St. Elizabeth Community Hospital

Community Benefit 2019 Report and 2020 Plan

Adopted November 2020

Dignity Health™
St. Elizabeth Community Hospital

A message from

Rodger Page, President and CEO of St. Elizabeth Community Hospital, and Eva Jimenez, Chair of the Dignity Health North State Community Board.

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

St. Elizabeth Community Hospital shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2020 Report and 2021 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntary produce these reports and plans, as well. 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 2020 (FY20), St. Elizabeth Community Hospital provided $6,044,203 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $13,733,301 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2020 Report and 2021 Plan at its November 12, 2020 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching to out to Alexis Ross, Director Community Health at 530.225.6114 or by email at alexis.ross@dignityhealth.org.

Rodger Page
President/CEO

Eva Jimenez
Chairperson, Board of Directors

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At-a-Glance Summary

Community Served	St. Elizabeth Community Hospital is located off of California Interstate 5 in Red Bluff, and serves a core service area population of 86,090 residents. Tehama County is a rural county with the residents being spread out over approximately 2,962 square miles. Due to the rural nature of the county, access to care is a consistent barrier for the many medically underserved residents, including those who may be low income and/or minorities. The majority of individuals served reside in Tehama County, however, these services extend to bordering communities in Glenn and Shasta counties. The following zip codes make up the core service area for St. Elizabeth Community Hospital: 95963, 96021, 96022, 96035, 96055, and 96080.
Economic Value of Community Benefit	$6,044,203 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits $13,733,301 in unreimbursed costs of caring for patients covered by Medicare
Significant Community Health Needs Being Addressed	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: • Access to Care • Aging Issues • Homelessness • Mental Health
FY20 Programs and Services	The hospital delivered several programs and services to help address identified significant community health needs. These included: • Diabetes Education and Diabetes Support Groups • Mammography assistance program • Medications for Indigent Patients • Participation in local health fairs offering nutrition services consultation, glucose and cholesterol testing • Provide community grants to local non-profit organizations • Sports medicine program and sports physicals to students • Transportation Services
FY21 Planned Programs and Services	For FY21, the hospital plans to build upon many of the FY20 initiatives and explore new partnership opportunities with Tehama County community organizations with the intention of them continuing over the next two years.

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

Written comments on this report can be submitted to the St. Elizabeth Community Hospital Community Health Office, 2550 Sister Mary Columba Dr., Red Bluff, CA 96080 or by e-mail to alexis.ross@dignityhealth.org.

Our Hospital and the Community Served

About St. Elizabeth Community Hospital

St. Elizabeth Community Hospital is a member of Dignity Health, which is a part of CommonSpirit Health.

St. Elizabeth Community Hospital is located in Tehama County which consists of 2,951 square miles and is approximately midway between Sacramento and the Oregon border. The county is bordered by Glenn County to the south, Trinity and Mendocino counties to the west, Shasta County to the north, and Butte and Plumas counties to the east. The county is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor.

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

St. Elizabeth Community Hospital delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of our mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.

A plain language summary of the policy is at the end of this report. The financial assistance policy and plain language summary are on the hospital's web site.

Description of the Community Served

St. Elizabeth Community Hospital serves a core service area population of 86,762 residents. Tehama County is a rural county with the residents being spread out over approximately 2,950 square miles. Due to the rural nature of the county access to care is a consistent barrier for the medically underserved residents who experience low income status and may be in a minority population.

Tehama County is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor. While the majority of individuals served reside in Tehama County there are community health services available to bordering communities located in Glenn and Butte counties.

