

# Mercy Medical Center Mt. Shasta

## Community Benefit 2023 Report and 2024 Plan

**Adopted November 2023**



## A message from

Dear Community Members, Community Partners and Colleagues,

On behalf of Mercy Medical Center Mt. Shasta, we'd like to thank you for your interest in the health of our community as we seek to improve the overall health in Tehama County. Our Mission is to make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all. We are excited to share our Community Benefit 2023 Report and 2024 Plan.

The COVID-19 global pandemic has caused extraordinary challenges for us all. Yet, in some ways this disruption has been a positive force of change and new beginnings. The ongoing pandemic taught us that improving the health of our community requires all of us to come together and bring our expertise, engagement and investment, only by working together in partnership, can we become a healthier, stronger community.

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

In fiscal year 2023 (FY23), Mercy Medical Center Mt. Shasta provided \$6,370,254 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$8,814,123 in unreimbursed costs of caring for patients covered by Medicare.

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

We look forward to partnering with you to continue building a stronger, more equitable future for all.

Sincerely,






Rodger Page  
President/CEO

Riico Dotson  
Chairperson, Board of Directors

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## At-a-Glance Summary

|  |  |
|--|--|
| <p><b>Community Served</b></p>                                      | <p>Mercy Medical Center Mt. Shasta (MMCMS) is located in Siskiyou County. Siskiyou County is located in the Northern most part of California, situated along the Interstate 5 corridor bordering the state of Oregon on the north. The County is rural in nature covering 6,347 square miles. The largest city is Yreka, which is also the County Seat with a population of approximately 7,870. The County area has a diverse landscape with high mountain ranges (Mt. Shasta), desert planes, and rivers with magnificent waterfalls and the amazing fishing. The County has a rich history of the Gold Rush Era. The total population of the Siskiyou County was 43,468 in 2020. The following zip codes make up the core service area for Mercy Medical Center Mt. Shasta: 96025, 96057, 96067, and 96094.</p> |
| <p><b>Economic Value of Community Benefit</b></p>                   | <p>\$6,370,254 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$8,814,123 in unreimbursed costs of caring for patients covered by Medicare fee-for-service</p>   |
| <p><b>Significant Community Health Needs Being Addressed</b></p>  | <p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> <li>● Access to Mental/Behavioral Health and Substance-Use Services</li> <li>● Access to Quality Primary Care Health Services</li> <li>● Injury and Disease Prevention Management (Active Living and Healthy Eating will be indirectly addressed)</li> <li>● Safe and Violence-Free Environment</li> </ul>  |
| <p><b>FY23 Programs and Services</b></p>                          | <p>Mercy Medical Center Mt. Shasta delivered several programs and services to help address identified significant community health need. These included:</p> <ul style="list-style-type: none"> <li>● Transportation Services</li> <li>● Community Grants</li> <li>● Bereavement Support Groups</li> <li>● Breastfeeding Support Group</li> <li>● Childbirth Classes</li> <li>● Community Health Screenings</li> <li>● Community Health Education</li> </ul>   |
| <p><b>FY24 Planned Programs and Services</b></p>                  | <p>For FY24, Mercy Medical Center Mt. Shasta plans to build upon many of the FY23 initiatives, explore new partnership opportunities with Siskiyou County community organizations, and intends to take actions and to dedicate resources to address these needs.</p>   |

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

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

## Our Hospital and the Community Served

### About Mercy Medical Center Mt. Shasta

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

Mercy Medical Center Mt. Shasta is a non-profit health care facility designated a 25-bed Critical Access Hospital, accredited by The Joint Commission, and a member of the American Hospital Association. The Hospital is located off of California Interstate 5 in Mt. Shasta and the facility's campus is 14 acres in size located at the base of Mount Shasta. In addition to the acute care hospital, Mercy Medical Center Mt. Shasta also operates three Rural Health Clinics: Mercy Mt. Shasta Community Clinic, Mercy Lake Shastina Community Clinic and the Dignity Health Pine Street Clinic. With more than 250 skilled professionals and support staff, approximately 45 active doctors, and more than 80 dedicated volunteers, Mercy Mt. Shasta has been consistently named in the Top 100 Critical Access Hospitals by the National Rural Health Association

### Our Mission

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

### Our Vision

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

### Financial Assistance for Medically Necessary Care

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

## Description of the Community Served

Mercy Medical Center Mt. Shasta is a non-profit health care facility designated a 25-bed Critical Access Hospital, accredited by The Joint Commission, and a member of the American Hospital Association. The Hospital is located off of California Interstate 5 in Mt. Shasta and the facility's campus is 14 acres in size located at the base of Mount Shasta. In addition to the acute care hospital, Mercy Medical Center Mt. Shasta also operates three Rural Health Clinics: Mercy Mt. Shasta Community Clinic, Mercy Lake Shastina Community Clinic and the Dignity Health Pine Street Clinic. Due to the rural nature of the county access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority population.

