Dignity Health
Mercy Hospital of Folsom

Mercy Hospital of Folsom

Community Health Implementation Strategy 2016-2018

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EXECUTIVE SUMMARY

Mercy Hospital of Folsom (Mercy Folsom) is a growing acute care community hospital situated in the northeastern section of Sacramento County. The hospital serves the suburban cities of Folsom and Rancho Cordova, Orangevale, Citrus Heights, Fair Oaks and Carmichael, as well as the more rural foothill communities of El Dorado Hills, Cameron Park, Rancho Murieta, Shingle Springs, Placerville and Coloma. There are 465,514 residents living within the hospital's service area and while poverty rates are lower here than other sections of the region, the expanded Medi-Cal population struggles to access care due to a lack of local Medi-Cal providers. The result has been an increasing trend of Medi-Cal-insured admissions to the hospital's emergency department seeking primary care treatment for their basic health needs. The hospital must balance its responsibility for caring for the acutely ill with an increasing role as a safety net provider for the vulnerable.

Mercy Folsom is recognized by Healthgrades with a Critical Care Excellence Award™, and a ranking among the Top 5 percent for Critical Care. Mercy Folsom also received a 5-Star rating for treatment of stroke, colorectal surgeries, treatment of sepsis and treatment of respiratory failure. Its newly remodeled Family Birth Center offers an award-wining lactation training and support program.

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

The significant community health needs identified are:

1. Access to Behavioral Health Services
2. Active Living and Healthy Eating
3. Safe, Crime and Violence Free Communities
4. Disease Prevention, Management and Treatment
5. Access to High Quality Health Care and Services
6. Basic Needs (Food Security, Housing, Economic Security, and Education)
7. Affordable and Accessible Transportation
8. Pollution-Free Living and Working Environments

During the next three years, the hospital plans to collaboratively build upon a number of current initiatives, and complete implementation for several new initiatives that in particular respond to significant health needs around access to behavioral health, primary and specialty health care and services for those experiencing homelessness. Efforts around the initiative to end human trafficking in the Sacramento region will continue with a specific focus on providing trauma informed care through a collaboration of community organizations, law enforcement, the District Attorney's office and Dignity Health hospitals.

Following the successful implementation of the Navigation to Wellness pilot through the Community Grants, Turning Point will expand their coverage to include Mercy Folsom. The program will assist patients both in the inpatient setting and emergency department get connected to outpatient behavioral health services. Additionally, the Patient Navigator program will continue to focus on establishing a

medical home for patients coming to the emergency department for non-urgent needs that could be better treated in a primary care setting. During FY 2016, the patient navigator was expanded to serve the inpatient population at Mercy Folsom and those efforts will continue.

This report and plan is publicly available at www.dignityhealth.org by navigating to "Community Health" and "Programs, Reports, and Tools." It will be distributed to hospital leadership, members of the Community Board and Health Committee and widely to management and employees of the hospital, as it serves as a valuable tool for ongoing community benefit awareness and training. The document will also be broadly distributed externally to Community Health Needs Assessment partners, community leaders, government and public health officials, program partners and other agencies and businesses throughout the region.

Written comments on this report can be submitted to the Mercy Folsom's Community Health and Outreach Department at 3400 Data Drive, Rancho Cordova, CA 95670 or by e-mail to DignityHealthGSSA_CHNA@dignityhealth.org.

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

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

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

OUR HOSPITAL AND OUR COMMITMENT

Mercy Folsom opened in 1989, located at 1650 Creekside Drive in Folsom, CA, and today has more than 620 employees, 106 licensed acute care beds, and 21 emergency department beds. Services range from outpatient surgery to inpatient care delivered in Medical Surgical, Progressive Care and Intensive Care units. The hospital offers comprehensive orthopedic services, including rehabilitation and specialty care for injuries and diseases of the bone, and a supportive Palliative Care program.

The hospital is recognized by Healthgrades with a Critical Care Excellence Award™, and a ranking among the Top 5 percent for Critical Care. Mercy Folsom also received a 5-Star rating for treatment of stroke, colorectal surgeries, treatment of sepsis and treatment of respiratory failure. Its newly remodeled Family Birth Center offers an award-wining lactation training and support program.

Rooted in Dignity Health's mission, vision and values, Mercy Folsom is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board and Community Health Committee. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

The development of community health improvement strategies to address significant health issues is a collaborative effort engaging members of a dedicated Community Health and Outreach Department who work directly with the hospital president, management and clinical staff, as well as community partners. The department is responsible for implementing, managing and evaluating initiatives, and oversees community benefit reporting and the development of the hospital's Community Health Needs Assessment (CHNA). The department director reports bi-monthly to the Community Board. Meetings are also held bi-monthly with the Community Health Committee, a standing committee of the Board that provides guidance and oversight for the hospital's community benefit practices. Primary committee roles are to ensure hospital initiatives and services are aligned with priority health issues identified in the CHNA, represent the needs of the community and monitor the progress of initiatives. Both the Community Board and the Community Health Committee review and approve the CHNA and the Community Benefit plan (see Appendix A for rosters of the Dignity Health Sacramento Service Area Community Board and Community Health Committee).

Mercy Folsom's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, community health improvement services and health professions education. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – including by addressing the social determinants of health – through Dignity Health's Community Investment Program. Dignity Health investments support nonprofit organizations that deliver an array of services to low-income communities in the Sacramento region. Below are some examples of Dignity Health Community Investments in healthcare in Sacramento:

- **CPCA Ventures** (not limited to Sacramento, but statewide)

CPCA Ventures in partnership with NCB Capital Impact manages a loan program that provides financing opportunities to California's community clinics and health centers that might not be able to access traditional financing sources. Dignity Health's funds were used to support this program. Over the past two decades, CPCA Ventures has helped California's community clinics and health centers double both in numbers of sites and in number of patients being served.