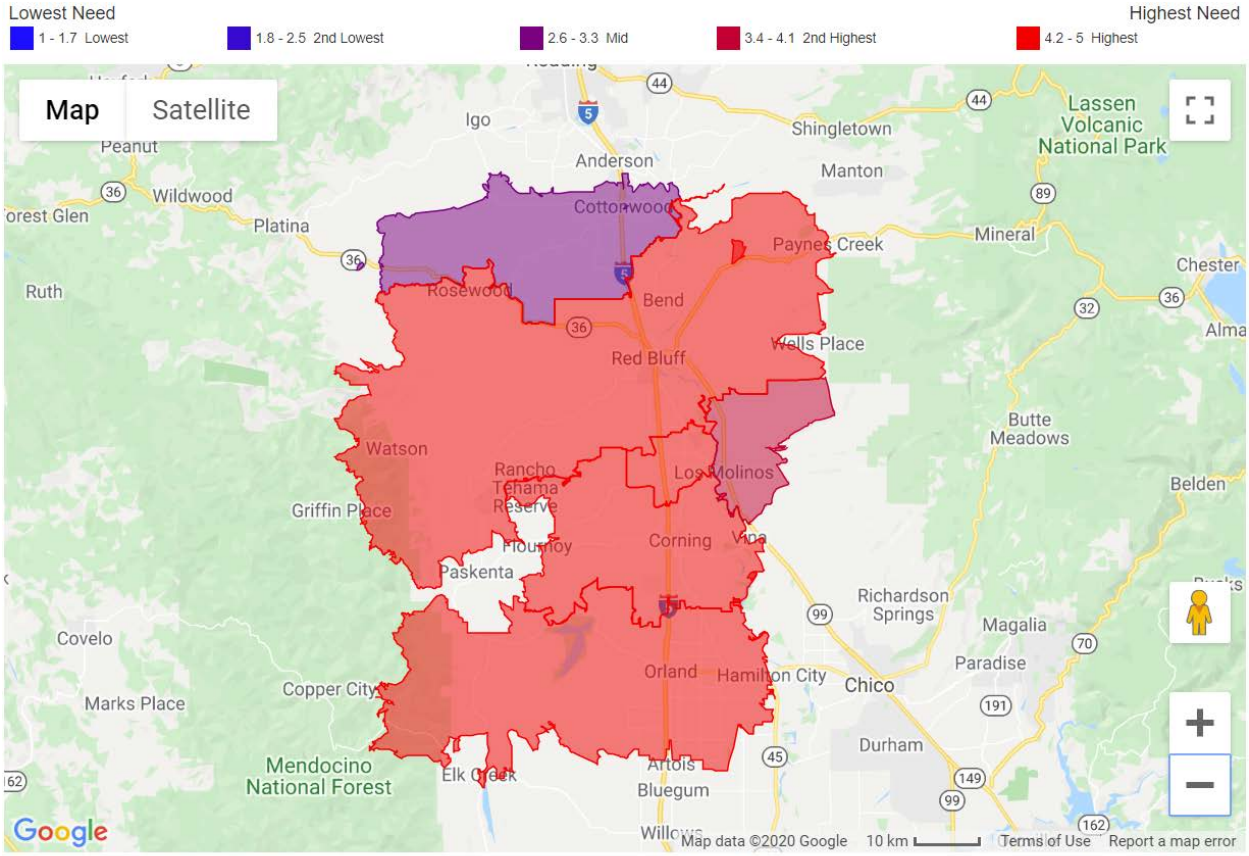
St. Elizabeth Community Hospital serves a core service area comprised mostly of six codes located in Tehama County. Dignity Health hospitals define service areas as the geographic area served by the hospital based on a percentage of hospital discharges and is also used in various other departments of the system and hospital, including strategy and planning. The following zip codes make up the core service area for St. Elizabeth Community Hospital: 95963, 96021, 96022, 96035, 96055, and 96080. A summary description of the hospital's core service area demographic indicators using © 2018 IBM Watson Health Analytics is listed below, and additional details can be found in the CHNA report online.

- Total Population: 86,572
- Hispanic or Latino: 29.0%
- Race: 63.8% White, 0.7% Black/African American, 1.7% Asian/Pacific Islander, 4.8% All Others
- Below Poverty: 14.4%
- Unemployment: 9.6%
- No High School Diploma: 17.5%
- Medicaid (household): 10.2%
- Uninsured (household): 6.7%

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Mean(zipcode): 4.2 / Mean(person): 4.2 CNI Score Median: 4.3 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
95963	5	16761	Orland	Glenn	California
96021	4.6	16387	Corning	Tehama	California
96022	3.2	16197	Cottonwood	Tehama	California
96035	4.4	3712	Gerber	Tehama	California
96055	3.6	3805	Los Molinos	Tehama	California
96080	4.2	29710	Red Bluff	Tehama	California

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 June, 2019.