Siskiyou County is located in the Northern most part of California, situated along the Interstate 5 corridor bordering the state of Oregon on the north. The County is rural in nature covering 6,347 square miles. The largest city is Yreka, which is also the County Seat with a population of approximately 7,870. The County area has a diverse landscape with high mountain ranges (Mt. Shasta), desert planes, and rivers with magnificent waterfalls and the amazing fishing. The County has a rich history of the Gold Rush Era. The total population of the Siskiyou County was 43,468 in 2020. The following zip codes make up the core service area for Mercy Medical Center Mt. Shasta: 96025, 96057, 96067, and 96094



### Population Groups Experiencing Disparities

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

- Youth
- Hmong
- Hispanic/Spanish Speaking
- Native American
- Migrant Farmworkers
- Families living in Poverty
- Seniors/Elderly
- Homeless

## Community Assessment and Significant Needs

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

### Community Health Needs Assessment

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

This document also reports on programs delivered during fiscal year 2022 that were responsive to needs prioritized in the hospital's previous CHNA report. In 2019, Aging Issues and Homelessness were identified as top needs in the community health needs assessment. Although not specifically identified in 2022, MMCMS recognizes these as vulnerable populations and will continue to take into account their specific needs.

The CHNA contains several key elements, including:

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

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

### Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

| Significant Health Need                                       | Description  | Intend to Address? |
|---|--|--------------------|
| Access to Mental/Behavioral Health and Substance-Use Services | Access to mental, behavioral, and substance-use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.   | •                  |
| Injury and Disease Prevention and Management                  | Efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention | •                  |

| Significant Health Need  | Description  | Intend to Address? |
|--|--|--------------------|
|  | efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.  |                    |
| Access to Basic Needs Such as Housing, Jobs, and Food  | Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, have a substantial impact on health behaviors and health outcomes. Addressing access to basic needs will improve health in the communities we serve.   |                    |
| Access to Quality Primary Care Health Services   | Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.   | ●                  |
| Access to Specialty and Extended Care  | Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go hand in hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own.    |                    |
| Access to Dental Care and Preventive Services  | Oral health is important for overall quality of life. Oral health disease, including gum disease and tooth decay are preventable chronic diseases and play a large role in chronic absenteeism from school in children. Poor oral health status impacts the health of the entire body, especially the heart and the digestive and endocrine systems.   |                    |
| Active Living and Healthy Eating (This priority will be indirectly addressed by addressing Injury and Disease Prevention and Management) | Physical activity and eating a healthy diet are important for one’s overall health and well-being. When access to healthy foods is challenging for community residents, many turn to unhealthy foods that are convenient, affordable, and readily available. Under resourced communities are often challenged with food insecurity, many find themselves relying on food pantries and school meals often lacking in sufficient nutrition for maintaining health. | ●                  |



| Significant Health Need            | Description  | Intend to Address? |
|------------------------------------|--|--------------------|
| Access to Functional Needs         | Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life.   |                    |
| Safe and Violence-Free Environment | Feeling safe in one’s home and community is fundamental to overall health. Next to having basic needs met (e.g., food, shelter, and clothing) is having physical safety. Research has demonstrated that individuals exposed to violence in their homes, the community, and schools are more likely to experience depression and anxiety and demonstrate more aggressive, violent behavior. | ●                  |

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

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

- Access to Basic-Needs Such as Housing, Jobs and Food
- Access to Specialty and Extended Care
- Access to Dental Care and Preventative Services
- Access to Functional Needs
- Active Living and Healthy Eating (This priority will be indirectly addressed by addressing Injury and Disease Prevention and Management)

## 2023 Report and 2024 Plan

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

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

### Creating the Community Benefit Plan

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

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



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

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

Improving community health requires collaboration across community stakeholders and with community engagement. Each initiative involves research on best practice and is written to align with local resources, state or national health priorities and initiatives.



The goals, objectives, and strategies contained in this document, where possible, intend to utilize upstream prevention models to address the social determinants of health. In addition, building and strengthening relationships with community-based providers that serve target populations for intended initiatives is critical to the success and sustainability to achieve impact.

