

Mercy Medical Center Mt. Shasta

Community Benefit 2022 Report and 2023 Plan

Adopted November 2022



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 2022 Report and 2023 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 2022 (FY22), Mercy Medical Center Mt. Shasta provided \$7,494,924 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$6,453,380 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2022 Report and 2023 Plan at its November 10, 2022 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.

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>Community Served</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>Economic Value of Community Benefit</p> 	<p>\$7,494,924 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$6,453,380 in unreimbursed costs of caring for patients covered by Medicare</p>
<p>Significant Community Health Needs Being Addressed</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). This document also reports on programs delivered during fiscal year 2022 that were responsive to needs prioritized in the hospital's previous 2019 CHNA report. In most cases, the needs in the two assessments were similar or related. Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> • Access to Mental/Behavioral Health and Substance-Use Services • Access to Quality Primary Care Health Services • Injury and Disease Prevention and Management (Active Living and Healthy Eating will be indirectly addressed) Safe and Violence-Free Environment • Maternal and Child Health (2019 CHNA priority only)
<p>FY22 Programs and Services</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"> • Provide community grants to local non-profit organizations • Transportation Services • Community Grants • Bereavement Support Groups • Lactation Counseling Services • Breastfeeding Support Group • Community Health Screenings • Community Health Education
<p>FY23 Planned Programs and Services</p>	<p>For FY23, Mercy Medical Center Mt. Shasta plans to build upon many of the FY22 initiatives, explore new partnership opportunities with Siskiyou County community</p>



organizations, and intends to take actions and to dedicate resources to address these needs.

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 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

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

Significant Health Needs

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

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

Significant Health Need	Description	Intend to Address?
Living and Healthy Eating will be indirectly addressed)	manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.	
Access to 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	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.	
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.	

Significant Health Need	Description	Intend to Address?
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)

2022 Report and 2023 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 FY22 and planned activities for FY23, 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

Mercy Medical Center Mt. Shasta 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.

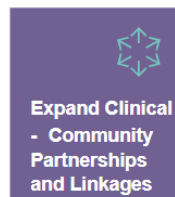


CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Advance
Community
Health
Alignment and
Integration

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



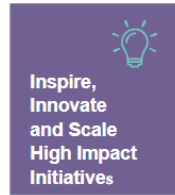
Expand Clinical
- Community
Partnerships
and Linkages

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



Build Capacity
for More
Equitable
Communities

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



Inspire,
Innovate
and Scale
High Impact
Initiatives

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.

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, Maternal and Child Health 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 and seek ways to address their specific needs.



Health Need: Maternal and Child Health (2019 CHNA priority only)

Strategy or Program	Summary Description	Active FY22	Planned FY23
Prenatal Health	<ul style="list-style-type: none"> ● Lactation Counseling Services ● Prenatal Breastfeeding Classes 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community Collaboration	<ul style="list-style-type: none"> ● Collaboration with First Five 	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Goal and Impact:

Improvements in maternal, infant and child health.



Health Need: Access to Mental/Behavioral Health and Substance-Use Services

Strategy or Program	Summary Description	Active FY22	Planned FY23
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Co-Occurring Substance Disorder Treatment Program	Suboxone clinic with x-waiver physicians and also Increased the number of x-waivered Emergency Room physicians	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Specialist	Clinical Psychiatrist in Rural Health Clinic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Education and Awareness	Provide education and awareness and reduce stigma in the community.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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 will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.

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

Strategy or Program	Summary Description	Active FY22	Planned FY23
Provide services for vulnerable populations	Financial Assistance for uninsured/underinsured and low-income residents.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Education Outreach	Participation at events as requested throughout the year.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Provide/facilitate funding and in-kind support for access to care to local community agencies	Funding directed towards access to health care programs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHW Navigator (Proposed)	MMCMS will conduct feasibility study to identify whether community health workers based in the emergency department is appropriate to assist patients with applying for immediate medical health insurance, make and keep follow up primary care appointments after visiting the ED, and navigating community health resources.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation Assistance	Address transportation barriers to accessing healthcare services. Provide van service, taxi vouchers or bus tokens to patients who need assistance with access to our facilities.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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 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: Injury and Disease Prevention (Active Living and Healthy Eating will be indirectly addressed)**

Strategy or Program	Summary Description	Active FY22	Planned FY23
Build community resiliency/Creating Healthy Communities	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. Alignment with State Priorities: Redesign the Health System: Efficient, Safe and Patient-Centered Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improve quality of life for all Siskiyou County residents through physical activity and healthy eating	Participation at community wellness/ activity events as requested throughout the year. Alignment with State Priorities: Creating Healthy Communities: Enabling Healthy Living	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Education Outreach	Participation at events as requested throughout the year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 resident’s opportunities to live healthy, productive lives.

Collaborators:

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



Health Need: Safe and Violence-Free Environment

Strategy or Program	Summary Description	Active FY22	Planned FY23
Violence Prevention & Intervention	<p>MMCMS will increase internal capacity and community capacity to identify victims and respond through the Human Trafficking Task Force. Key activities include but not limited to:</p> <ul style="list-style-type: none"> ● Provide trauma-informed care for patients ● Provide resources and support to victims of violence ● Prevent violence and intervene when suspected ● Explore opportunities to provided ongoing education and awareness to community. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Goal and Impact:

Goals:

- Prevent future traumatization once violence has occurred
- Prevent violence

Anticipated Impact:

- Increase healthcare workforce capacity to provide trauma informed care for victims of violence
- Support community capacity to reduce violence

Collaborators:

MMCMS 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 FY22, the hospital awarded the grants below totaling \$27,600. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
United Way of Northern California	Siskiyou Connect	\$27,660

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.

