by the hospital FY15, and those planned to be delivered in FY16. Programs that the hospital plans to deliver in 2016 are denoted by *.

*Mobile Wellness Clinic

The Wellness Clinic provides episodic primary health services for uninsured or underinsured residents of Santa Cruz County. The mobile clinic goes to eight sites throughout the County, from Davenport to Watsonville.

*RotaCare – Free Walk-In Clinic

RotaCare is a weekly clinic for uninsured and underinsured Santa Cruz County residents. The clinic is staffed by volunteer physicians, nurses and other professional and non-professional volunteers.

*Homelessness

Recoverative Care Center (RCC) – The Homeless Services Center’s RCC includes 24-hour shelter services with meals, housekeeping, security and onsite case management provided by the Homeless Services Center (HSC) in combination with primary care, including medication management support, clinical social work and case management, provided by the County Homeless Persons’ Health Project (HPHP). Recoverative Care programs are not licensed care facilities, but instead combine 24-hour shelter with care and services tailored to meet the needs of homeless adults. The RCC provides a safe place for people who are homeless to fully recover following hospital discharge.

*Mental Health Issues

Psychiatric Resource Team (PRT), aka Psych Clinical Assessment, a Dominican Hospital Community Benefit Program, will improve access to Behavioral Health Services and help to decrease the suicide rate in Santa Cruz County.

* Substance Use Disorders

The PRT case management and social services provides referrals to individuals with substance use disorders. Hospital leadership representation on key community initiatives including Serial Inebriate Program, Sobering Center, the Bob Lee Partnership for Accountability and Connection to Treatment (PACT), as well as the Community Prevention Partners Collaborative which will roll out the “Talk About It” campaign this year to de-stigmatize substance use disorders.

Human Trafficking

An initiative of Dignity Health, a Task Force has been identified at Dominican Hospital. The purpose of the task force at each facility is to ensure that each key department is represented (i.e. Security, Social Work/Care Coordination, Community Benefit, Chaplains, ED Director/Manager, Education). Each key department's representative(s) will ensure staff is educated and that protocols are up-to-date, understood by staff, and followed properly. Task force members will meet as needed to review cases and protocols and to communicate feedback to the point person(s) about successes, failures, obstacles, and opportunities for improvement.
Anticipated Impact

The anticipated impacts of specific program initiatives, including goals and objectives, 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 care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Dominican Community Advisors, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

Mobile Wellness Clinic
- Dientes Community Dental Clinic, Diocese of Monterey for locations, Every Woman Counts – Breast Cancer Program

RotaCare – Free Walk-In Clinic –
- Local physicians for referral, Rotary Clubs of Santa Cruz County, Dientes Community Dental Clinic

Homelessness - Recuperative Care Center
Collaboration with Homeless Services Center, Homeless Persons Health Program

Mental Health Issues
Collaboration with community partners who provide mental health and substance abuse services. Primary collaboration is with Santa Cruz County Behavioral Health Services. The Behavioral Health center operated by Telecare Corporation, Encompass Community Services, as well as other related care providers in this community.

Substance Use Disorders
Collaboration with community partners who provide mental health and substance abuse services, including Santa Cruz County Mental Health and Substance Abuse Services, Janus of Santa Cruz, Frequent Utilizers Collaborative and Community Prevention Partners.

Human Trafficking
- DSC Task Force will collaborate, through Dignity Health, with national organizations like AMBER Alert, Dept. of Justice, Dept. of Homeland Security, Office for Victims of Crime, Humanity United, etc. on anti-trafficking efforts.