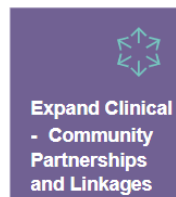
## Community Health Strategic Objectives

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

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



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



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



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




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

## Report and Plan by Health Need

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

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

|  <b>Health Need: Access to Mental/Behavioral Health and Substance-Use Services</b> |   |                    |                     |
|---|---|--------------------|---------------------|
| <b>Strategy or Program</b>  | <b>Summary Description</b>  | <b>Active FY23</b> | <b>Planned FY24</b> |
| Tele-Psychiatry   | Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with patients, improving access to timely quality care. Access is available to both the ED and inpatient setting.  | ☒                  | ☒                   |
| Substance Use Navigation  | CA Bridge is a program of the Public Health Institute working to ensure that people with substance use disorder receive 24/7 high-quality care in every California health system by 2025. The CA Bridge Navigator program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Utilizing a Substance Use Navigator to build a trusting relationship with the patient and motivating them to engage in treatment. The hospital works to reduce the language that stigmatizes people who use drugs, treating substance use disorder like any other disease. Program is currently funded through Medication for Addiction Treatment (MAT) program. | ☒                  | ☒                   |
| FaithWorks  | Support the 2023 Homeless Point-In Time (PIT) Count, to help identify and serve individuals who are experiencing homelessness. On January 25, 2023, local agencies and volunteers will coordinate efforts to send various teams out into camps, emergency shelters, and areas known as gathering spaces for the unsheltered to provide a survey, emergency supplies.  | ☒                  |                     |

**Goal and Impact:**

**Goal:** Improved system for patient linkages to outpatient behavioral health services; provide a seamless transition of care, reduce mental health stigma and increase in resources in the community.

**Anticipated Impact:** Ensure equitable access to quality, culturally responsive and linguistically appropriate services.

**Collaborators:** MMCMS currently partners with Mt. Shasta Community Clinic, Lake Shastina Community Clinic, Dignity Health Pine Street Clinic, Disability Action Center (DAC), Siskiyou County Behavioral Health but will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.



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

| Strategy or Program   | Summary Description  | Active FY23 | Planned FY24 |
|---|--|-------------|--------------|
| Provide services for vulnerable populations   | Financial Assistance for uninsured/underinsured and low-income residents.  | ☒           | ☒            |
| Health Education Outreach   | Participation at events as requested throughout the year.  | ☒           | ☒            |
| Provide/facilitate funding and in-kind support for access to care to local community agencies | Funding directed towards access to health care programs.   | ☒           | ☒            |
| Transportation Assistance   | Address transportation barriers to accessing healthcare services. Provide van service, taxi vouchers or bus tokens to patients who need assistance with access to our facilities.  | ☒           | ☒            |
| Workforce Development   | Identify and partner with community organizations who are leading workforce development efforts to increase access to a diverse and inclusive health care workforce—both in clinical and nonclinical/corporate settings and improve health equity. | ☒           | ☒            |
| Mobile Dental Outreach  | Mobile van provides dental screenings, oral cancer screenings, cleanings, fluoride treatment, Kindergarten Oral Health Assessments (KOAs) and sealants.  | ☒           | ☒            |

### Goal and Impact:

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

### Goal (Anticipated impact)

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

**Collaborators:** MMCMS currently partners with Mt. Shasta Community Clinic, Lake Shastina Community Clinic, Dignity Health Pine Street Clinic, Siskiyou County Health & Human Services but will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.



## Health Need: Safe and Violence Free Environment

| Strategy or Program   | Summary Description   | Active FY23 | Planned FY24 |
|---|---|-------------|--------------|
| Mission and Ministry Fund, United Against Violence Planning Grant                   | Facilitate strategy sessions to develop violence prevention/human trafficking implementation plan encompassing in Shasta County. This plan will build upon and align existing work identified during planned activities.  | ☒           | ☒            |
| Prevent violence and intervene when it is suspected                                 | Increase health system and community capacity to identify victims of human trafficking and respond appropriately.   | ☒           | ☒            |
| Provide trauma-informed care for patients   | Explore ongoing opportunities to promote Trauma Informed Care practices within the behavioral health service line.  | ☒           | ☒            |
| Human Trafficking Taskforce   | A revitalization of the Human Trafficking Taskforce made up of multidisciplinary leaders with a victim-centered approach on strategies, interventions and policies.   | ☒           | ☒            |
| Human Trafficking/Violence Training led by the International Rescue Committee (IRC) | Anti-Trafficking Outreach and Training Specialist from IRC will provide trainings to bring awareness around human trafficking and its various forms and resources available at local and national level. Physicians, Physicians Assistants, Nurse Practitioners, Nurses, Social Workers, Pharmacists, Police, Fire, Hospitality, Government, and other Community Members will be invited. |             | ☒            |

### Goal and Impact:

Goal: Improved system for patient linkages to outpatient behavioral health services; provide a seamless transition of care, reduce mental health stigma and increase in resources in the community.