 Access to Care	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Access to Mental/Behavioral Health and Substance-Use Services ✓ Access to Quality Primary Care Health Services ☐ Injury and Disease Prevention, Including Active Living and Healthy Eating ☐ Safe and Violence-Free Environment
Program Description	<p>CHW Navigator (Proposed)</p> <p>MMCMS will conduct feasibility study to identify whether community health workers based in the emergency department is appropriate to assist patients with applying for immediate medical health insurance, make and keep follow up primary care appointments after visiting the ED, and navigating community health resources.</p>
Population Served	Low-income and vulnerable populations
Program Goal / Anticipated Impact	<p>Goal</p> <p>To improve and increase access to health care and preventive services and for low-income and vulnerable populations that is culturally and linguistically appropriate by deploying programs to assist in the navigation of the health care system, provide education, and enrollment assistance.</p>

	<p>Anticipated Impact</p> <ul style="list-style-type: none"> • Determine feasibility of proposed intervention • Identify baseline measurements • Reduce the utilization of Emergency Departments for “avoidable”, non-emergency visits • Reduce the rates of uninsured people in the community • Increase access points for health-related and social needs
FY 2022 Report	
Activities Summary	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.
Performance / Impact	Increased availability of services including chemotherapy infusion in the community, relieving the burden of individuals driving great distances to receive this type of care.
FY 2023 Plan	
Program Goal / Anticipated Impact	<p>Goal</p> <p>To improve and increase access to health care and preventive services and for low-income and vulnerable populations that is culturally and linguistically appropriate by deploying programs to assist in the navigation of the health care system, provide education, and enrollment assistance.</p> <p>Anticipated Impact</p> <ul style="list-style-type: none"> • Determine feasibility of proposed intervention • Identify baseline measurements • Reduce the utilization of Emergency Departments for “avoidable”, non-emergency visits • Reduce the rates of uninsured people in the community • Increase access points for health-related and social needs
Planned Activities	<p>CHW Navigator (Proposed)</p> <p>MMCMS will conduct feasibility study to identify whether community health workers based in the emergency department is appropriate to assist patients with applying for immediate medical health insurance, make and keep follow up primary care appointments after visiting the ED, and navigating community health resources.</p>



Maternal and Child Health (2019 CHNA Priority Only)

Significant Health Needs Addressed	<input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Maternal and Child Health <input type="checkbox"/> Mental Health
Program Description	Address transportation barriers to accessing healthcare services.
Population Served	Low-income and vulnerable populations
Program Goal / Anticipated Impact	A reduction in opioid exposed infants at birth or in early childhood.
FY 2022 Report	
Activities Summary	<ul style="list-style-type: none">● Provide Safe sleep Education to the community to help reduce infant mortality rates● Provide Lactation Counseling Services; Prenatal Breastfeeding Classes; and Childbirth Classes● Continue Partnership with Great Northern Services for the Free Summer Lunch Program for children ages 18 and under● Collaborate with First 5 Siskiyou to bring Adverse Childhood Experiences (ACEs) educational opportunities to community
Performance / Impact	Increase healthcare provider awareness of the number of opioid dependent mothers in Siskiyou County.

Economic Value of Community Benefit

Mercy Medical Center (Mt. Shasta)					
Complete Summary - Classified Including Non Community Benefit (Medicare)					
For period from 7/1/2021 through 6/30/2022					
	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
Benefits For Poor					
Financial Assistance	4,470	1,306,175	0	1,306,175	1.9%
Medicaid	10,150	15,181,393	9,101,180	6,080,213	8.8%
Community Services					
E - Cash and In-Kind Contributions	1	50,650	0	50,650	0.1%
G - Community Benefit Operations	0	41,220	0	41,220	0.1%
Totals for Community Services	1	91,870	0	91,870	0.1%
Totals for Poor	14,621	16,579,438	9,101,180	7,478,258	10.8%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	389	10,705	0	10,705	0.0%
E - Cash and In-Kind Contributions	3	3,355	0	3,355	0.0%
F - Community Building Activities	1	2,606	0	2,606	0.0%
Totals for Community Services	393	16,666	0	16,666	0.0%
Totals for Broader Community	393	16,666	0	16,666	0.0%
Totals - Community Benefit	15,014	16,596,104	9,101,180	7,494,924	10.8%
Medicare	18,628	27,781,346	21,327,966	6,453,380	9.3%
Totals with Medicare	33,642	44,377,450	30,429,146	13,948,304	20.2%

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

Riico Dotson, M.D., Chairperson
Karolina DeAugustinis, M.D., Secretary
Todd Strumwasser, M.D., SVP Northern California Division
Alan Foley
Eva Jimenez
Irene DeLao
Keith Cool
Mary Rushka
Mike Davis
Nikita Gill, M.D.
Patrick Quintal, M.D.
Paul Johnson, M.D.
Robert Evans, M.D.
Russ Porterfield
Ryan Denham
Sister Bridget McCarthy
Sister Clare Marie Dalton

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

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