- **Elica Health Centers**

Formerly the Midtown Medical Center for Children and Families serving primarily underserved, multi-cultural immigrant populations, Elica came to Dignity Health for funds to help them transition into an FQHC, which they achieved in June 2012. Now operating as Elica Health Centers, they have three sites that serve nearly 15,000 patients and 54,000 visits annually.

- **WellSpace Health**

Following an initial loan from Dignity Health to assist in a merger, WellSpace Health – formerly The Effort – came to Dignity Health for additional funds to manage cash flow and implement their electronic health records. Since then, WellSpace has managed to expand their operations, in part by absorbing five of Dignity Health's Mercy Clinics. WellSpace currently operates 13 clinics serving over 40,000 patients through over 160,000 visits. 72% of patients are on MediCal and 16% are uninsured.

With housing a major social determinant of health, Dignity Health investments in Sacramento have also focused on providing affordable housing. Two outstanding investments include:

- **Mutual Housing California**

Mutual Housing, California, a Sacramento-based affordable housing developer and provider of supportive services since 1988, used Dignity Health funds to create 61 units of affordable agricultural worker rental housing at Spring Lake, Woodland, and 208 units of affordable housing in Central Stockton.

- **Nehemiah Community Reinvestment Fund (NCRF)**

NCRF has been a borrower with Dignity Health since 2006 providing lending capital for affordable housing projects, and more recently the acquisition and refurbishment of housing to be sold at below-market interest rates to veterans and active military personnel with its Roofs for Troops program. Much of their activity is confined to the three-state area of California, Nevada and Arizona. However, with their latest Roofs for Troops program, they have branched out nationally. During 2015 alone, NCRF refurbished and sold 140 housing units and created or preserved over 2,000 jobs.

DESCRIPTION OF THE COMMUNITY SERVED

Mercy Folsom is a growing acute care community hospital situated in the northeastern section of Sacramento County. The hospital serves the suburban cities of Folsom and Rancho Cordova, Orangevale, Citrus Heights, Fair Oaks and Carmichael, as well as the more rural foothill communities of El Dorado Hills, Cameron Park, Rancho Murieta, Shingle Springs, Placerville and Coloma. There are 465,514 residents living within the hospital's service area and while poverty rates are lower here than other sections of the region, the expanded Medi-Cal population struggles to access care due to a lack of local Medi-Cal providers. The result has been an increasing trend of Medi-Cal-insured admissions to the hospital's emergency department seeking primary care treatment for their basic health needs. The hospital must balance its responsibility for caring for the acutely ill with an increasing role as a safety net provider for the vulnerable.

Mercy Folsom's community or hospital service area (HSA) is defined as the geographic area (by ZIP code) in which the hospital receives its top 80% of discharges. The hospital's primary service area is comprised of 13 zip codes (95610, 95628, 95630, 95662, 95667, 95670, 95672, 95682, 95683, 95742, 95628, 95627 and 95762). A summary description of the community is below, and additional community facts and details can be found in the CHNA report online.

Demographics within Mercy Folsom's hospital service area are as follows, derived from estimates provided by Truven Health Analytics data:

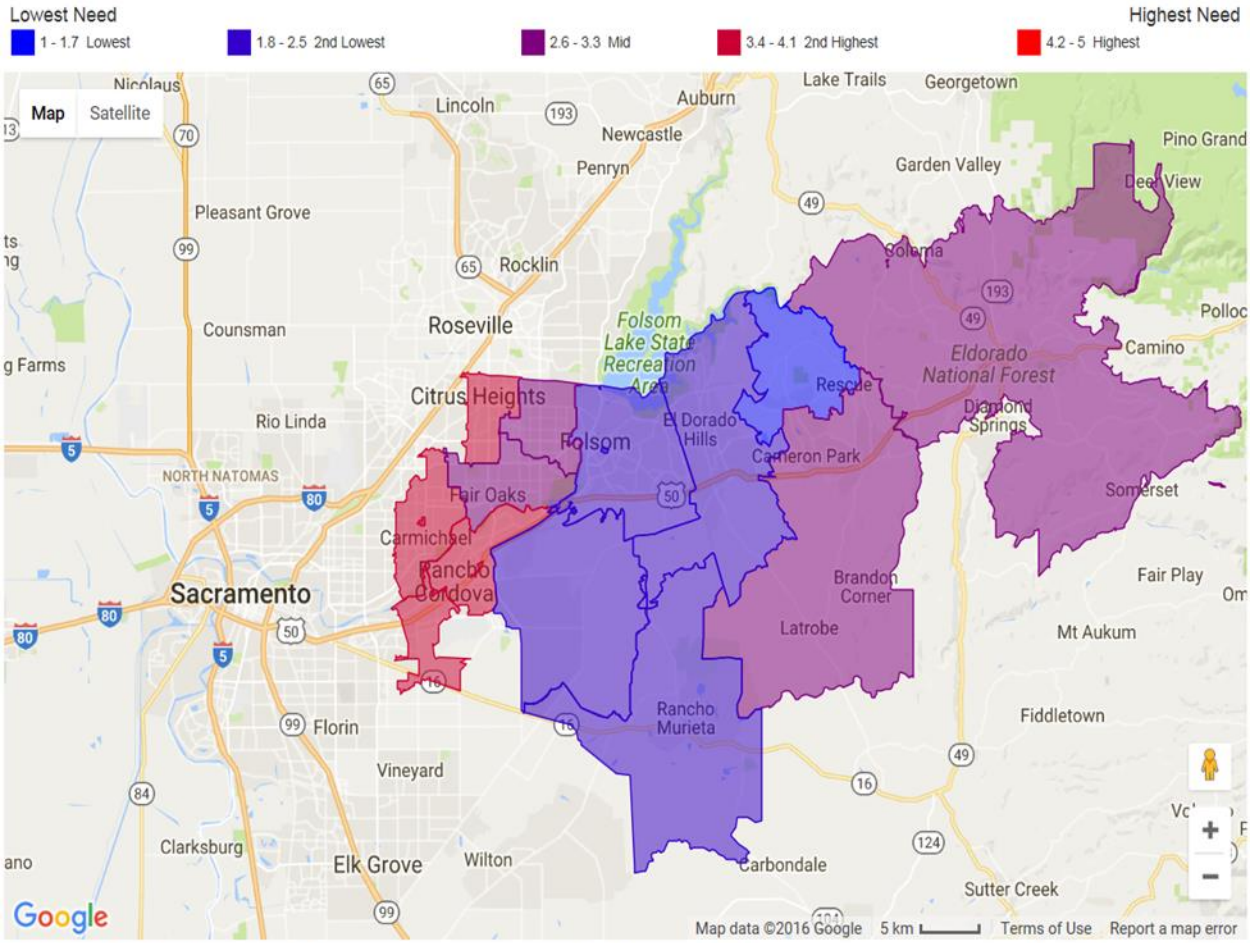
- Total Population: 465,514
- Race and Ethnicity:
  - White – Non-Hispanic: 70.0%
  - Black/African American - Non-Hispanic: 3.9%
  - Hispanic or Latino: 13.6%
  - Asian/Pacific Islander: 7.8 %
  - Other: 4.7%
- Median Income: $72,047
- Uninsured: 5.0%
- Unemployment: 7.6%
- No HS Diploma: 7.2%
- CNI Score: 2.8
- Medicaid Population: 22.9% (Does not include individuals dually-eligible for Medicaid and Medicare)
- Other Area Hospitals: 7
- Medically Underserved Areas or Populations: Yes