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/stelizabethhospital/about-us/community-benefit or upon request at the hospital's Community Health office.

Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

- Access to Care (primary, specialty, urgent care)
  Efforts are continually being made to assist more people in accessing affordable, quality health care; however, limitations to health care access can greatly impact people's ability to reach their full potential, negatively affecting their quality of life. Tehama County's ratio of primary care, mental health, and dental providers to residents falls significantly below the statewide average. In addition, access to care for patients is hampered by provider shortages in the area and/or providers (clinics) who are not accepting new patients.

- Aging Issues (Alzheimer's, dementia)
  Tehama County demographics indicate that 18.9% of those living in the hospital's service area are aged 65 and over. As Americans live longer, growth in the number of older adults is unprecedented. The US population aged 65 or older is projected to reach 23.5% (98 million) by 2060. Aging adults experience higher risk of chronic disease which can negatively impact overall quality of life, increase utilization of emergency room care, and contribute to leading causes for death in older adults. Common chronic diseases include: heart disease, cancer, chronic bronchitis or emphysema, stroke, diabetes, and Alzheimer's disease.

- Homelessness

  The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care (CoCs) conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night[1]. Preliminary results for the 2019 Point-in-Time survey showed that the numbers of individuals experiencing homelessness was 281. This is an increase of 55.8% since 2017.

- Mental Health

  There is a severe lack of access to mental health services in St. Elizabeth Community Hospital's service area due to a lack of providers and lack of ongoing sustainable funding for services. Compared to California, Tehama County has a significantly lower rate of providers relative to the population. Tehama County residents report slightly higher rates of reported mentally unhealthy days and frequent mental distress days.

Significant Needs the Hospital Does Not Intend to Address

St. Elizabeth Community Hospital does not have the capacity or resources to address all identified significant health needs. The hospital is not directly planning interventions that would fully address aging issues and homelessness. Tehama County is home to a wealth of organizations, businesses, and nonprofits that currently offer programs and services in several of the identified significant health needs areas. While there are potential resources available to address all of the identified needs of the community, the needs are too significant and diverse for any one organization. St. Elizabeth Community Hospital will continue to build community capacity by strengthening partnerships among local community based organizations.

[1] HUD Exchange

2020 Report and 2021 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 FY20 and planned activities for FY21, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

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

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

Creating the Community Benefit Plan

St. Elizabeth Community 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. A broad approach with multi-disciplinary teams is taken when planning and developing initiatives to address priority health issues. During the initiative inception phase, Community Health Staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of leadership teams at both the service area and local levels from Mission Integration, IT, Legal, Administration, Strategy, and Finance. These core teams help shape initiatives, provide internal perspective on issues, and help define appropriate processes, procedures and methodologies for measuring outcomes. In addition to internal core teams, St. Elizabeth Community Hospital also widens the scope of program design and elicits design input, feedback, recommendations, and concerns from the following groups:

- North State Community Board
- St. Elizabeth Community Hospital Advisory Council
- Local Area Community Grant Committee

Impact of the Coronavirus Pandemic

In response to the Coronavirus pandemic, the Hospital recognized and responded to the ongoing health and basic needs of our community members. Hospital staff engaged in daily communication meetings with the Tehama County Public Health Department which allowed the hospital to respond promptly to the evolving needs of the community. Conversations with local county government included the development of collaborative plans to respond to the potential need for additional equipment, such as ventilators and ICU beds to be purchased to augment our response to the COVID pandemic. Additionally, the Hospital donated of supplies and equipment to a non-profit group in a neighboring county to further support healthcare facilities overseas.

In response to the need for increased community testing, the Solano Street Medical Clinic dedicated one full day a week for two months to offer a drive through COVID testing clinic at which time they partnered and regularly reported testing volumes to the county. As the testing numbers increased, the clinic responded accordingly and now offers COVID screening tests two afternoons a week to provide convenient testing to those who reside in the south county.

The Lassen Red Bluff Clinic responded to the Coronavirus limitations by offering their Coumadin clinic as a drive through service rather than requiring these compromised patients to enter the clinic thus limiting their exposure to the general population during the height of the pandemic. The Coumadin drive through clinic was held once a week for a month until the temperatures prohibited the clinicians and the patients from remaining in their cars for this clinic.