This community benefit plan specifies significant community health needs that the hospital plans to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

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.
## PROGRAM DIGESTS

### Psychiatric Resource Team aka Psych Clinical Assessment

| Significant Health Needs Addressed | X Improve access to Behavioral Health Services  
| X Decrease the suicide rate in Santa Cruz County |

| Program Emphasis | X Disproportionate Unmet Health-Related Needs  
| Primary Prevention  
| X Seamless Continuum of Care  
| Build Community Capacity  
| Collaborative Governance |

| Program Description | The psychiatric resource nurses strive to assure that patients with behavioral health needs receive the right care, in the right place, at the right time. The service monitors care and flow of patients in their scope at the Emergency Department as well as those admitted to Dominican’s acute care general hospital. Key activities include: 1) Working in support of the Psychiatry/Psychology service and consulting clinicians; 2) Collaboration with community partners who provide mental health and substance abuse services; 3) Internal and External data collection, analysis and action planning; 4) Facilitating communication and continuum of care planning with Dominican case management/social services and local and regional healthcare providers; and 5) Develop/present Behavioral Health specific education and in services to Dominican Employees. The hospital provides funding for staff and office space to work. |

| Planned Collaboration | Primary collaboration with Santa Cruz County Behavioral Health Services, The Behavioral Health center operated by Telecare Corporation, Encumass Community Services, as well as other related care providers in this community. |

| Community Benefit Category | C-B: Subsidized Health Services – Behavioral Health Services |

| FY2015Report | |

| Program Goal / Anticipated Impact | New program. Goals as stated above in program description. Establish baseline in requests for service, service outcomes, measurable such as transfers facilitates and ED LOS. Additional anticipated impacts include enhanced education around behavioral health for physicians and staff, quality improvement activities, and increased patient and staff satisfaction. |

| Measurable Objective(s) with Indicator(s) | 1) Emergency Department throughput for behavioral health patients – in hours  
| 2) Physician requests for psychiatric consultations in main house – in #  
| 3) Transfers from hospital to psychiatric facility – in #  
| 4) Calls to team for resources, support, and consultation in # |

| Baseline / Needs Summary | New program from pilot. No baseline measures established. |

| Intervention Actions for Achieving Goal | Facilitate Communication, Provide resources and referrals, develop and present pertinent educational opportunities, track data and outcomes, develop collaborative relationships internally and externally, perform audits and provide input on opportunities for improvement. |

| Program Performance / Outcome | Emergency Department throughput – 6 hours; Physician requests for psychiatric consultations- 369; Transfers from hospital to psychiatric facility- 64; Calls to team for resources, support, and consultation- 1868 |

| Hospital’s Contribution / Program Expense | FY15 Operating Budget $464,519. |

| FY2016 Plan | |

| Program Goal / Anticipated Impact | Goals similar to FY 2015, continue to provide resources and support with the additions of: 1. Increased role in E.D. High Utilized Collaborative Group  
| 2. Increased role in weekly main house long stay meeting |

| Measurable Objective(s) with Indicator(s) | 1. Decrease in ED throughput time for behavioral health patients.  
| 2. Maintain or increase Program Performance Outcomes listed above. |

| Baseline / Needs Summary | This program, which began as a pilot, has been referred to as a best practice model by external reviewers. The innovative approach as liaisons, resource providers, as well as educators helps bridge the knowledge gap in and amongst providers in this community. The Behavioral Health Strategic Initiative has reviewed the program and outcomes, and may incorporate parts of the model in the corporate strategic plan to better serve all communities that Dignity Health serves in the area of behavioral health care. |