Mercy Hospital of Folsom Community Needs Index (CNI) Data

The hospital's CNI Score of 2.8 falls in the mild range. One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. 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.

Mercy Hospital of Folsom Community Needs Index (CNI) Map: Median CNI Score: 2.8



Mean(zipcode): 2.8 / Mean(person): 3 CNI Score Median: 2.8 CNI Score Mode: 1.8,2.8,3.6

Zip Code	CNI Score	Population	City	County	State
95608	3.6	59952	Carmichael	Sacramento	California
95610	3.6	44873	Citrus Heights	Sacramento	California
95628	2.8	41010	Fair Oaks	Sacramento	California
95630	2.4	78966	Folsom	Sacramento	California
95662	2.8	32189	Orangevale	Sacramento	California
95667	3.2	37058	Placerville	El Dorado	California
95670	3.8	54901	Rancho Cordova	Sacramento	California
95672	1.6	5024	Rescue	El Dorado	California
95682	2.6	29616	Shingle Springs	El Dorado	California
95683	1.8	6863	Sloughhouse	Sacramento	California
95742	2	10638	Rancho Cordova	Sacramento	California
95762	1.8	42910	El Dorado Hills	El Dorado	California
95827	4	21514	Sacramento	Sacramento	California

Implementation Strategy Development Process

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Board of Directors and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment Process

The most recent Community Health Needs Assessment (CHNA) was completed and adopted by Mercy Folsom in June 2016. The CHNA was conducted through the Sacramento Regional Collaborative Process which included Mercy Folsom, other Dignity Health hospitals in Sacramento, Yolo and Nevada County, Kaiser Permanente, Sutter Health and UC Davis Health System. These health systems all serve the same or portions of the same communities. Nonprofit research consultant, Valley Vision, Inc., was retained to lead the assessment process, based on its local presence and understanding of the greater Sacramento region and experience in conducting multiple CHNAs across an array of communities for nearly a decade.

The objectives of the CHNA were to identify and prioritize community health needs and identify resources available to address those health needs. Data collected and analyzed included both primary or qualitative data, and secondary or quantitative data. To determine geographic locations affected by social inequities, data were compiled and analyzed at the census tract and ZIP code levels. To assess overall health status and disparities in health outcomes, indicators were developed from a variety of secondary data sources which can be found in the complete CHNA. These "downstream" health outcome indicators included measures of both mortality and morbidity such as mortality rates, emergency department visit and hospitalization rates. Health drivers/conditions or "upstream" health indicators included measures of living conditions spanning the physical environment, social environment, economic and work environment, and service environment. Overall, more than 170 indicators were included in the CHNA.

Community input and primary data on health needs were obtained via interviews with service providers and community key informants (including hospital staff, Sacramento County Public Health and community providers) and through focus groups with medically underserved, low-income, and minority populations. Primary data for Mercy Folsom included 29 key informant interviews with 46 participants and 8 focus groups conducted with 57 participants.

An important component of the assessment included the identification of community and hospital resources that might be available to address priority needs. This resource mapping process which identified 150 community resources provided insight on community capacity and potential opportunities for collaborating with partners. The hospital is currently working with some of the resources identified and others are being targeted for future partnership initiatives.

Mercy Folsom's CHNA was distributed externally to community leaders, government and public health officials, program partners and other agencies and businesses throughout the region, and made available internally to hospital leadership and employees. The complete assessment is available to the public on http://www.dignityhealth.org/sacramento/documents/hospital-reports-addressing-community-health-needs/mercy-hospital-of-folsom-2016-chna

CHNA Significant Health Needs

Significant health needs were identified and prioritized by using quantitative and qualitative data which was synthesized and analyzed according to established criteria. This included identifying eight potential health need categories based upon the needs identified in the 2013 CHNA, the grouping of indicators in the Kaiser Permanente Community Commons Data Platform (CCDP), and a preliminary review of primary data. Indicators within these categories were flagged if they compared unfavorably to county, state, or Healthy People 2020 benchmarks or demonstrated racial/ethnic disparities according to a set of established criteria. Eight potential health needs were validated as significant health needs for the service area.