Community Health staff also reached out to all local community partners, collaboratives, and coalitions and provided Coronavirus related patient education for dissemination to their clients and family members. The Hospital's marketing team provided an essential role in disseminating frequent messaging through the use of social media to keep our community residents aware of any changes in the facility as a result of the pandemic.

In FY21, the Hospital plans to continue to monitor and respond to the community health needs of the community through creating capacity to meet the acute care needs of community members, as well as, leverage the community grants program to help our community partners meet the needs of their clients.

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.

Health Need: Access to Care

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Provide services for vulnerable populations	Financial Assistance for uninsured/underinsured and low income residents. Rural Health Clinics offering sliding fee scale for patients who do not qualify for insurance	☒	☒
Increase Access to Care	Physician recruitment efforts. Rural Health Clinics eligible for federal and state student loan repayment programs for clinicians. Offer convenient appointments on the weekend acute care walk in or drive through clinic appointments. When appropriate, offer video and telephone visits to those who's health may limit their ability to drive to their appointment.	☒	☒
Community Support	Develop partnerships with Rolling Hills Clinic, Federally Qualified Indian Health Clinic; Greenville Rancheria; Tehama County Public Health; Tehama County Dental Health Program	☒	☒
Health Education Outreach	LIFT (Poor and the Homeless Health Fair); Latino Multicultural Health Fair; Greenville Rancheria Wellness Fair; Senior Health Fair; Corning Olive Festival; Bi National Health Fairs participation offering nutrition services consultation, blood pressure screenings, and high school sports physicals for all area high schools are offered supported by the clinics and hospital staff when appropriate. Director for the United Way of Northern California 2-1-1 program, providing information and collaborative partner information for access to services.	☒	☒
Emergency Department Based Patient Navigation	The Patient Navigator program focuses on assisting patients who rely on the emergency department for non-urgent needs. The navigators assist patients with scheduling follow-up appointments and any other barriers that may create obstacles with accessing care. This program represents a unique collaboration between California Health and Wellness, a Medi-Cal insurance plan, and the hospital. Unfortunately due to economic reasons, this program has been discontinued. SECH	☒	☒

	would welcome a continued opportunity to pursue a navigation relationship in the future.		
Health Screening	Los Molinos Middle and High School, Corning High School – onsite health screenings for children. Tehama County school physicals offered by Lassen Medical Clinic Red Bluff.	☒	☒

Impact: The hospital's initiatives to address access to care and preventative healthcare services are anticipated to result in improved access to health care and social services. Accessible health care services can help prevent disease and disability, detect and treat illnesses, maintain quality of life, and extend life expectancy.

Collaboration: St. Elizabeth Community Hospital will continue to to seek out partnerships with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future.

Health Need: Mental Health

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Community Support	Partnership with PATH; Tehama County Public Health; Tehama County Dental Health Program	☒	☒
Tele-Psychiatry	Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with inpatients, improving access to timely quality care. Access is available to both the ED and inpatient setting.	☒	☒
Community Mental Health Resources/Partnership	Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. Have developed an even stronger relationship with County Mental Health to manage difficult to place patients.	☒	☒
Behavioral Evaluation Services	Coordinate behavioral health evaluations with Tehama County Behavioral Health Department to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.	☒	☒

Outpatient Clinic Behavioral Health Services	Recruitment of Behavioral Health Specialist (LCSW) to the Women's Health Services Clinic in Red Bluff. Mental Health Therapist (LCSW) position established with Solano Street Medical Clinic under the National Health Service Corps Loan Repayment Program. Completed a reassessment of our NHSC scoring and increased both clinic area rating by 3 points (higher is better). Outpatient referrals to behavioral health in local communities to Tehama County Behavioral Health, Family Counseling Center in Red Bluff and Corning, and individual therapists in local communities. Researching the ability to partner with the Corning Health District to partner in a LCSW placement at Solano Street Medical Clinic.	☐	☒

Impact: The hospital's initiatives to address mental/behavioral health and co-occurring substance abuse have anticipated results in: increasing the community's knowledge of common mental health issues and how to deal with them, empowering the community to understand prescription drug abuse, and support projects that will impact the community's access to mental/behavioral health services.