<p>| Intervention Actions for Achieving Goal | Attend 100% of collaborative work groups. Reach out to significant community partners for attendance. Work with ED Medical Director as well as ED Care Coordination team for best outcomes; Attend minimum of 75% of weekly Care Coordination meetings, with focus on patients the team is following. Continue to perform other duties as well as seek opportunities to enhance or improve upon services currently provided. |</p>
<table>
<thead>
<tr>
<th>Significant Health Needs Addressed</th>
<th>X Improve access to healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Emphasis</td>
<td>X Disproportionate Unmet Health-Related Needs</td>
</tr>
<tr>
<td></td>
<td>❑ Primary Prevention</td>
</tr>
<tr>
<td></td>
<td>X Seamless Continuum of Care</td>
</tr>
<tr>
<td></td>
<td>X Build Community Capacity</td>
</tr>
<tr>
<td></td>
<td>❑ Collaborative Governance</td>
</tr>
<tr>
<td>Program Description</td>
<td>Located in the unincorporated area of the County, this program is targeted primarily to the poor and underserved. It reaches the working poor with no insurance and the Latino population</td>
</tr>
<tr>
<td>Planned Collaboration</td>
<td>In collaboration with local Rotary clubs, RotaCare provides access for episodic medical services at no cost and assists patients in establishing a health home.</td>
</tr>
<tr>
<td>Community Benefit Category</td>
<td>A2-e Community Based Clinical Services - Ancillary/other clinical services</td>
</tr>
</tbody>
</table>

**FY2015 Report**

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>To increase the number of persons accessing episodic health care at the clinic in an effort to decrease the number of inappropriate visits to the Emergency Room and potential admissions to Dominican Hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>Continue to provide health related services, medications, education for diabetes, eye exams/glasses, and diagnostic testing to uninsured / underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.</td>
</tr>
<tr>
<td>Baseline / Needs Summary</td>
<td>Need to provide access to primary health care for under/uninsured residents residing in poor sections of Santa Cruz County.</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>Clinic provides health care at no cost to the patient. All staff are volunteers.</td>
</tr>
<tr>
<td>Program Performance / Outcome</td>
<td>Approximately 120 persons received outpatient services at Dominican Hospital. Estimated 1500 episodic care visits per year. As a result of current economics, visits to Rotacare continue to increase.</td>
</tr>
<tr>
<td>Hospital’s Contribution / Program Expense</td>
<td>FY15 Hospital Expenses were $77,635. In addition, RotaCare received $15,000 from the Dignity Health Community Grants Program for a total of $92,635</td>
</tr>
</tbody>
</table>

**FY 2016 Plan**

| Program Goal / Anticipated Impact | Continue to support the RotaCare Free Health Clinic and provide self-management information for patients with diabetes. |
| Measurable Objective(s) with Indicator(s) | Continue to provide health related services, medications, education for diabetes, eye exams / glasses and diagnostic testing to uninsured / underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient. |
| Baseline / Needs Summary | 120 patients were seen in the hospital in FY2015 for diagnostic health services. |
| Intervention Actions for Achieving Goal | The RotaCare Free Health Clinic will continue operations weekly at the local senior center. |
## Mobile Wellness Clinic

<table>
<thead>
<tr>
<th>Significant Health Needs Addressed</th>
</tr>
</thead>
</table>
| x Improve access to healthcare  
| x Preventing and/or Management Chronic Health Conditions  
| x Improving Physical Activity and Nutritional Health  
| x Improving Women’s Health and Birth Outcomes  
| x Improving Life in the Community  |

<table>
<thead>
<tr>
<th>Program Emphasis</th>
</tr>
</thead>
</table>
| x Disproportionate Unmet Health-Related Needs  
| Primary Prevention  
| x Seamless Continuum of Care  
| x Build Community Capacity  
| x Collaborative Governance  |

| Program Description | This program provides episodic health services Monday-Friday throughout Santa Cruz County. Services are provided by physicians, Allied Health Professionals, Registered Nurses and Registrars. |

| Planned Collaboration | The program primarily targets the poor, uninsured and underinsured populations, but also reaches the broader community. It serves children, youth and adults. |

