Sierra Nevada Memorial Hospital Community Benefit 2024 Report and 2025 Plan



Adopted November 2024



A message from

Scott Neeley, MD, President and CEO, and Stephanie Ortiz, Chair of the Dignity Health Sierra Nevada Memorial Hospital 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 drivers of health.

Sierra Nevada Memorial Hospital shares a commitment with others to improve the health of our community and promote health equity, and delivers programs and services to help achieve that goal. The Community Benefit 2024 Report and 2025 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. 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 2024 (FY24), Sierra Nevada Memorial Hospital provided \$4,940,964 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$6,742,562 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2024 Report and 2025 Plan at its November 18, 2024 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 out to Brian Stoltey at brian.stoltey@commonspirit.org or (530) 274-6076.

Scott Neeley, MD President and CEO Stephanie Ortiz Chairperson, Board of Directors

Table of Contents

At-a-Glance Summary	4
Our Hospital and the Community Served	6
About the Hospital Our Mission Financial Assistance for Medically Necessary Care Description of the Community Served	6 6 6 7
Community Assessment and Significant Needs	8
Community Health Needs Assessment Significant Health Needs	8 8
2024 Report and 2025 Plan	10
Creating the Community Benefit Plan Community Health Core Strategies Report and Plan by Health Need Community Health Improvement Grants Program Program Highlights Other Programs and Non-Quantifiable Benefits	10 11 11 17 17 23
Economic Value of Community Benefit	24
Hospital Board and Committee Rosters	25

At-a-Glance Summary

Hospital HCAI ID: 106291023

Report Period Start Date: July 1, 2023

Report Period End Date: June 30, 2024

This document is publicly available online at:

https://www.dignityhealth.org/sacramento/locations/sierra-nevada-memorial-hospital/community-health-and-community-benefit

Community Served



Sierra Nevada Memorial Hospital, located in Grass Valley, California, serves over 80,000 western Nevada County residents. The community served by Sierra Nevada Memorial Hospital primarily resides in the unincorporated areas of western Nevada County and the communities of North San Juan, Pike, Washington, Graniteville, Alta Sierra, Grass Valley, Nevada City, Lake Wildwood, Penn Valley, and Smartsville. The community served by Sierra Nevada Memorial Hospital resides in one of the following zip codes: 95945, 94946, 95949, 95959, 95960, 95975, 95977, and 95986.

Economic Value of Community Benefit



\$4,940,964 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

\$6,742,562 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's net community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report.

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 Basic Needs Such as Housing, Jobs, and Food
- Access to Mental/Behavioral Health and Substance Use Services
- Access to Quality Primary Care Health Services
- Access to Specialty and Extended Care Services
- Injury and Disease Prevention and Management
- Safe and Violence-Free Environment

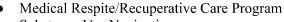
FY24 Programs and Services

The hospital delivered several programs and services to help address identified significant community health needs. These included:

- Oncology Nurse Navigator
- Alzheimer's Outreach Program



FY25 Planned Services



- Substance Use Navigation
- Patient Navigator Program
- Connecting Youth to Positive Social Determinants of Health

Existing FY24 programs will continue, with the addition of the Sierra Community Palliative Care program and the North San Juan Community Health Worker program. The Sierra Community Palliative Care program is the newly implemented Dignity Health Community Grants Program to address Access to Specialty and Extended Care Services.



Written comments on this report can be submitted to the Sierra Nevada Memorial Hospital Mission Integration and Community Health Office, 155 Glasson Way, Grass Valley, CA 95945 or by e-mail to brian.stoltey@commonspirit.org.

Our Hospital and the Community Served

About Sierra Nevada Memorial Hospital

Sierra Nevada Memorial Hospital is operated by Dignity Health, which is a part of CommonSpirit Health.

Dignity Health Sierra Nevada Memorial Hospital is situated in Nevada County, located at 155 Glasson Way in Grass Valley, California. Since opening in 1958, the hospital has expanded in numerous ways to meet the growing needs of the community. The hospital currently has 104 licensed acute-beds, including coronary, intensive, and perinatal care, a 21-bed emergency department, and is supported by over 800 employees and 100 medical staff. Sierra Nevada Memorial Hospital offers the following specialized services, including:

- Family Birth Center,
- Ambulatory Treatment Center,
- Community Cancer Center accredited by the Commission on Cancer of the American College of Surgeons,
- Diagnostic Imaging Center and Women's Imaging Center,
- Wound Care Healing & Hyperbaric Medicine Center, and,
- Certified Primary Stroke Center by the Joint Commission.