Collaboration: St. Elizabeth Community Hospital will continue to partner with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future.

Community 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.

In FY20, the hospital awarded the grants below totaling $46,612. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Poor and the Homeless (PATH)	Path Transitional Care	$21,500
Family Services Agency	Increasing access to Mental Health Counseling	$25,112

Program Digests

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

Increasing Diabetes Awareness and Education	
Significant Health Needs Addressed	✓ Access to Care ✓ Aging Issues ✓ Homelessness ✓ Mental Health
Program Description	Diabetes is a growing health concern in Tehama County. Diabetes risk factors include age, genetics in addition to lifestyle and dietary factors. Diabetes education and medical nutrition therapy has been shown to significantly improve HgA1c and can improve knowledge and skills needed to modify behaviors and assist patients in self-managing their condition. St. Elizabeth Community Hospital Diabetes program consists of outpatient diabetes-focused medical nutrition therapy (MNT), community diabetes classes and support groups, community outreach, inpatient education and discharge follow-up phone calls to promote ongoing wellness. These visits continued during COVID as telephone virtual visits and remained relatively consistent in completion.
Community Benefit Category	A – Community Health Improvement Services
FY 2020 Report	
Program Goal / Anticipated Impact	Improve community awareness and detection of diabetes within the population served and increase knowledge of diabetes management through outreach and education.
Measurable Objective(s) with Indicator(s)	Increased knowledge and awareness of diabetes management education services among community members measured by the number of attendees at classes, support groups and MNT visits.
Intervention Actions for Achieving Goal	▪ Participation in community education events to increase diabetes awareness and provide screenings ▪ Provide community classes and support groups (Living Well with Diabetes and Diabetes Support Group). ▪ Provide medical nutrition therapy (MNT) and diabetes education services ▪ Collaborate with community providers to improve access to diabetes education services. ▪ Explore additional interventions for diabetes education for the community

Collaboration	Continue collaboration with local community-based organizations and health care centers including but not limited to Lassen Medical Group, Greenville Rancheria Tribal Health Center, Corning Senior Center, and Feather River Community Health.
Performance / Impact	▪ Dietitian participated in four community education events July, 2019, through February, 2020. ▪ Provided four Living Well with Diabetes community classes and five support groups between July, 2019 and February, 2020. A total of 62 individuals participated in the classes and support groups. ▪ Medical nutrition therapy (MNT) and diabetes education services were provided to 537 individuals throughout the fiscal year. Services were seamlessly transitioned to telehealth visits between March and June, 2020. ▪ Continued to collaborate with current community providers to improve access to diabetes. In addition, Dietitian s are now receiving new referrals from healthcare providers and Endocrinologists from Redding, Orland, and Chico. ▪ Lassen Clinics dedicated a care team to provide personal support to patients who need to lower their HgA1c levels – measures are reported on a monthly basis and adjustments are made accordingly. ▪ This program continued during the pandemic providing diabetes care to Lassen patients including A1c testing. A1c <9% over all percentage has remained the same with some providers showing a small increase of their patient A1c results being <9% which means they have been able to manage their patients during this time. Note: due to COVID-19 all planned community events and support groups were canceled after March, 2020 for the remainder of the fiscal year.
Hospital's Contribution / Program Expense	$3,729
FY 2021 Plan	
Program Goal / Anticipated Impact	Improve community awareness and detection of diabetes within the population served and increase knowledge of diabetes management through outreach and education.
Measurable Objective(s) with Indicator(s)	Increase knowledge and awareness of diabetes management education services among community members measured by the number of attendees at classes, support groups, and MNT visits.
Intervention Actions for Achieving Goal	▪ Using technology to provide better diabetes outreach and education – i.e. Zoom, telehealth visits, videos, etc. ▪ Participation in community education events to increase diabetes awareness and provide screenings as available ▪ Provide community classes and support groups (Living Well with Diabetes and Diabetes Support Group).