### Community Benefit Category
- A2-e Community Based Clinical Services - Ancillary/other clinical services

### FY2015 Report

| Program Goal / Anticipated Impact | Continue to support the Mobile Wellness Clinic, partner with other agencies to expand services and determine methods to decrease episodic visits to the Emergency Department at Dominican. |

| Measurable Objective(s) with Indicator(s) | Number of participants seeking episodic care will increase. |

| Baseline / Needs Summary | This program is the only mobile health care unit providing episodic care in Santa Cruz County. The Mobile Clinic now visits 8 sites in the county. |

| Intervention Actions for Achieving Goal | Through collaboration with other health care providers in the County, the Mobile Wellness Clinic will evaluate each patient, develop a plan, and refer patients to health homes in close proximity to their site of access. Patients will receive referral documentation at the time of discharge. |

| Program Performance / Outcome | The mobile wellness clinic had 1,644 patient visits in FY15 |

| Hospital’s Contribution / Program Expense | $452,000 |

### FY 2016 Plan

| Program Goal / Anticipated Impact | Continue to support the Mobile Wellness Clinic and measure the effect on the number of episodic visits to the Emergency Department. |

| Measurable Objective(s) with Indicator(s) | Increase the number of participants receiving episodic care at the Mobile Wellness Clinic. |

| Baseline / Needs Summary | 1,644 patient visits in FY2015. |

| Intervention Actions for Achieving Goal | Increase strategies for marketing, utilize public media for advertising, distribute informational brochures and monthly calendars throughout the county. |
| Significant Health Needs Addressed | x Improve access to healthcare  
| | x Preventing and/or Management Chronic Health Conditions  
| | x Improving Physical Activity and Nutritional Health  
| | x Improving Women’s Health and Birth Outcomes  
| | x Improving Life in the Community  
| Program Emphasis | x Disproportionate Unmet Health-Related Needs  
| | x Primary Prevention  
| | x Seamless Continuum of Care  
| | x Build Community Capacity  
| | x Collaborative Governance  
| Program Description | Provide funding to support community-based organizations that will provide services to improve the quality of life and health status of the communities they serve. The objective of the Community Grants Program is to award grants to organizations whose proposals respond to the health priorities identified in the latest Community Health Needs Assessment and are located within Santa Cruz County.  
| Planned Collaboration | By leveraging the expertise of community partners as identified in the Santa Cruz Community Assessment Project (CAP).  
| Community Benefit Category | E2-a Grants  

### FY2015 Report

| Program Goal / Anticipated Impact | To build capacity by identifying organizations and funding programs which are in alignment with the needs identified in the most recent CAP.  
| Measurable Objective(s) with Indicator(s) | Funding will be awarded to organizations whose programs respond to one or more needs identified in the most recent CAP and align with at least one of the five core principles identified above in Program Emphasis. Grantees will report on their accomplishments two times during the grant period.  
| Baseline / Needs Summary | Santa Cruz County has two federally designated areas – one being identified as Medically Underserved Population and the other as Medically Underserved area (MUA). The county is divided into north and south county with populations being somewhat higher in the northern part of the county. The northern part is a popular seaside resort, while the southern part of the county is agricultural activities, such as food harvesting, canning and freezing. Access to healthcare services continues to be a challenge and the senior population is using MediCal as a dependable source of care.  
| Intervention Actions for Achieving Goal | Letters of Intent are reviewed and select organizations are invited to submit a full proposal. Full proposals are reviewed by a sub-committee of the Dominican Community Advisors and determination is made as to which proposals are recommended for funding  
| Program Performance / Outcome | Ten Community Grants were awarded, totaling $161,071 to the following organizations: Community Bridges Collaborative, Dientes Community Dental Clinic, Encompass Community Services, Healthy Kids Program, Homeless Services Center, Hospice of Santa Cruz County, Nourishing Generations, RotaCare Bay Area, Inc., Second Harvest Food Bank of Santa Cruz County, and United Way of Santa Cruz County.  
| Hospital’s Contribution / Program Expense | $161,071  

### FY 2016 Plan

| Program Goal / Anticipated Impact | Provide funding for programs that align with strategies developed by the Dominican Community Board of Directors, Community Advisors and the community wide efforts of local health agencies.  
| Measurable Objective(s) with Indicator(s) | Partnership grants recommended for funding in the following areas:  
| | • Healthy Kids Program  
| | • Homeless Recuperative Care Program  
| | • RotaCare Free Clinic  
| | • Star Bright - Encompass Community Services in partnership with the Santa Cruz County Office of Education’s (SCCOE) School Mental Health Partnership  
| Baseline / Needs Summary | In response to the identified health priorities and lack of access to health care,  
| Intervention Actions for Achieving Goal | Prioritize grant applications that address target areas.  