Sierra Nevada Memorial was also recognized in the Human Rights Campaign Foundation's 2022 Healthcare Equality Index (HEI) for its equitable treatment and inclusion of LGBTQ+ patients, visitors and employees.

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

Sierra Nevada Memorial Hospital, located in Grass Valley, California, serves over 80,000 western Nevada County residents. The community served by Sierra Nevada Memorial Hospital primarily resides in the unincorporated areas of western Nevada County and the communities of North San Juan, Pike, Washington, Graniteville, Alta Sierra, Grass Valley, Nevada City, Lake Wildwood, Penn Valley, and Smartsville, CA. The community served by Sierra Nevada Memorial Hospital resides in one of the following zip codes: 95945, 94946, 95949, 95959, 95960, 95975, 95977, and 95986. A summary description of the community is below. Additional details can be found in the CHNA report online.



Sierra Nevada Memorial Hospital serves a rural, mountainous community located on the western slope of the Sierra Nevada

foothills. Nevada County is in the heart of California's historic Gold Country and since 1849 the region experienced a dramatic transformation of its landscape and population growth. Currently, Nevada County's largest job sectors are government and healthcare. Nevada County is served by two hospitals, Sierra Nevada Memorial Hospital and Tahoe Forest Hospital located in Truckee, CA on the eastern edge of the county. While a number of health resources are available within its more populated communities, Nevada County's rural environment contributes to barriers in accessing health care and health-related services for individuals and families living in the county.

Demographics within Sierra Nevada Memorial Hospital's service area as derived from 2023 estimates provided by SG2's Analytics Platform (*Source: Claritas Pop-Facts*® 2023; SG2 Market Demographic Module) include:

• Total Population: 81,109

• Race/Ethnicity: Hispanic or Latino: 8.9%; White: 80.2%; Black/African American: 0.5%; Asian/Pacific Islander 1.3%; All Other 9.0%

Below Poverty: 5.4%Unemployment: 2.7%

• No High School Diploma: 4.9%

Medicaid: 22.2%Uninsured: 4.7%

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. The hospital makes the CHNA report widely available to the public online at

https://www.dignityhealth.org/sacramento/locations/sierra-nevada-memorial-hospital/community-health-and-community-benefit and upon request from the hospital's Community Health office.

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.

Community Groups that Attended or Engaged in the CHNA:

- Hospitality House, a nonprofit emergency shelter and housing provider serving Nevada County,
 and
- Connecting Point, which is dedicated to providing programs and services that promote health and independence for community members.

Vulnerable Populations Represented by These Groups:

- The unhoused,
- Individuals living with disabilities,
- Indigenous (Native American and Alaska Native), and
- The residents of Grass Valley (<50% of CA Healthy Places Index score).

Significant Health Needs

The 2022 CHNA identified ten significant needs prioritized in the order of importance and provided in the table below, which also indicates the 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.

Si	gnificant Health Need	Description	Intend to Address?
1.	Access to Basic Needs Such as Housing, Jobs, and Food	Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival.	V
2.	Access to Mental/Behavioral Health and Substance Use Services	Access to mental, behavioral, and substance-use services is essential for mental and emotional health.	V
3.	Access to Quality Primary Care Health Services	Access to primary care resources includes community clinics, pediatricians, family practice physicians, internists, nurse practitioners and physician assistants, pharmacists, telephone advice nurses, and other similar resources.	√
4.	Access to Specialty and Extended Care	Specialty and extended care services are a particular branch of medicine focused on the treatment of a particular disease. In addition to specialty care, extended care goes beyond primary care services to include skilled-nursing facilities, hospice care, and in-home healthcare.	V
5.	System Navigation	System navigation refers to an individual's ability to traverse fragmented social services and healthcare systems in order to receive the necessary benefits and supports to improve health outcomes. Addressed as part of the top four health needs listed above.	
6.	Increased Community Connections	As humans are social beings, community connection is a crucial part of living a healthy life. Addressed as part of Injury and Disease Prevention and Management and the top four health needs listed above.	
7.	Access to Functional Needs	Functional needs include indicators related to transportation and disability. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life. Addressed as part of Access to Basic Needs.	
8.	Injury and Disease Prevention and Management	Knowledge is important for individual health and well-being, and efforts aimed at injury and disease prevention are powerful vehicles to improve community health.	V
9.	Active Living and Healthy Eating	Physical activity and eating a healthy diet are important for one's overall health and well-being. Addressed through Injury and Disease Prevention and Management.	
10.	Safe and Violence-Free Environment	Feeling safe in one's home and community is fundamental to overall health.	√