Eight significant health needs emerged from the assessment across the hospital's primary service area:

1. **Access to Behavioral Health Services:** Includes access to mental health and substance abuse prevention and treatment services.
2. **Active Living and Healthy Eating:** Encompasses all components of healthy eating and active living including health behaviors, associated health outcomes and aspects of the physical environment/living conditions.
3. **Safe, Crime and Violence Free Communities:** Consists of safety from violence and crime including violent crime, property crimes and domestic violence.
4. **Disease Prevention, Management and Treatment:** Contains health outcomes that require disease prevention and/or management and treatment including: cancer, cardiovascular disease /stroke, HIV/AIDS/STDs and asthma.
5. **Access to High Quality Health Care and Services:** Encompasses access to primary and specialty care, dental care and maternal and infant care.
6. **Basic Needs (Food Security, Housing, Economic Security, and Education)**: Includes economic security, food security/insecurity, housing, education and homelessness.
7. **Affordable and Accessible Transportation:** Includes the need for public or personal transportation options, transportation to health services and options for persons with disabilities.
8. **Pollution-Free Living and Work Environments:** Contains measures of pollution such as air and water pollution levels.

These health needs appeared in greater magnitude within four focus communities, including Rancho Cordova (95670), Rancho Cordova/LaRiviera/Rosemont (95827), Citrus Heights/Orangevale (95610), and Placerville/Coloma (95667). These four areas of concern are densely populated and home to nearly 153,000 who are highly diverse, have high rates of poverty, low educational attainment, high levels of unemployment, and rent versus own their homes.

Mercy Folsom is addressing or currently developing partnership initiatives to focus on significant health issues identified in the Community Health Needs Assessment that include: 1) access to behavioral health services; 2) active living and healthy eating; 3) safe, crime and violence free communities 4) disease prevention, management, and treatment; 5) access to high quality health care;

and 6) basic needs. Initiatives that address these priorities largely target vulnerable and at-risk populations, with emphasis on identified focus communities and collaboration with other Dignity Health hospitals and community partners to maximize efforts and have a greater region-wide impact. Initiatives also utilize methodologies to measure and demonstrate health improvement outcomes.

Mercy Folsom does not have the capacity or resources to address all priority health issues. The hospital is not directly addressing affordable and accessible transportation or pollution-free living and working environments. Many of the current initiatives include a transportation component, although services are limited. Sacramento Area Council of Governments (SACOG), an association of local governments in the six-county Sacramento Region, focuses on initiatives around transportation planning and clean air initiatives. The hospital will also continue to seek new partnership initiatives to address priority health issues when there are opportunities to make a meaningful impact on health and quality of life in partnership with others.

Creating the Community Benefit Plan

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- **Focus on Disproportionate Unmet Health-Related Needs**: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration**: Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

A general approach is taken when planning and developing initiatives to address significant health issues. At the onset, Community Health and Outreach staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of the Mercy Folsom leadership team, and Dignity Health leaders at the regional and local levels from Mission Integration, IT, Legal, Administration, and Finance. These core teams help shape initiatives, provide internal perspective on issues (i.e. utilization trends relative to the issue, gaps experienced in available follow-up or wraparound care for patients, etc.) and help define appropriate processes, procedures and methodologies for measuring outcomes.

The planning and development of each initiative also involves research on best practices to identify existing evidence-based programs and interventions, and relationship strengthening with community-based providers that serve target populations for intended initiatives. Once identified, community-based partners become part of the hospital's core project team. Core project teams for all initiatives meet quarterly, or as needed, to evaluate program progress and outcomes, and to make program changes and/or improvements.

Planning for the Uninsured/Underinsured Patient Population

Mercy Folsom seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial 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 hospital's Financial Assistance Policy is in Appendix C.

Mercy Folsom notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

2016-2018 Implementation Strategy

This section presents strategies, programs and initiatives the hospital intends to deliver, fund, or collaborate with others to address significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed "program digests" on select initiatives.

The strategy and plan 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.

STRATEGY AND PROGRAM PLAN SUMMARY

Access to Behavioral Health Services

- ReferNet Intensive Outpatient Mental Health Partnership - The hospital works in collaboration with community-based nonprofit mental health provider, El Hogar, to provide a seamless process for patients admitting to the emergency department with mental illness to receive immediate and ongoing treatment and other social services they need for a continuum of care when they leave the hospital.
- Navigation to Wellness - This initiative engages nonprofit mental health provider, Turning Point, to improve the quality of care for patients in mental health crisis. Clinical social workers from Turning Point work side by side hospital social workers to ensure patients are linked to appropriate public and community behavioral health services needed for wellness when they are discharged.
- Mental Health Improvement Coalition - Mercy Folsom and other Dignity Health hospitals Sacramento County, joined with Sutter Health, Kaiser Permanente, and UC Davis Health Center in FY 2015 to develop strategies for improving the delivery of mental health services and access to care in Sacramento County. In FY 2016, funding was approved for an urgent care, Sacramento County was awarded $5.7M state grant funding for 45 crisis residential beds and a 24/7 hotline for law enforcement was added. As a result of coalition work, County leadership approved funding for the reopening of a Crisis Stabilization Unit at the County Mental Health Treatment Facility with greater open access.
- Mental Health Consultations and Conservatorship Services - The hospital provides psychiatric consultations at no cost for all patients who require evaluations while hospitalized, as well as patient conservatorship services to those who lack capacity or family help to make decisions.

Active Living and Healthy Eating

- Food Literacy Center - The hospital supports this organization's efforts to teach literacy and nutrition through cooking classes at underserved elementary schools. The center offers strategies to create behavior change and prevent childhood obesity through two core programs, which together provide a complete, scalable and replicable solution to the problem: 1) teaching food literacy to low-income pre-K through 6th graders, and 2) training community members as food literacy instructors.