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**Dominican Hospital Santa Cruz**  
Community Benefit FY 2015 Report and FY 2016 Plan
# ECONOMIC VALUE OF COMMUNITY BENEFIT

For period from 7/1/2014 through 6/30/2015

<table>
<thead>
<tr>
<th>Benefits for Living in Poverty</th>
<th>Persons</th>
<th>Total Expense</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Expenses</th>
<th>Revenues</th>
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<tbody>
<tr>
<td>Financial Assistance</td>
<td>2,162</td>
<td>1,844,851</td>
<td>111,223</td>
<td>1,733,628</td>
<td>0.5 0.4</td>
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<tr>
<td>Medicaid</td>
<td>25,273</td>
<td>112,057,380</td>
<td>86,985,080</td>
<td>25,072,300</td>
<td>6.8 5.9</td>
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<tr>
<td>Means-Tested Programs</td>
<td>82</td>
<td>237,277</td>
<td>121,495</td>
<td>115,782</td>
<td>0.0 0.0</td>
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<table>
<thead>
<tr>
<th>Community Services</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Benefit Operations</td>
<td>0</td>
<td>(20,182)</td>
<td>0</td>
<td>(20,182)</td>
<td>(0.0) (0.0)</td>
<td></td>
</tr>
<tr>
<td>Community Building Activities</td>
<td>52</td>
<td>1,961,743</td>
<td>761,491</td>
<td>1,200,252</td>
<td>0.3 0.3</td>
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<tr>
<td>Community Health Improvement Services</td>
<td>4,463</td>
<td>571,358</td>
<td>0</td>
<td>571,358</td>
<td>0.2 0.1</td>
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<tr>
<td>Financial and In-Kind Contributions</td>
<td>210</td>
<td>596,937</td>
<td>0</td>
<td>596,937</td>
<td>0.2 0.1</td>
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<tr>
<td>Totals for Community Services</td>
<td>4,725</td>
<td>3,109,856</td>
<td>761,491</td>
<td>2,348,365</td>
<td>0.6 0.6</td>
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<tr>
<td>Totals for Living in Poverty</td>
<td>32,242</td>
<td>117,249,364</td>
<td>87,979,289</td>
<td>29,270,075</td>
<td>8.0 6.9</td>
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<table>
<thead>
<tr>
<th>Benefits for Broader Community</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Community Services</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Community Benefit Operations</td>
<td>1</td>
<td>732,245</td>
<td>0</td>
<td>732,245</td>
<td>0.2 0.2</td>
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<tr>
<td>Community Building Activities</td>
<td>1</td>
<td>105,976</td>
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<tr>
<td>Community Health Improvement Services</td>
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<td>2,913,683</td>
<td>177,668</td>
<td>2,736,015</td>
<td>0.7 0.6</td>
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<tr>
<td>Financial and In-Kind Contributions</td>
<td>2,178</td>
<td>1,669,076</td>
<td>0</td>
<td>1,669,076</td>
<td>0.5 0.4</td>
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<tr>
<td>Research</td>
<td>4</td>
<td>3,571</td>
<td>0</td>
<td>3,571</td>
<td>0.0 0.0</td>
<td></td>
</tr>
<tr>
<td>Subsidized Health Services</td>
<td>2,545</td>
<td>782,766</td>
<td>0</td>
<td>782,766</td>
<td>0.2 0.2</td>
<td></td>
</tr>
<tr>
<td>Totals for Community Services</td>
<td>18,497</td>
<td>6,207,317</td>
<td>177,668</td>
<td>6,029,649</td>
<td>1.6 1.4</td>
<td></td>
</tr>
<tr>
<td>Totals for Broader Community</td>
<td>18,497</td>
<td>6,207,317</td>
<td>177,668</td>
<td>6,029,649</td>
<td>1.6 1.4</td>
<td></td>
</tr>
<tr>
<td>Totals - Community Benefit</td>
<td>50,739</td>
<td>123,456,681</td>
<td>88,156,957</td>
<td>35,299,724</td>
<td>9.6 8.3</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>25,600</td>
<td>126,450,618</td>
<td>96,407,102</td>
<td>30,043,516</td>
<td>8.2 7.1</td>
<td></td>
</tr>
<tr>
<td>Totals with Medicare</td>
<td>76,339</td>
<td>249,907,299</td>
<td>184,564,059</td>
<td>65,343,240</td>
<td>17.8 15.4</td>
<td></td>
</tr>
</tbody>
</table>