Significant Needs the Hospital Does Not Intend to Address

After evaluation of the significant health needs identified in the 2022 CHNA, many of the identified health needs can be considered a component of another. The following health needs will not be addressed independently, but are considered a subset or component of another identified significant health need that is being addressed, including:

- 5. System Navigation
- 6. Increased Community Connections
- 7. Access to Functional Needs
- 9. Active Living and Healthy Eating

Sierra Nevada Memorial Hospital, as a rural community hospital, does not have the capacity or resources to independently address all ten priority health needs identified in our 2022 CHNA with unique programs. The hospital continuously strives to improve and broaden existing programs, and to identify collaborative opportunities to better serve the community.

2024 Report and 2025 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 FY24 and planned activities for FY25, 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.

Hospital and health system participants included a core internal team of clinical staff, social workers, members of the hospital leadership team, and Dignity Health leaders at the regional level from Mission



Integration and Community Health. The core team helped shape ongoing initiatives and define appropriate processes, procedures, and methodologies for measuring outcomes.

The programs and initiatives described here were selected based on their past successful interventions. The community grant program was selected by the Community Health Improvement Committee to address a currently unmet need in the community.

Community Health Core Strategies

Driven by a commitment to equity and social justice, we envision a future where health and well-being are attainable by all regardless of background or circumstance.

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 three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Strengthen community capacity to achieve equitable health and well-being.
- Implement and sustain evidence-based health improvement program initiatives.

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: 1. Access to Basic Needs Such as Housing, Jobs, and Food

Strategy or Program	Summary Description	Active FY24	Planned FY25
Medical Respite/Recuperative Care Program	A collaborative partnership with Foothill House of Hospitality, Sierra Nevada Memorial and Partnership located at Hospitality House to provide a respite/recuperative care shelter for those experiencing homelessness and wrap around services for up to 29 days.		
Patient Navigator Program	A collaboration with Partnership to assist patients that rely on the emergency department for non-urgent needs by connecting them to a medical home and schedule follow up appointments.		\boxtimes
Resources for Low-Income Patients and Unhoused Patients	The hospital partially or fully subsidizes the cost of transportation, medication, medical supplies, basic needs, and short-term room and board in the community for patients unable to access these resources after being discharged from the hospital.		\boxtimes
Connecting Youth to Positive Social Determinants of Health	A partnership between Bright Futures for Youth, Community Beyond Violence, Western Sierra Medical Clinic, and Granite Wellness to improve access to basic needs, health care, mental health supports, substance use prevention and intervention services.		

Goal and Impact: These programs provide improved coordination and access to basic needs, recuperative and respite services, and medical referrals.

Collaborators: The hospital will continue to partner with Nevada County Health and Human Services, Hospitality House, Bright Futures for Youth, Community Beyond Violence, Western Sierra Medical Clinic, and Granite Wellness, and other local community based organizations.



Health Need: 2. Access to Mental/ Behavioral Health and Substance-Use Services

Strategy or Program	Summary Description	Active FY24	Planned FY25
Nevada County Health Collaborative Integrated Network	A collaborative network to increase access, integration, and coordination of rural health services including primary care, behavioral health, and telemedicine.	\boxtimes	\boxtimes
Crisis Stabilization Unit	The Crisis Stabilization Unit (CSU), operated by Nevada County, is a 23-hour 4-bed mental health urgent care and crisis unit that provides patients in acute psychiatric crises to receive appropriate care for their psychiatric emergency.		
Mental Health Crisis Support Partnership	Nevada County contracted mental health crisis workers to assist patients in the hospital's emergency department, providing support, identifying placement, and creating safe discharge plans.		
Substance Use Navigation	Funded through grants, the CA Bridge program provides 24/7 high-quality care for individuals with substance use disorder. The program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives		
Care Transition Intervention Program	Collaborative focusing on care transition and patient navigation between organizations and develops a "no wrong door" system of referral.	\boxtimes	
Financial Assistance	Sierra Nevada provides patient financial assistance to patients and families who meet certain income requirements.		