Safe, Crime and Violence Free Communities

- Human Trafficking - The initial phase of this initiative launched in FY 2015 with a core emergency response team established and the roll out of the first phase of education and training to hospital clinical staff to increase awareness and improve quality of care for human trafficking victims. During FY 2016, a strategic plan that engaged community resources was developed in partnership with several nonprofit organizations, law enforcement and the Sacramento County Justice Department. Clinical training was also rolled out to the Family Birth Center departments. Ongoing efforts will focus on providing trauma informed care in the hospital setting and to community partners.
- Initiative to Reduce African American Child Deaths - Mercy Folsom and Dignity Health hospitals in Sacramento County are taking a leading role in the region to ensure children have a safe sleeping environment by providing appropriate cribs, assessments and education in partnership with the Sacramento County Child Abuse Center. The hospital is also represented on the Sacramento County Steering Committee on Reduction of African American Child Deaths, which is chartered to develop strategy and oversight for all county-wide efforts to reduce child deaths among this target population between 10 and 20 percent by 2020. African American children die at a rate that is twice that of all other children in Sacramento County.
- Prevent Alcohol and Risk-Related Trauma in Youth (PARTY) - The hospital sponsors and participates in this program which provides life-saving safety education to teens before they obtain their driver's license. Topics cover the risks of driving while texting, talking on the cell phone, drinking or doing drugs, as well as falling asleep at the wheel, tailgating, running stop signs, alcohol poisoning, drug abuse, and other potentially fatal actions.

Disease Prevention, Management and Treatment

- Healthier Living - Based on the Stanford University evidence-based model, these Chronic Disease Self-Management (CDSMP) and Diabetes Self-Management Programs are offered at the community level in partnership with clinics, food banks, low-income housing developments and others to ensure the underserved have access.
- CHAMP® (Congestive Heart Active Management Program) - This unique program keeps individuals with heart disease connected to the medical world through symptom and medication monitoring and education. CHAMP® establishes a relationship with patients who have heart disease after discharge from the hospital through: 1) Regular phone interaction to help support and educate patients in managing their disease; 2) Monitoring of symptoms or complications and recommendations for diet changes medicine modifications or physician visits.
- Diabetes Empowerment Education Program (DEEP) - The DEEP program will be a new addition in FY 2017. The program, developed by the University of Chicago, is an evidence-based diabetes self-management education (DSME) program for people with prediabetes or diabetes. DEEP assists individuals with acquiring knowledge on such topics as diabetes risk factors and complications, nutrition education and meal planning, weight-loss strategies and medications resulting in a reduction of complications resulting from diabetes. The program will be offered in community settings.

Access to High Quality Health Care and Services

- Patient Navigator Program - Patient navigators in the hospital's emergency department connect patients seen and treated at the hospital to medical homes at community health centers and provider offices throughout the region. The Patient Navigator Program represents a unique collaboration between Health Net, a Medi-Cal Managed Care insurance plan, Sacramento Covered, a community-based nonprofit organization, and community clinics in the region.
- Cancer Nurse Navigator - This hospital program is designed to help patients navigate the maze of options related to cancer and to complement and enhance services provided by physicians. Nurses work to improve continuity of care, enhance patient/doctor communication whenever an abnormality shows up on mammogram, breast ultrasound, or breast MRI, as well as information to the community about financial assistance for breast cancer screening. Patients receive information, resources, and support for assisting with biopsies. Education about pathology results and assistance obtaining referrals to specialists is provided in a timely manner. The navigators also coordinate a group of peer support volunteers who are matched up with patients newly diagnosed with breast cancer.
- SPIRIT - The Sacramento Physicians' Initiative to Reach Out, Innovate and Teach (SPIRIT) operated under the Sierra Sacramento Valley Medical Society exists as a vehicle to involve physicians in the community. SPIRIT recruits and places physician volunteers in local clinics to provide free specialty medical care to the uninsured and coordinates and case manages surgical procedures donated at local hospitals and ambulatory surgery centers. Mercy Folsom plays a leading role in this collaboration between the Sierra Sacramento Valley Medical Society, sister Dignity Health hospitals, Sacramento County and other health systems in the region. The hospital performs the majority of surgeries, and its physicians donate nearly 100 hours annually to provide a variety of specialty care.
- WellSpace Capacity Building - Mercy Folsom partnered with sister hospital, Mercy San Juan, and Federally Qualified Health Center, WellSpace Health, to establish three new full- service community clinics in parts of the region that lack access to primary care. Together, the hospitals have made a $2.8 million investment to enable WellSpace Health to open three clinics to serve the communities of Rancho Cordova, Citrus Heights/Carmichael and Folsom. Two of the three clinics have been opened and the Folsom location will be the final addition. Combined these clinics will increase access to medical homes for 45,000 underserved individuals and families.
- The Caring Center - Operated by the hospital, the Center provides multiple healing therapies, like health touch, massage, therapeutic touch, reflexology and acupressure at no cost to the uninsured and underinsured living in the community.
- School Nurse Program - Nearly 2,000 students and family members received health services annually within the Catholic Diocese of Sacramento through the hospital's School Nurse program. Services include health care and mandated health screenings.
- Mercy Faith and Health Partnership - This interfaith community outreach program supports the development of health ministry programs focused on promoting good health and disease prevention in local faith communities.
- Care for the Undocumented - Mercy Folsom and the other Dignity Health hospitals in Sacramento County partnered with Sacramento County, other health system and the Sierra Sacramento Valley Medical Society to develop an initiative that launched in FY 2016 to provide primary and specialty care, including surgery, to the region's undocumented immigrants who currently have no insurance or access to care.

- Financial assistance for uninsured/underinsured and low income residents - The hospital provides discounted and free health care to qualified individuals, following Dignity Health's Financial Assistance Policy.