Note: The uncompensated costs of providing services through financial assistance/charity care, Medicaid, Medicare and other Means-Tested programs are calculated utilizing a clinical cost accounting system.
APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Dominican Hospital Community Board of Directors – FY2015

- Carlos Arcangeli, MD – Physician, Palo Alto Medical Foundation
- Nancy Austin - Consultant
- Diana Bader, OP – Dominican Sponsor
- Janet Capone, OP – Dominican Sponsor, Board Chair
- Claire Sommargren, RN, PhD – Retired Nurse
- Erick Eklund, DDS - DDS
- Edison Jensen, J.D. – Edison Jensen Law Firm
- Karl Knudsen Johsens, MD - Physician
- Gabrielle Marie Jones, RSM – Mercy Sponsor
- Marjory O’Connor – Retired Infection Prevention Nurse
- Marsha Muir, MD, FACOG - Physician
- Ana Ventura Phares, J.D. – Attorney, County of Santa Cruz
- Rajinder Singh, M.D. - Physician
- Jon Sisk – VP, Santa Cruz County Bank
- Stephen Snodgrass – CFO Granite Rock

Dominican Community Advisors – FY2015

- Leslie Conner, Executive Director, Santa Cruz Community Health Centers
- Keisha Frost, Director of Community Giving & Marketing, United Way of Santa Cruz County
- Shebreh Kalantari-Johnson, Grant Write & Community Organizer – Community Co-Chair
- Giang Nguyen, Administrator, Santa Cruz County Health Services Agency
- Cara Pearson, Executive Director, Pacific Cookie Company
- Ana Ventura Phares, J.D. – Attorney, County of Santa Cruz – Board Co-Chair
- Reyna Ruiz, Community Member
- Abigail Stevens, Applied Survey Research
- Martine Watkins, Career Pathways Initiative Director, Santa Cruz County Office of Education
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 Bridges Collaborative** – A countywide collaborative of family resource centers and community clinic and preventative service providers to support optimum use of a medical home, reduce emergency room visits, and maximize preventative care for at-risk families.

- **Dientes Community Dental Clinic** – Dientes provides emergency treatment in order to help avoid ER visits as well as provides preventive care to our neighbors in need, including uninsured residents, in order to reduce the need for emergency treatment.

- **Encompass Community Services** - Provides HIV/AIDS outreach, prevention education, and case management services to Santa Cruz County farmworkers and their families.

- **Healthy Kids Program**: The Healthy Kids Program provides comprehensive medical, dental, mental and vision services to uninsured and underinsured children ages 0-18.

- **Homeless Services Center – Recuperative Care Center**: HSC’s RCC includes 24-hour shelter services with meals, housekeeping, security and onsite case management provided by the Homeless Services Center (HSC) in combination with primary care, including medication management support, clinical social work and case management, provided by the County Homeless Persons’ Health Project (HPHP). Recuperative Care programs are not licensed care facilities, but instead combine 24-hour shelter with care and services tailored to meet the needs of homeless adults. The RCC provides a safe place for people who are homeless to fully recover following hospital discharge.