Goal and Impact: These programs will improve care coordination and care transition to behavioral health services, as well as, provide improved substance use navigation and a "no wrong door" to individuals in need of help.

Collaborators: The hospital will partner with Nevada County Behavioral Health, FREED Center for Independent Living (Granite Wellness Center), 211 Connecting Point, Bright Futures for Youth, Community Beyond Violence, Western Sierra Medical Clinic, Granite Wellness, and local community based organizations.



Health Need: 3. Access to Quality Primary Care Health Services

Strategy or Program	Summary Description	Active FY24	Planned FY25
Patient Navigator Program	A collaboration with Partnership to assist patients that rely on the emergency department for non-urgent needs by connecting them to a medical home and schedule follow up appointments.	\boxtimes	×
Health Professions Education	Provides a clinical setting for students (nursing and other) to further their educational experience. Students could be nursing students (undergraduate) or students seeking exposure to other disciplines within the hospital including, EMT, paramedics, pharmacy, respiratory, etc.		
Care Transition Intervention Program	Collaborative focusing on care transition and patient navigation between organizations and develops a "no wrong door" system of referral.	\boxtimes	
Financial Assistance	Sierra Nevada provides patient financial assistance to patients and families who meet certain income requirements.		

Goal and Impact: These programs will increase timely access to care by improving health literacy and eliminating barriers.

Collaborators: The hospital will partner with Partnership, FREED Center for Independent Living, Granite Wellness Center, 211 Connecting Point, local medical clinics and local community based organizations.



Health Need: 4. Access to Specialty and Extended Care

Strategy or Program	Summary Description	Active FY24	Planned FY25
Oncology Nurse Navigator	The Oncology Nurse Navigation program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards.	\boxtimes	
Alzheimer's Outreach Program	The hospital's Home Care Department, in collaboration with Sierra Nevada Memorial Hospital Foundation, and Nevada County Health and Human Services offers an Alzheimer's Outreach Program that serves as a unique community education, resource and support center.		
Sierra Community Palliative Care	Serves Western Nevada County residents with life-limiting illnesses using an integrative approach to prioritize pain relief, enhance quality of life and reduce hospitalization.		\boxtimes
Care Transition Intervention Program	Collaborative focusing on care transition and patient navigation between organizations and develops a "no wrong door" system of referral.	\boxtimes	

Goal and Impact: These programs reduce barriers to specialty and extended care and improve participants' health literacy.

Collaborators: The hospital will partner with California Health and Wellness, Foothills Compassionate Care, FREED Center for Independent Living, Granite Wellness Center, 211 Connecting Point, local medical clinics and local community based organizations.



Health Need: 8. Injury and Disease Prevention and Management

Strategy or Program	Summary Description	Active FY24	Planned FY25
Oncology Nurse Navigator	The Oncology Nurse Navigation program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards.	\boxtimes	
Substance Use Navigation	Funded through grants, the CA Bridge program provides 24/7 high-quality care for individuals with substance use disorder. The program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives.		
Alzheimer's Outreach Program	The hospital's Home Care Department, in collaboration with Sierra Nevada Memorial Hospital Foundation, and Nevada County Health and Human Services offers an Alzheimer's Outreach Program that serves as a unique community education, resource and support center.		
Falls Prevention Program	The program, offered in partnership with the hospital, Sierra Nevada Memorial Hospital Foundation, and the Falls Prevention Coalition, provides education to the community about fall risk factors and prevention strategies for older adults and caregivers.		
Support Groups	Hospital-sponsored support groups are offered for cancer, brain injury, pulmonary issues, and stroke which provides an opportunity for patients and family members to share their concerns while learning to manage their condition.		

Goal and Impact: These programs improve the health and quality of life for those with chronic conditions; and create a supportive environment for individuals to learn critical skills and enhance their knowledge on self-management.

Collaborators: The hospital will partner with local medical clinics, Sierra Nevada Memorial Hospital Foundation, Nevada County Health and Human Services, and local community based organizations.

Health Need: 10. Safe and Violence-Free Environment			
Strategy or Program	Summary Description	Active FY24	Planned FY25
Community Based Violence Prevention	This program provides victim-centered, trauma-informed care for victims of violence and human trafficking and community agencies provide access to critical victim resources.	\boxtimes	\boxtimes
Domestic Violence and Sexual Assault Mobile Response Team	A collaboration providing a mobile response team for victims of domestic violence and sexual assault.		