	▪ Provide medical nutrition therapy (MNT) and diabetes education services ▪ Continue the Lassen Clinic dedicated care team for diabetes management and tracking. ▪ Collaborate with community providers to improve access to diabetes education services.
Planned Collaboration	Continue collaboration with local community-based organizations, healthcare provider offices, and healthcare centers in Tehama County and surrounding Northstate.

Access to Care

Significant Health Needs Addressed	✓ Access to Care ❑ Aging Issues ❑ Homelessness ✓ Mental Health
Program Description	The hospital's initiatives to address access to high quality health care and services are anticipated to result in: increased timely access and services; increased knowledge about how to access and navigate the health care system and reduce barriers to care.
Community Benefit Category	A3 – Healthcare Support Services
FY 2020 Report	
Program Goal / Anticipated Impact	Increased availability of outpatient oncology services including chemotherapy infusion in the community, relieving the burden of individuals driving great distances to receive this type of care.
Measurable Objective(s) with Indicator(s)	Increase the number of individuals seen at the clinic for chemotherapy services during the fiscal year
Intervention Actions for Achieving Goal	▪ The hospital will offer outpatient oncology clinic and chemo infusion services beginning in FY20.
Collaboration	None
Performance / Impact	The Oncology and Infusion clinics were opened in October, 2019 and have offered services for infusion, chemo infusion and oncology patients. The volume has steadily increased and additional services and clinician coverage are underway. During the pandemic, the oncology and infusion center assumed the role of RN navigation and provided over 104 hours dedicated to community screening needs.

	The advocate activities included the distribution of 45 gas cards ($25 =$1125.00) and the attendance at a variety of cancer awareness and fundraising event.
Hospital's Contribution / Program Expense	In FY20 1,058 visits were completed and the total expenses were $744k. The Oncology clinic is staffed by 4 full time employees and the infusion center employs 4 additional staff resulting in $470k.
FY 2021 Plan	
Program Goal / Anticipated Impact	Increased availability of outpatient oncology services including chemotherapy infusion in the community, relieving the burden of individuals driving great distances to receive this type of care.
Measurable Objective(s) with Indicator(s)	The clinic will continue to offer infusion and oncology services with the intention of adding a second oncologist to ensure prompt availability for cancer and infusion patients.
Intervention Actions for Achieving Goal	Continued efforts to recruit and retain our existing and an additional oncologist.
Planned Collaboration	The clinic manager has established strong relationships with the Redding Cancer League, American Cancer Society and local health agencies to ensure educational and awareness efforts are realized.

Transportation	
Significant Health Needs Addressed	✓ Access to Care ❑ Aging Issues ❑ Homelessness ✓ Mental Health
Program Description	The hospital's initiatives to address access to high quality health care and services are anticipated to result in: increased timely access and services; increased knowledge about how to access and navigate the health care system and reduce barriers to care.
Community Benefit Category	A3 – Healthcare Support Services
FY 2020 Report	
Program Goal / Anticipated Impact	Improve access to healthcare services and medical appointments resulting in improved outcomes and improved quality of life.
Measurable Objective(s) with Indicator(s)	Increase the number of individuals participating in the transportation program.
Intervention Actions for Achieving Goal	Launch a subsidized patient transportation program to improve access to medical care. Program will be designed to assist community members to

	get to all medical appointments, regardless of affiliation with the hospital.
Collaboration	Connected Living
Performance / Impact	The program began in October, 2019 and ran through March, 2020 providing 110 transports to medical appointments over approximately 1,200 miles. Unfortunately, due to COVID, the program was put on hold for the remainder of the FY20.
Hospital's Contribution / Program Expense	$134,000
FY 2021 Plan	
Program Goal / Anticipated Impact	Improve access to healthcare services and medical appointments resulting in improved outcomes and improved quality of life.
Measurable Objective(s) with Indicator(s)	Review monthly the number of rides provided and where those rides are generated from.
Intervention Actions for Achieving Goal	Launch a subsidized patient transportation program to improve access to medical care. Program will be designed to assist community members to get to all medical appointments, regardless of affiliation with the hospital.
Planned Collaboration	We are currently researching additional partners for this program