Basic Needs (Food & Economic Security, Housing and Education)

- Interim Care Program - The hospital is an active partner in the Interim Care Program (ICP). This collaborative engages other Dignity Health hospitals and health systems in the region, the Salvation Army, Sacramento County and Federally Qualified Health Center, WellSpace Health, and provides a respite care shelter for homeless patients with available physical and mental health, and substance abuse treatment. In FY 2016, the program was shifted from Salvation Army to Volunteers of America which enhances the wrap around services and allows for patients who have strict diets.
- Housing with Dignity Homeless Program - In partnership with Lutheran Social Services, Mercy Folsom established a stabilization Program in FY 2015 that aims to assist homeless individuals with severe chronic health and mental health issues obtain and retain housing, care and services designed to achieve stability in their lives. Hospital case managers work directly with Lutheran Social Services staff to identify participants who will be housed in supportive living apartments and receive intensive case management and supportive services. Ongoing health care for these participants is provided by the Mercy Family Health Center or their established medical home and Mercy Home Care, with the goal of transitioning participants into permanent housing.

Anticipated Impact

The anticipated impacts of specific, major program initiatives, including goals and objectives, are stated in the program digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Health and Outreach Staff, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

Care for the Undocumented

Mercy Folsom and the other Dignity Health hospitals in Sacramento County have taken the lead role in an initiative to reinstate health care for the undocumented, a population that has gone ignored in the community since County officials eliminated health coverage in 2009. A pilot program launched in FY 2016 addressing the need for basic primary care as well as specialty care and surgery. The pilot involves the innovative use of space at the County's Primary Care Center and hospital ambulatory care surgery centers and intensive care coordination. Other partners in this collaborative effort include:

- Sierra Sacramento Valley Medical Society
- Sacramento County
- UC Davis Health Center
- Sutter Health

- Kaiser Permanente
- Federally Qualified Health Centers
- Community and Advocacy Organizations

Human Trafficking

The initial phase of this initiative launched in FY 2015 with the roll-out of education and training to hospital clinical staff to increase awareness and improve quality of care for human trafficking victims. Education initially started with Emergency Department Staff and has moved to include the Family Birth Centers. In early FY 2016, community agencies serving human trafficking victims were convened to share information on their organizations and begin to outline the community strategy component for this initiative. Ongoing efforts will focus on the addition of trauma informed services that respond and provide resources to community organizations. The community strategy has grown to include law enforcement and child protective services. Partners include:

- Opening Doors
- Wind Youth Services
- Community Against Sexual Harm
- Family Justice Center
- WEAVE
- My Sister's House
- City of Refuge
- The Bridge Network
- Chicks in Crisis
- Community for Peace
- Child Protective Services
- Sacramento County District Attorney's Office
- Sacramento County Sheriff
- Local Police Departments

Mental Health Improvement Coalition

Efforts by the hospital on the Mental Health Coalition have transitioned into Phase II in FY 2016 to identify, advocate and support private providers interested in establishing psychiatric emergency services in Sacramento County, and to ensure commitments made by County leadership as a result of coalition work in FY 2015 are upheld and effectively implemented. In addition, funding was approved for an urgent care, Sacramento County was awarded $5.7M state grant funding for 45 crisis residential beds and a 24/7 hotline for law enforcement was added. As a result of coalition work, County leadership approved funding for the reopening of a Crisis Stabilization Unit at the County Mental Health Treatment Facility with greater open access, and the opening of three new crisis residential facilities. Coalition partners came together in FY 2015 to address the mental health crisis in Sacramento County by bringing about changes in the way care is accessed and delivered. Despite County improvements achieved, significant capacity focused on new best practices is needed to build the continuum of care needed within the community's safety net. In addition to Mercy Folsom and other Dignity Health hospitals in Sacramento County, core partners include:

- UC Davis Medical Center
- Kaiser Permanente
- Sutter Health
- Sierra Health Foundation

- Sierra Sacramento Valley Medical Society
- Hospital Council of Northern and Central California
- Sacramento Metro Fire and Law Enforcement

Program Digests

The following pages include program digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. 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.

PATIENT NAVIGATOR PROGRAM	
Significant Health Needs Addressed	☐ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ❑ Safe, Crime and Violence Free Communities ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services ☐ Basic Needs
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	The Patient Navigator program focuses on assisting patients who rely on emergency departments for non-urgent needs. The navigators help patients by connecting them to a medical home in an appropriate setting and assisting them with scheduling a follow up appointment along with any other barriers that may create obstacles with accessing care.
Community Benefit Category	A3-e Health Care Support Services – Information & Referral.
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Continue to assist underserved patients admitting to the emergency department for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned provider and other social support services to reduce their reliance on the emergency department, improve their health and lower costs. Services will be expanded to inpatient population that experience barriers accessing follow-up care post-discharge.
Measurable Objective(s) with Indicator(s)	Over 50% of all emergency department visits are for primary care and could be avoided if care were received in a physician's office or clinic. Program will be measured by improved access for patients; reduced emergency department primary care visits; and reduced costs.
Intervention Actions for Achieving Goal	Continue to work with emergency department staff and Sacramento Covered to build a comprehensive program that responds to the growing Medi-Cal population and engage other plans, IPA, and community clinics to work collectively in addressing the need for improved access to primary care.
Planned Collaboration	The program is a collaborative initiative between the hospital, Health Net, Sacramento Covered and community health centers.