Goal and Impact: These programs provide support and trauma -informed care to community members that are victims of violence or human trafficking and also connects them with community resources.

Collaborators: Community Beyond Violence, Grass Valley Police Department, Nevada County Sheriff's Office, Nevada City Police Department and other local community based organizations.

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 FY24, the hospital awarded the grant below totaling \$94,479.

Grant Recipient	Project Name	Health Needs Addressed	Amount
Hospice of the Foothills (Foothills Compassionate Care)	Sierra Community Palliative Care	Access to Specialty and Extended Care	\$94,479

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.

Oncology Nurse Navigator			
Significant Health Needs Addressed	 Access to Specialty and Extended Care Injury and Disease Prevention and Management 		
Program Description The program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards. The navigate provide interventions that address patient's immediate concerns and barriers to care such as difficulties with insurance, financial burden, later of transportation, and addressing the knowledge deficit around their diagnosis and treatment options. The program also provides referrals an utritional and psycho-social support as well hosting multiple cancer support groups across the region.			
Population Served	The primary beneficiaries are individuals diagnosed with cancer.		
Program Goal / Anticipated Impact	Ensure timely access to treatment and other resources for those with cancer, with emphasis on the underserved who otherwise cannot afford care. These measures will help to improve patient outcomes.		
FY 2024 Report			
Activities Summary	 Provide nurturing support with guidance and support throughout the cancer treatment process. Act as a liaison among caregivers and physicians. Help navigation additionally support services for their patient. Coordinate appointments and treatments. Educate the community on cancer prevention and treatment. 		
Performance / Impact	1,841 persons served		
Hospital's Contribution / Program Expense	\$52,205		
	FY 2025 Plan		
Program Goal / Anticipated Impact	Ensure timely access to treatment and other resources for those with cancer, with emphasis on the underserved who otherwise cannot afford care. These measures will help to improve patient outcomes and experience.		
Planned Activities	Continue to promote services in the community and work with hospital and community partners to increase awareness of services and resources. This includes working with patient navigators in the emergency department (ED), promoting cancer awareness in the community, and working with community partners as needed.		

Substance Use Navigation		
Significant Health Needs Addressed	 Access to Mental/Behavioral Health and Substance Use Services Injury and Disease Prevention and Management 	
Program Description	The CA Bridge Program works to ensure people with substance use disorders (SUD) receive 24/7 high-quality care. A Substance Use Navigator (SUN) and Medication Assisted Treatment (MAT) training for ED physicians fully integrates addiction treatment into standard medical practice. A SUN builds a trusting relationship with the patient and motivates 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.	
Population Served	The primary beneficiaries of this program are individuals not currently engaging in substance use treatment and services.	
Program Goal / Anticipated Impact	By providing a 'No Wrong Door' approach to linking treatment for substance use disorder from the ED to local MAT clinics.	
	FY 2024 Report	
Activities Summary	 Provided navigation with a warm hand off and scheduled appointments with MAT agencies for patients with opiate use disorder and SUD, i.e. alcohol, stimulants, and benzos. Provided free Naloxone, and facilitated doses of buprenorphine, and suboxone Bridge prescriptions to patients. Enrolled and assisted patients with health insurance and Medi-Cal. Connected patients to primary care with MAT programs and community resource education. 	
Performance / Impact	465 persons served.	
Hospital's Contribution / Program Expense	This program is funded through a CA Department of Health Care Services Behavioral Health grant and managed by the hospital.	
	FY 2025 Plan	
Program Goal / Anticipated Impact	Continue work to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Utilizing a SUN 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 SUD like any other disease.	
Planned Activities	Provide education to OB providers on suboxone initiation in the outpatient setting. Continue two-way communication with ED physicians, medical staff, nursing staff, social workers, and community MAT providers. Follow up phone calls to patients and providers to ensure warm handoff.	

Sierra Community Palliative Care			
Significant Health Needs Addressed	Access to Specialty and Extended Care		
Program Description	Funded through Dignity Health Community Grants Program, Sierra Community Palliative Care partner organizations use an integrative approach prioritizing pain relief and enhanced quality of life.		
Population Served	Western Nevada County residents with life-limiting illnesses.		
Program Goal / Anticipated Impact	Offer care for up to seventy patients for six months. Success is measured through a symptom assessment tools, hospital admission rates, and referrals to community programs.		
	FY 2024 Report		
Activities Summary	Care was provided to 70 community members with life-limiting illnesses for six months prioritizing pain relief and enhancing quality of life for participants. Palliative care services were provided to 55 patients for up to six months in an outpatient clinic setting with a nurse practitioner seeing patients three days a week.		
Performance / Impact	103 palliative care patients		
Hospital's Contribution / Program Expense	\$94,479		
FY 2025 Plan			
Program Goal / Anticipated Impact	Increase capacity and programming from FY24 levels to better serve community members with life-limiting illnesses.		
Planned Activities	Provide three to five day a week outpatient palliative care services to Western Nevada County residents for up to six months prioritizing pain relief and enhancing quality of life.		