Mental Health	
Significant Health Needs Addressed	✓ Access to Care ❑ Aging Issues ❑ Homelessness ✓ Mental Health
Program Description	The hospital's initiatives to address access to behavioral health services are anticipated to result in: expanded access to behavioral health services; increased knowledge about how to access and navigate the health care system; and reduce barriers to care.
Community Benefit Category	A3 – Healthcare Support Services
FY 2020 Report	
Program Goal / Anticipated Impact	Expanded access to behavioral health services

Measurable Objective(s) with Indicator(s)	Expand the infrastructure for behavioral health services in outpatient rural clinics and increase availability of services in the community measured
Intervention Actions for Achieving Goal	▪ Hire and/or contracting of a part time behavioral health provider ▪ Increase the number of individuals seen locally for behavioral health services beginning the last quarter of the fiscal year ▪ Contracting and/or recruitment for behavioral health provider to provide client visits within the outpatient Rural Health Clinics ▪ Recruitment of Behavioral Health Specialist to the Women's Health Services Clinic in Red Bluff. ▪ Recruitment of Mental Health Therapist position to be established with Solano Street Medical Clinic under the National Health Service Corps Loan Repayment Program.
Collaboration	Potential collaboration with Greenville Rancheria; recently awarded $265,000 from HRSA to expand behavioral health services in Tehama County. Consideration of a contract for a behavioral health provider in the Rural Health Clinic and/or to accept direct referrals for services to Greenville Rancheria from St. Elizabeth Community Hospital outpatient clinics
Performance / Impact	Recruitment for a licensed mental health clinician is ongoing and unfortunately was not achieved. We are continuing our efforts and have also secured a better NHSC score which will increase our appeal to LCSW who have outstanding educational and licensing loan repayment.
Hospital's Contribution / Program Expense	NA
FY 2021 Plan	
Program Goal / Anticipated Impact	The hospital's initiatives to address access to behavioral health services are anticipated to result in: expanded access to behavioral health services; increased knowledge about how to access and navigate the health care system; and reduce barriers to care.
Measurable Objective(s) with Indicator(s)	Recruitment for a licensed mental health clinician is ongoing and unfortunately was not achieved. We are continuing our efforts and have also secured a better NHSC score which will increase our appeal to LCSW who have outstanding educational and licensing loan repayment.
Intervention Actions for Achieving Goal	• Partnership with PATH; Tehama County Public Health; Tehama County Dental Health Program • Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with inpatients, improving access to timely quality care. Access is available to both the ED and inpatient setting. • Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. Have developed an even stronger relationship with County Mental Health to manage difficult to place patients.

	• Coordinate behavioral health evaluations with Tehama County Behavioral Health Department to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.
Planned Collaboration	Partnership with PATH; Tehama County Public Health; Tehama County Dental Health Program

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.

St. Elizabeth Community Hospital Administration serves on the Tehama County Health Board, Tehama County Public Health Advisory Board, Public Health Advisory Board and United Way Board. Economic development is instrumental to Tehama County and surrounding areas therefore, clinic leadership has served on the Corning Chamber of Commerce Board of Directors. Additionally, the President of the Hospital serves on the Tehama County Economic Development Corporation Board. Several members of the leadership team are members are active in community service clubs such as Rotary, Farm Bureau, and Soroptimist.

St. Elizabeth Community Hospital also donates meeting space for a variety of community service groups including alcoholics anonymous, overeater's anonymous, diabetic support, childbirth education, and head trauma support.

On the ecology front, St. Elizabeth Community Hospital continues to be a leader in waste management and reduction. St. Elizabeth Community Hospital partners with Tehama County Waste Management to provide SHARPS containers and collection on campus. St. Elizabeth Community Hospital continues to have recycling bins available in every department and throughout the clinics.