HEALTHIER LIVING CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP)	
Significant Health Needs Addressed	❑ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ❑ Safe, Crime and Violence Free Communities ✓ Disease Prevention, Management, and Treatment □ Access to High Quality Health Care and Services □ Basic Needs
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Following the Stanford University evidence-based model, Healthier Living provides residents with chronic diseases (emphasis on Diabetes) knowledge, tools and motivation needed to become proactive with their health.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops.
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Continue providing education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the Hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission post program intervention.
Measurable Objective(s) with Indicator(s)	Continue to meet/exceed the metric goal. Develop new lay leaders and community partners to expand workshop offerings at community clinics and other agencies; increase the number of participants.
Intervention Actions for Achieving Goal	Outreach to the community clinics and other nonprofits. Continue to build community partnerships to expand workshops. Continue to identify community lay leaders and partnerships for growth. Expand workshops to Sacramento County's Primary Care Center.
Planned Collaboration	The Healthier Living workshops are conducted in collaboration with a variety of community organizations and are held in locations that are accessible to the residents, such as senior housing communities and local organizations that serve a high percentage of residents that have or are caring for family members with chronic illnesses.

REFERNET INTENSIVE OUTPATIENT MENTAL HEALTH CARE	
Significant Health Needs Addressed	✓ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ✓ Safe, Crime and Violence Free Communities ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services ✓ Basic Needs
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs □ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	The program provides a seamless way for individuals admitting to the emergency department with mental illness to receive immediate and ongoing intensive outpatient treatment and other social services they need for a continuum of care when they leave the hospital.
Community Benefit Category	A2-e Community Based Clinical Services - Ancillary/other clinical services.
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Provide immediate access to intensive outpatient mental health care for those who suffer from this illness and connect them to other available resources that may be appropriate as well as county behavioral health services if eligible.
Measurable Objective(s) with Indicator(s)	Continue to increase awareness of the program by emergency department staff including the care coordination teams and work with El Hogar and community partners to reduce no-show rates by providing limited transportation.
Intervention Actions for Achieving Goal	ReferNet is a core program which will continue current level of funding while trying to build capacity. Ongoing evaluation of partner options to add substance abuse treatment and work with other community organization to assist with additional transportation as needed.
Planned Collaboration	ReferNet is a mental health initiative being conducted in partnership with community-based nonprofit mental health provider El Hogar. Limited transportation is being provided by Asian Community Center.

CONGESTIVE HEART ACTIVE MANAGEMENT PROGRAM (CHAMP)	
Significant Health Needs Addressed	❑ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ❑ Safe, Crime and Violence Free Communities ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services ✓ Basic Needs
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	CHAMP® establishes a relationship with patients who have heart disease after discharge from the hospital through: - Regular phone interaction; support and education to help manage this disease. - Monitoring of symptoms or complications
Community Benefit Category	A2-e community based clinical services – ancillary/other clinical services.
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Improve the health and quality of life for those who suffer from heart disease, enabling them to better manage their disease and reducing their need to be admitted or readmitted to the hospital.
Measurable Objective(s) with Indicator(s)	Continue to increase enrollment of the underserved through outreach and community collaboration, and maintain reduction in number of hospital admissions and readmissions for participants. Strengthen collaboration between CHAMP®, the Patient Navigator Program and the hospital's Readmission team to increase referrals. Provide ongoing education to community clinics about available services and improve communication between CHAMP staff and primary care providers.
Intervention Actions for Achieving Goal	Regular meetings with the CHAMP® Team and continued partnership building with Federally Qualified Health Centers to connect heart failure patients to a medical home with assistance from the patient navigators as needed.
Planned Collaboration	CHAMP® currently works with the care coordinators at the hospitals, patient navigators, and community clinics.

HOUSING WITH DIGNITY	
Significant Health Needs Addressed	✓ Access to Behavioral Health Services ✓ Active Living and Healthy Eating ✓ Safe, Crime and Violence Free Communities ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services ✓ Basic Needs
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs □ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	The program partners hospital care coordinators with Lutheran Social Services staff to identify and evaluate chronically homeless, high-end hospital users and place them in transitional housing units. Wrap-around supportive services are provided by Lutheran Social Services to help these individuals achieve stability. Once stable, these individuals are placed in HUD-funded permanent supportive housing provided. The Mercy Family Health Center, part of Dignity Health supports the ongoing medical needs of enrolled individuals, and Mercy Home Health is on call as necessary.
Community Benefit Category	A2-e Community Based Clinical Services - Ancillary/other clinical services
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Housing with Dignity provides up to six months of transitional supportive housing to chronically homeless individuals and assists them in linking to a medical home and additional supportive services.
Measurable Objective(s) with Indicator(s)	Address the social determinants of health by finding permanent supportive housing for homeless individuals and provide additional services to enable participants to move toward stable and healthier lifestyles, while reducing hospital admissions.
Intervention Actions for Achieving Goal	Lutheran Social Services (LSS) will continue to work with hospital care coordinators to improve referral processes and engage additional staff at all hospitals in identifying patients who meet eligibility requirements. LSS will also work with Mercy Family Health Center and other community clinics to ensure follow up medical care is obtained upon hospital discharge.
Planned Collaboration	Housing with Dignity is a collaborative initiative between the Dignity Health Sacramento County hospitals, Lutheran Social Services, and the Mercy Family Health Center.

THE CARING CENTER	
Significant Health Needs Addressed	✓ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ❑ Safe, Crime and Violence Free Communities ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services ✓ Basic Needs
Program Emphasis	✓ Focus on disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ❑ Contribute to a Seamless Continuum of Care ❑ Build Community Capacity □ Demonstrate Collaborative Governance
Program Description	The Caring Center provides multiple healing therapies, like health touch, massage, therapeutic touch, reiki reflexology and acupressure at no cost to the uninsured and underinsured living in the community. Clients from various neighborhoods in the hospital's service area seek the center's services and are also referred by physicians, the hospital's physical therapy department, and the region's community health centers. This growing core program is offered weekly, and continues to expand to meet increasing demand.
Community Benefit Category	A1-c Community Health Education - Individual health ed. for uninsured/under-insured
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Provide alternative and complementary treatments for patients that enhance healing and improve wellbeing including therapeutic touch, cranio-sacral therapy, massage, reflexology, reiki and healing touch.
Measurable Objective(s) with Indicator(s)	Continue to increase awareness of services offered, targeting chronic-pain sufferers and cancer patients contending with the side effects of chemo or radiation.
Intervention Actions for Achieving Goal	Continue promoting services in the community and work with hospital and community partners to increase awareness.
Planned Collaboration	The Caring Center works with local community partners to expand the awareness of the program.