Alzheimer's Outreach Program						
Significant Health Needs Addressed	 Access to Specialty and Extended Care Injury and Disease Prevention and Management 					
Program Description	The hospital's Home Care Department, in collaboration with Sierra Nevada Memorial Hospital Foundation, and Nevada County Health and Human Services offers an Alzheimer's Outreach Program that serves as a unique community education, resource and support center. A licensed social worker is dedicated to the program who provides education and caregiver support via home visits and personal consultations, and links those that need specialized care to important resources, including assisted living/care centers.					
Population Served	Any community member suffering from a memory impairment, their caregiver, or family member.					
Program Goal / Anticipated Impact	This program helps support any individual or caregiver suffering from a memory impairment through two primary components: educational and clinical.					
FY 2024 Report						
Activities Summary	This program provides client referrals, caregiver education, caregiver and family support groups, community education and outreach, and a music and memory program.					
Performance / Impact	285 individuals received services through the program.					
Hospital's Contribution / Program Expense	\$62,026					
FY 2025 Plan						
Program Goal / Anticipated Impact	Continue to provide support to any individual suffering from a memory impairment, their caregiver or family through educational and clinical outreach and support.					
Planned Activities	Continue to provide one-on-one crisis care and case management support for families, support groups, caregiver education, community education and outreach, and respite care funds for families in need.					

Patient Navigator	· Program					
Significant Health Needs Addressed	 Access to Basic Needs Such as Housing, Jobs, and Food Access to Quality Primary Care Health Services 					
Program Description	The Patient Navigator program focuses on assisting patients who rely on EDs for non-urgent needs. The navigators connect patients to a medical home and assist them with scheduling a follow up appointment along with identifying any barriers that may create obstacles with accessing ongoing care. The Patient Navigator Program represents a unique collaboration between California Health and Wellness, Partnership Medi-Cal, Western Sierra Medical Clinic, Chapa-De Community Health Centers, Sierra Family Medical Clinic and the hospital.					
Population Served	The primary beneficiaries of this program are individuals on Medi-Cal or uninsured not connected to primary care services and need immediate assistance to schedule with their primary care.					
Program Goal / Anticipated Impact	This program assists underserved ED patients with finding primary care medical homes or reconnecting them with their assigned provider. Also assist patients with enrolling in Medi-Cal and provide other social support services.					
	FY 2024 Report					
Activities Summary	Patient Navigators scheduled follow-up primary care appointments for individuals in the ED. They also provided assistance with social service resources, health insurance eligibility and linkages to other community health care services.					
Performance / Impact	346 individuals received services through the program.					
Hospital's Contribution / Program Expense	This program is funded by a California Health and Wellness Medi-Cal grant.					
FY 2025 Plan						
Program Goal / Anticipated Impact	Continue to support un- and underinsured patients presenting in the ED for non-emergent conditions to find their medical homes. Barriers to care are assessed and patients are supported through navigation to access community services and social supportive resources.					
Planned Activities	There is no planned change from the FY2024 Activities Summary. In FY2025 the patient navigator will continue to meet with Federally Qualified Health Centers to facilitate expedited access to follow-up appointments. They will communicate regularly with Partnership regarding trends, resources needed and challenges connecting patients to					

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.

- North San Juan Community Health Worker Program Through CommonSpirit Health's Mission and Ministry Fund, a community health worker program will be implemented in North San Juan, CA. North San Juan is an impoverished and vulnerable population within the community. The program is a two-year effort and is currently in Phase I of the two-year grant. Program priorities include building trust with a leery patient population, engaging the community through active listening sessions and identifying and meeting community needs.
- <u>Enrollment Assistance</u> The hospital and Nevada County employees provide enrollment assistance at the hospital to low-income patients, in an effort to get coverage by Medi-Cal and other government assistance programs.
- <u>Health Professions Education</u> The hospital regularly sponsors seminars and training for medical students, physicians, nurses, and other students in the health care field. Hundreds of hours each year are committed to providing internships for nurses, paramedics, therapists, and clinical laboratory technicians.
- Community Vision (formerly Northern California Community Loan Fund) In 2017 and 2023 Dignity Health approved two 7-year loans totaling \$7,000,000 respectively—the first as lending capital in a "FreshWorks" Fund for \$1,000,000 supporting the bringing of grocery stores and other innovative forms of healthy food retail to underserved communities ("food deserts"), and the second \$6,000,000 for lending capital for Community Vision's many projects.