- **Hospice of Santa Cruz County** - Transitional Care Services focuses on what HSCC does best: supports people through their end-of-life journey. Transitional Care Services provides psychosocial, emotional, and practical non-medical support for seriously ill clients and their caregivers.

- **Nourishing Generations** - Place-based nutrition education and physical fitness for children and youth at low-income housing complexes and schools leading to balanced diets, active lifestyles, knowledgeable healthcare consumers, and stronger communities.

- **RotaCare Bay Area, Inc. Santa Cruz Free Clinic** – Weekly clinic operation providing episodic care, chronic disease management and lifestyle education.

- **Second Harvest Food Bank of Santa Cruz County** - The Passion For Produce Program, designed to improve health and combat chronic disease, through peer nutrition education, healthy food, physical activity, and building access to care.

Programs/projects that address a significant health need but are difficult to quantify or measure:
- Clothing given daily to ER patients / Homeless persons / Migrant workers
- Food donations to local churches is distributed to homeless in the County
As part of Dominican’s Community Engagement is the commitment of the hospital to work closely with other partners to coordinate efforts and enhance collaboration in an effort to reach more people in the community. Dominican’s leadership and community benefit staff serve on many committees and coalitions including, but not limited to:

American Red Cross, Santa Cruz Chapter
Aptos Chamber of Commerce
Bi-National Health Week Steering Committee
Capitola Chamber of Commerce
Court Appointed Special Advocate (CASA)
Catholic Charities of the Diocese of Monterey
Catholic Charities USA
Central California Alliance for Health (CCAH)
Community Action Board: Day Worker Center
Community Bridges: Family Resource Centers
Community Foundation of Santa Cruz County
Communities Organized for Relational Power in Action: COPA Investment Team
Dientes Community Dental Clinic
Diocese of Monterey Golf Tournament
Diocese of Monterey Pastoral Council
Health Improvement Partnership of Santa Cruz County
Healthy Kids Steering Committee
Hospice of Santa Cruz County
Hospital Council of Northern California
KUSP Community Advisory Board
Leadership Santa Cruz County
Monarch Services: Women’s Crisis Support/Defensa D’Mujeres
Pajaro Homeless Shelter
Pajaro Valley Agriculture and Chamber of Commerce
Pajaro Valley Regional Diabetes Health Center
RotaCare Santa Cruz Free Clinic
Safety Net Clinic Coalition
Santa Cruz Chamber of Commerce
Santa Cruz Women’s Health Center
Second Harvest Food Bank
Serial Inebriate Program
UCSC Chancellor’s Diversity Advisory Council
United Way of Santa Cruz County
United Way of SCC: Go for Health Collaborative
United Way of SCC “211”
United Way of SCC Community Assessment Project
United Way of SCC Women in Philanthropy

- Health professions education, subsidized health services or research that does not directly address CHNA-identified significant health need.
  - “Beyond Gender: A Training on Transgender Healthcare” – Three 3-hour training sessions were held at Dominican Hospital for physicians, nurses and allied health professionals FY2015.
  - Care and treatment given to patients with mushroom poisoning related to clinical research study *Intravenous Milk Thistle (Silibinin/Legalon-Sil) for Hepatic Failure Induced by Amatoxin/Amanita Mushroom Poisoning.*
Community Building

- Community Support:
  - Financial contribution annually in support of the 2-1-1 Resource Line

- Environmental Improvements
  - The Dominican Hospital certified organic garden donated 700 lbs of vegetables to Dominican Oaks, our Congregate Living Facility.

- Leadership development/training of community members
  - A Grand Rounds Educational Presentation for Medical Staff is held weekly for one hour.