CANCER NURSE NAVIGATOR	
Significant Health Needs Addressed	✓ Access to Behavioral Health Services ✓ Active Living and Healthy Eating ❑ Safe, Crime and Violence Free Communities ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services □ Basic Needs
Program Emphasis	✓ Focus on disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity □ Demonstrate Collaborative Governance
Program Description	This program provides continuity of care, enhancing patient/doctor communication whenever an abnormality shows up on mammogram, breast ultrasound, or breast MRI, as well as information to the community about financial assistance for breast cancer screening. Patients receive information, resources, and support for assisting with biopsies. Education about pathology results and assistance obtaining referrals to specialists is provided in a timely manner. The navigators also coordinate a group of peer support volunteers who are matched up with patients newly diagnosed with breast cancer.
Community Benefit Category	A3-e Health Care Support Services – Information & Referral.
Planned Actions for 2016 - 2018	
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, and Improve patient/doctor relationships.
Measurable Objective(s) with Indicator(s)	Continue to build awareness to increase number of underserved assisted through outreach and community collaboration and build awareness of the program among community partners.
Intervention Actions for Achieving Goal	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 who are located in the ED's.
Planned Collaboration	Cancer nurse navigators work with a variety of community partners in terms of finding available services and well as receiving referrals for patients who need assistance.

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Dignity Health Sacramento Service Area Community Board

Sister Brenda O'Keeffe, Chair Vice President, Mission Integration Mercy Medical Center Redding	Sister Patricia Simpson, O.P.
Glennah Trochet, MD, Vice Chair Retired Sacramento County Public Health Officer Community Representative	Thiru Rajagopal, MD Vice Chief of Staff Mercy General Hospital
Brian King, Secretary Los Rios College District Chancellor	Steven Polansky, MD Vice Chief of Staff Mercy San Juan Medical Center
Gil Albiani Real Estate Community Representative	Laurie Harting Sr. Vice President, Operations Dignity Health Sacramento Service Area
Julius Cherry Attorney Community Representative	Dwight (Brad) Stalker, MD Vice Chief of Staff Mercy Hospital of Folsom
Patrice Coyle Retired HR & Education Community Representative	Timothy Takagi, MD Vice Chief of Staff Methodist
Sister Patricia Manoli, RSM Director, Mission Integration St. Elizabeth Community Hospital	Roger Neillo Former Sacramento Chamber of Commerce President; Former California State Assemblyman

Dignity Health Sacramento Service Area Community Health Committee Roster

Sister Bridget McCarthy
Vice President, Mission Integration
Dignity Health Greater Sacramento Service Area

Becky Furtado
Vice President, Communications
Dignity Health Greater Sacramento Service Area

Sister Clare Marie Dalton
Vice President, Mission Integration
Mercy General Hospital

Sister Cornelius O'Conner
Vice President, Mission Integration
Mercy Hospital of Folsom

Michael Cox
Vice President, Mission Integration
Methodist Hospital of Sacramento

Catherine Geraty-Hoag
Director of Clinical Partnerships
Dignity Health Greater Sacramento Service Area

Rosemary Younts
Senior Director, Behavioral Health Service Line
Dignity Health Greater Sacramento Service Area

Kevin Duggan
President, Mercy Foundation

Shirlie Marymee
Retired

Marge Ginsburg
Retired

Sister Gabrielle Marie Jones, Chair

Sister Patricia Simpson, O.P.

Ashley Brand
Director, Community Health and Outreach
Dignity Health Greater Sacramento Service Area

Liza Kirkland
Manager, Community Health and Outreach
Dignity Health Greater Sacramento Service Area

Jennifer Zachariou
Sr. Community Health Specialist
Dignity Health Greater Sacramento Service Area

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

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

- Health Professions Education - 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.

- Transitional Housing and Lodging - When there are no available alternatives, Mercy Folsom subsidizes payments for room and board in the community for patients unable to pay when they are discharged from the hospital.

- Sacramento Region Health Care Partnership - Technical expertise and leadership is provided by the hospital to the Partnership that is focused on building capacity among the region's Federally Qualified Health Centers. The Partnership also offers the Learning Institute for clinics, aimed at facilitating an integrated health care delivery model and fostering solutions that can improve administrative and service delivery systems.

- Sacramento County Medi-Cal Managed Advisory Committee -The hospital has appointed representation on this Committee which was established by Senator Steinberg's legislation in 2010. The purpose of the Committee is to improve services and health outcomes for beneficiaries of the region's Geographic Managed Medi-Cal system. The Committee grapples with issues that include access, quality and care coordination, and reviews and provides input on quality indicators, policies and processes.

Additionally, 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 Folsom Chamber, El Dorado Hills Chamber of Commerce, the Folsom Lake Community College Foundation, the Rotary Club of Folsom, the CARES Foundation, Valley Vision Board of Directors and Boys and Girls Club. Annual sponsorships also support multiple programs, services and fund-raising events of organizations; among them, Folsom Parks and Recreation, Powerhouse Ministries, Cristo Rey High School, Serotonin Surge Charities, Chinese American Coalition, Brain Injury Association of California, California State University at Sacramento, National Multiple Sclerosis Society and others.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured 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 200% 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 200-350% 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 Hospital of Folsom 1650 Creekside Dr, Folsom, CA 95630 | Financial Counseling 916-983-7512 **Patient Financial Services** 888-488-7667 | www.dignityhealth.org/sacramento/paymenthelp