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

**Collaborators:** MMCMS currently partners with the International Rescue Committee (IRC), First 5 Siskiyou Children & Families Commission, Health Alliance of Northern California (HANC) but will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.



## Injury and Disease Prevention, Including Active Living and Healthy Eating

| Strategy or Program  | Summary Description  | Active FY23 | Planned FY24 |
|--|--|-------------|--------------|
| Build community resiliency/Creating Healthy Communities  | <p>MMCMS will partner with Siskiyou County Health and Human Services Public Health Division to coordinate whole person care systems in Siskiyou County which are culturally appropriate.</p> <p>Alignment with State Priorities:<br/>Redesign the Health System: Efficient, Safe and Patient-Centered Care</p> | ☒           | ☒            |
| Improve quality of life for all Siskiyou County residents through physical activity and healthy eating | <p>Participation at community wellness/ activity events as requested throughout the year.</p> <p>Alignment with State Priorities:<br/>Creating Healthy Communities: Enabling Healthy Living</p>  | ☒           | ☒            |
| Health Education Outreach  | <p>Participation at events as requested throughout the year, such as working on the menus for the Senior Nutrition Program and The Meals on Wheels program for the cities of Weed, Mt. Shasta, Dunsmuir, and McCloud.</p>  | ☒           | ☒            |

**Goal and Impact:** Leverage MMCMS’s investments as an anchor institution to address Social Determinants of Health (SDOH) needs in our communities to improve Siskiyou County’s residents’ opportunities to live healthy, productive lives.

**Collaborators:** MMCMS currently partners with First 5 Siskiyou Children & Families Commission, Siskiyou County Health & Human Services, Great Northern Services but will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.

## Community Health Improvement Grants Program


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

In FY23, the hospital awarded the grants below totaling \$30,000. Some projects also may be described elsewhere in this report.

| Grant Recipient                           | Project Name                         | Amount   |
|---|--------------------------------------|----------|
| Great Northern Services                   | School Mini Projects                 | \$10,000 |
| Siskiyou Community Resource Collaborative | Help Me Grow Siskiyou Parent Support | \$20,000 |

### Program Highlights

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

|  <b>Mobile Dental Outreach</b> |  |
|---|--|
| Significant Health Needs Addressed  | <ul style="list-style-type: none"> <li>• Access to Quality Primary Care Health Services</li> <li>• Access to Dental Care and Preventative Services</li> </ul>  |
| Program Description   | Mobile van provides dental screenings, oral cancer screenings, cleanings, fluoride treatment, Kindergarten Oral Health Assessments (KOAs) and sealants.  |
| Population Served   | School aged children in areas of underserved communities   |
| Program Goal / Anticipated Impact   | We work to reduce school absences by screening children for urgent dental needs and helping students obtain the necessary care. Oral hygiene instructions and preventative services are rendered to reduce dental illiteracy and promote systemic health. Rapport is developed with families and children, which encourages ongoing dental care and reduced dental diseases. The outreach program also reduces the load on overwhelmed clinics within the county. Kindergarten oral health assessments are provided to the schools and state to help determine communities in need and areas of ongoing concern. |
| FY 2023 Report  |  |
| Activities Summary  | Provide preventative dental services, as well as screen for those in need of referrals to urgent care within Siskiyou County schools and Woman, Infant and Children (WIC) programs.  |
| Performance / Impact  | <ul style="list-style-type: none"> <li>• Reduced dental anxiety and illiteracy in Siskiyou County youth.</li> <li>• Reduced school absences due to dental pain / infection / appointments.</li> <li>• Reduced patient load / triage services for overwhelmed state clinics.</li> <li>• Reduced dental disease through preventative services and education.</li> </ul>  |
| Hospital's Contribution / Program Expense   | Community benefit investment   |
| FY 2024 Plan  |  |
| Program Goal /  | Provide dental screenings and preventative services to all Siskiyou County elementary schools. Reduce dental disease amongst Siskiyou youth. Provide   |