Additionally, members of the hospital's leadership and management teams volunteer significant time and expertise as committee and/or board members of nonprofit health care organizations and civic and service agencies such as:

- Tehama County Domestic Violence, CSEC
- American Association of Diabetes Educators
- Tehama County Health Care Coalition
- Tehama County Economic Development

Economic Value of Community Benefit

153 St. Elizabeth Community Hospital
Complete Summary - Classified Including Non Community Benefit (Medicare)
For period from 7/1/2019 through 6/30/2020

	Persons	Net Benefit	% of Expenses
Benefits for Poor			
Financial Assistance	**3,411**	**2,689,506**	**2.0%**
Medicaid	**26,057**	**3,244,563**	**2.4%**
Means-Tested Programs	**9**	**5,671**	**0.0%**
Community Services			
A - Community Health Improvement Services	147	29,500	0.0%
E - Cash and In-Kind Contributions*	6	0	0.0%
G - Community Benefit Operations	0	26,683	0.0%
Totals for Community Services	**153**	**56,183**	**0.0%**
Totals for Poor	**29,630**	**5,995,923**	**4.4%**
Benefits for Broader Community			
Community Services			
A - Community Health Improvement Services	116	4,122	0.0%
C - Subsidized Health Services	9	20,879	0.0%
E - Cash and In-Kind Contributions	109	21,413	0.0%
F - Community Building Activities	6	1,866	0.0%
Totals for Community Services	**240**	**48,280**	**0.0%**
Totals for Broader Community	**240**	**48,280**	**0.0%**
Totals - Community Benefit	**29,870**	**6,044,203**	**4.4%**
Medicare	**27,543**	**13,733,301**	**10.1%**
Totals with Medicare	**57,413**	**19,777,504**	**14.5%**

*Cash and in-kind contributions reported at $0 net benefit due to return of a large donation in the fiscal year.

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

FY 2021
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Eva Jimenez, Chairperson

Riico Dotson, M.D., Secretary

Todd Strumwasser, M.D., SVP Northern California Division

Fernando Alvarez, M.D.

Diane Brickell

Sister Clare Marie Dalton

Ryan Denham

Piyush Dhanuka, M.D.

Sandra Dole

Alan Foley

Nikita Gill, M.D.

David Holst, M.D.

Hillary Lindauer

Sister Bridget McCarthy

Patrick Quintal, M.D.

Guarav Wahi, D.O.

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

Lynn Strack, Executive Assistant
Dignity Health North State
P.O. Box 496009
Redding, CA 96049-6009
(530) 225-6103
(530) 225-6118 fax

FY 2020
ST. ELIZABETH COMMUNITY HOSPITAL
LOCAL ADVISORY COUNCIL MEMBERS

Community Members

Tony Cardenas, Former Corning Police Chief
C. Jerome Crow, Corning Citizen at Large
Dave Gowan, Red Bluff Tehama County Chamber
Sr. Gloria Heese, Sister of Mercy
Darwyn Jones, District Manager for Walmart Distribution Center
Valerie Lucero, Co-chair (Director of Tehama County Public Health Services Agency)
Scott Malan, MD, Shasta College Professor
Maggie Michael, Alternatives to Violence
James Miller, Red Bluff Roundup
Jon Pascarella, DDS
Matt Rogers, District Attorney
Jessie Shields, Community Member, Mercy Foundation North
Mandy Staley, Tehama District Fair
Sr. Pat Manoli, Sister of Mercy

St. Elizabeth Community Hospital Staff

Rodger Page, President
Kristin Behrens, Director of Support Services
Denise Little, Manager Human Resources
Joanne Heffner, Chief Nursing Executive
Randy Pennebaker, Senior Director of Operations
Kristen Gray, Administrative Assistant to the President

Financial Assistance Policy Summary

Summary Of Financial Assistance Programs

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

Free Care

- If you are uninsured or underinsured with a family income of up to 250% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 250-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

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

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

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

Mercy Medical Center - Mt. Shasta 914 Pine St, Mt. Shasta, CA 96067 | **Financial Counseling** 530-926-7245
Patient Financial Services 888-488-7667 | www.dignityhealth.org/mercy-mtshasta/paymenthelp

Mercy Medical Center - Redding 2175 Rosaline Ave, Redding, CA 96001 | **Financial Counseling** 530-225-6312
Patient Financial Services 888-488-7667 | www.dignityhealth.org/mercy-redding/paymenthelp

St. Elizabeth Community Hospital 2250 Sister Mary Columba Drive, Red Bluff, CA 96080
Financial Counseling 530-529-8079 | **Patient Financial Services** 888-488-7667
www.dignityhealth.org/stelizabethhospital/paymenthelp

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Dignity Health.