Members of the hospital's leadership and management teams volunteer significant time and expertise as board members of nonprofit health care organizations and civic and service agencies, such as the Western Sierra Medical Clinic, Hospitality House, Nevada County Economic Resource Council, BriarPatch Community Market and Hospice of the Foothill. Annual sponsorships also support multiple programs, services, and fund-raising events of organizations, including Granite Wellness Center, Nevada County Arts Council, Nevada City Chamber of Commerce, American Heart Association, and others.

Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of financial assistance, Medicaid, other means-tested programs and Medicare 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.

166 Sierra Nevada Memorial Hospital								
Complete Summary - Classified (Programs)	Including Non	Community Be	nefit (Medicare)					
For period from 07/01/2023 through 06/30/2024								
	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses			
Benefits for Poor								
Financial Assistance	887	\$2,835,233	\$0	\$2,835,233	1.5%			
Medicaid	18,328	\$30,321,709	\$45,511,873	\$0	0.0%			
Community Services					74.15-011			
A - Community Health Improvement Services	100	\$226,507	\$0	\$226,507	0.1%			
C - Subsidized Health Services	252	\$107,675	\$0	\$107,675	0.1%			
E - Cash and In-Kind Contributions	13	\$695,616	\$0	\$695,616	0.4%			
G - Community Benefit Operations	0	\$70,612	\$0	\$70,612	0.0%			
Totals for Community Services	365	\$1,105,447	\$0	\$1,100,410	0.6%			
Totals for Benefits for Poor	19,580	\$34,262,389	\$45,511,873	\$3,935,643	2.0%			
Benefits for Broader Community					•			
Community Services								
A - Community Health Improvement Services	4,443	\$295,540	\$45,000	\$250,540	0.1%			
B - Health Professions Education	204	\$689,675	\$0	\$689,675	0.4%			
C - Subsidized Health Services	44	\$51,656	\$0	\$51,656	0.0%			
E - Cash and In-Kind Contributions		\$13,450	\$0	\$13,450	0.0%			
Totals for Community Services	4,691	\$1,050,321	\$45,000	\$1,005,321	0.5%			
Totals for Broader Community	4,691	\$1,050,321	\$45,000	\$1,005,321	0.5%			
Totals - Community Benefit	24,271	\$35,312,710	\$45,556,873	\$4,940,964	2.6%			
Medicare	36,117	\$79,506,855	\$72,764,293	\$6,742,562	3.5%			
Totals Including Medicare	60,388	\$114,819,565	\$118,321,166	\$11,683,526	6.1%			

^{*}For the Medicaid provider fee program effective for the two-year period of January 1, 2023 - December 31, 2024, the State of California received Centers for Medicare & Medicaid Services approval in December 2023. As such, during the fiscal year July 1, 2023 - June 30, 2024, the hospital recognized provider fee net income of \$18,751,944 covering 18 months dating back to January 2023.

^{**}Consistent with IRS instructions and Catholic Health Association guidance, Medicaid is reported at \$0 net benefit because offsetting revenue was greater than expense in FY24.

Hospital Board and Committee Rosters

Tom Boyle, MD, Director Past Chief of Staff, General Surgeon

Jason Fouyer, Director President, Cranmer Engineering

Daryl Grigsby, Director Retired, Public Works Director

Ann Guerra, Director Retired, Executive Director 211 Connecting Point

Michael Korpiel, Director Hospital President Dignity Health Mercy San Juan Hospital

Alison Lehman, Director CEO of Nevada County

Bob Long, Vice Chair Retired Healthcare Executive

Scott Neeley, MD, President/CEO Sierra Nevada Memorial Hospital

Stephanie Ortiz, Chair Interim Dean Sierra College

Jennifer Singer, Director Executive Director Bright Futures for Youth

Ed Sylvester, Director Retired Civil Engineer