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|                           |   |
|---------------------------|---|
| <b>Anticipated Impact</b> | outreach to students who might not receive care otherwise. Help facilitate referrals to pediatric specialists as needed. Monitor effectiveness of California's sealant initiative of placing sealants on all eligible 1 <sup>st</sup> molars. |
| <b>Planned Activities</b> | Work closely with Public Health and school nurses to screen and care for all students within the county. Triage dental emergencies and work as a team to provide resources for the families in need to facilitate the care the child needs.   |

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## Other Programs and Non-Quantifiable Benefits

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

- Members of the hospital's leadership and management teams provide significant in-kind support and expertise to nonprofit health care organizations, civic, and service agencies such as Partnership HealthPlan, North State Region Community Economic Resilience Fund Program (CERF) and Mount Shasta Trail Association.
- Dignity Health North State Hospitals sponsorship program supports health and wellness initiatives, programs serving the poor and disenfranchised, education programs, community based and events of organizations among them, include; Siskiyou Outdoor Recreation Alliance Bike race St. Anthony Catholic Church and Mt. Shasta Museum Association, Inc.
- Community benefit investment to support senior and disable needs through the Disability Action Center.
- Professional Scholarships awarded to South Siskiyou County students to support and encourage study in the health professions.
- No-cost flu shots, drug screenings, and sports physical to community members.

## Economic Value of Community Benefit

| 152 Mercy Medical Center (Mt. Shasta)   |                |                     |                           |                     |                      |
|---|----------------|---------------------|---------------------------|---------------------|----------------------|
| Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare) |                |                     |                           |                     |                      |
| For period from 07/01/2022 through 06/30/2023                                       |                |                     |                           |                     |                      |
|   | <u>Persons</u> | <u>Expense</u>      | <u>Offsetting Revenue</u> | <u>Net Benefit</u>  | <u>% of Expenses</u> |
| <b><u>Benefits for Poor</u></b>   |                |                     |                           |                     |                      |
| Financial Assistance  | 3,501          | \$1,320,017         | \$0                       | \$1,320,017         | 1.8%                 |
| Medicaid  | 10,243         | \$21,674,628        | \$16,807,367              | \$4,867,261         | 6.8%                 |
| <b>Community Services</b>   |                |                     |                           |                     |                      |
| E - Cash and In-Kind Contributions  | 1              | \$122,336           | \$0                       | \$122,336           | 0.2%                 |
| G - Community Benefit Operations  | 1              | \$36,521            | \$0                       | \$36,521            | 0.1%                 |
| <b>Totals for Community Services</b>  | <b>2</b>       | <b>\$158,857</b>    | <b>\$0</b>                | <b>\$158,857</b>    | <b>0.2%</b>          |
| <b>Totals for Benefits for Poor</b>   | <b>13,746</b>  | <b>\$23,153,502</b> | <b>\$16,807,367</b>       | <b>\$6,346,135</b>  | <b>8.9%</b>          |
| <b><u>Benefits for Broader Community</u></b>  |                |                     |                           |                     |                      |
| <b>Community Services</b>   |                |                     |                           |                     |                      |
| A - Community Health Improvement Services   | 378            | \$12,239            | \$0                       | \$12,239            | 0.0%                 |
| E - Cash and In-Kind Contributions  | 3              | \$6,000             | \$0                       | \$6,000             | 0.0%                 |
| F - Community Building Activities   | 1,468          | \$5,880             | \$0                       | \$5,880             | 0.0%                 |
| <b>Totals for Community Services</b>  | <b>1,849</b>   | <b>\$24,119</b>     | <b>0</b>                  | <b>\$24,119</b>     | <b>0.0%</b>          |
| <b>Totals for Broader Community</b>   | <b>1,849</b>   | <b>\$24,119</b>     | <b>\$0</b>                | <b>\$24,119</b>     | <b>0.0%</b>          |
| <b>Totals - Community Benefit</b>   | <b>15,595</b>  | <b>\$23,177,621</b> | <b>\$16,807,367</b>       | <b>\$6,370,254</b>  | <b>8.9%</b>          |
| <b>Medicare</b>   | <b>18,644</b>  | <b>\$27,861,591</b> | <b>\$19,047,468</b>       | <b>\$8,814,123</b>  | <b>12.3%</b>         |
| <b>Totals Including Medicare</b>  | <b>34,239</b>  | <b>\$51,039,212</b> | <b>\$35,854,835</b>       | <b>\$15,184,377</b> | <b>21.2%</b>         |

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

## Hospital Board and Committee Rosters

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

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

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

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