

# Mark Twain Medical Center

## Community Benefit 2021 Report and 2022 Plan

Adopted October 2021



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## A message from

Doug Archer, president and CEO of Mark Twain Medical Center, and Kathy Northington, Chair of the Dignity Health Mark Twain Medical Center Community Board.

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

Mark Twain Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2021 Report and 2022 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

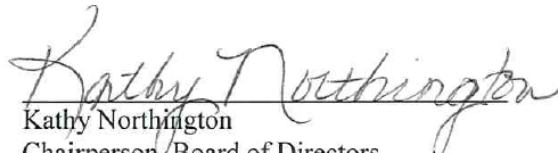
In fiscal year 2021 (FY21), Mark Twain Medical Center provided \$5,737,513 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$9,563,282 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2021 Report and 2022 Plan at its October 22, 2021 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching to out to Community Health Manager, Nicki R. Stevens.



Doug Archer  
President/CEO



Kathy Northington  
Chairperson, Board of Directors

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## At-a-Glance Summary

<p><b>Community Served</b></p> 	<p>Calaveras County is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 44,000 with an area of 1,008 square miles. Our only incorporated city, the Angels Camp, has a population of about 5,400.</p>		
<p><b>Economic Value of Community Benefit</b></p> 	<p>\$5,737,513 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$9,563,282 in unreimbursed costs of caring for patients covered by Medicare</p>		
<p><b>Significant Community Health Needs Being Addressed</b></p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA) from September 2019. Needs being addressed by strategies and programs are:</p> <table border="1" data-bbox="415 894 1430 1062"> <tr> <td data-bbox="415 894 881 1062"> <ul style="list-style-type: none"> <li>• Access to Primary and Specialty Care</li> <li>• Behavioral Health (Mental Health and Substance Use)</li> </ul> </td> <td data-bbox="881 894 1430 1062"> <ul style="list-style-type: none"> <li>• Access to Primary and Specialty Care</li> <li>• Older Adult Health</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Access to Primary and Specialty Care</li> <li>• Behavioral Health (Mental Health and Substance Use)</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Primary and Specialty Care</li> <li>• Older Adult Health</li> </ul>
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<p><b>FY21 Programs and Services</b></p> 	<p>The hospital delivered several programs and services to help address identified significant community health needs from the 2019 CHNA. These included: Mental Health, Access to Primary and Specialty Care, and Chronic Disease Management. The following is a summarized update of actions and impacts.</p> <p>Overall in addition to the hospital, Mark Twain Medical Center’s Rural Health Clinics address these and other needs in an accessible way throughout the county. Our goal is to enhance the integration of quality and safety efforts across the continuum of care, from community prevention, to outpatient, to inpatient and emergency care when necessary. The hospital also engages with the local public health department, the schools and other community organizations on these and other initiatives to collaboratively address health needs.</p> <p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p>		
<p><b>FY22 Planned Programs and Services</b></p> 	<p>FY22 programs will continue, with the following changes:</p> <ul style="list-style-type: none"> <li>• Enhance access to Primary and Specialty Care – Expanding providers and square footage in new location of our Copperopolis Clinic. Virtual Visits will continue for Tele Psychology.</li> <li>• Evaluate opportunities for health improvement / addressing the health care needs of the elderly. – Senior Meal Program partnership with Area 12 on aging. Senior nutrition and access to services critical need during Pandemic. We have received additional funding to meet this community need for FY22.</li> </ul>		

- Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need. There are metrics in place with all of our Clinic Providers to support our patient's needs.
- Continue to promote and improve the health status and quality of life of the community by partnering with others and serving the poor and disenfranchised
- Evaluate opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.
- Continue to meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources.

This document is publicly available online at [www.marktwainmedicalcenter.com](http://www.marktwainmedicalcenter.com).

Written comments on this report can be submitted to the MARK TWAIN MEDICAL CENTER'S COMMUNITY HEALTH OFFICE, 768 MOUNTAIN RANCH ROAD or by e-mail to [nicki.stevens@dignityhealth.org](mailto:nicki.stevens@dignityhealth.org).

## Our Hospital and the Community Served

### About Mark Twain Medical Center

Mark Twain Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health.

Founded in 1951, Mark Twain Medical Center is a 25-bed, critical access hospital located in San Andreas providing inpatient acute care, outpatient services and emergency services. The Medical Center's Medical Staff represents a broad range of specialties that ensure access to high quality medical care in a rural community. In addition to being a major provider of health services, Mark Twain Medical Center is also one of the area's largest employers. More than 300 people are employed at the hospital and its five Family Medical Centers. The Medical Center is a member of Dignity Health, the fifth largest not-for-profit healthcare system in the nation. For more information, please visit our website at [www.marktwainmedicalcenter.org](http://www.marktwainmedicalcenter.org). Mark Twain Medical Center is also on Facebook.

### 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

Mark Twain Medical Center is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. The hospital has financial assistance available to help pay for medically necessary services provided to those patients who meet certain income requirements. The financial assistance policy, a plain language summary of the policy, and a financial assistance application are on the hospital's web site.



## Description of the Community Served

Mark Twain Medical Center serves Calaveras County, and is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 44,000 with an area of 1,008 square miles. Our only incorporated city, the Angels Camp, has a population of about 5,400.

A summary description of the community is below. Additional details can be found in the CHNA report online.

Our county geography begins near sea-level in the west with oak-dotted rolling hills, changes to mixed evergreens and oak forests, then dramatic stands of gigantic trees, and culminates near 8,200 feet in the eastern part of the county with evergreens growing among granite boulders of the Sierra Nevada Range. Major rivers, the Mokelumne and the Stanislaus, form borders north and south.



- Urban community members represent about 24.6 percent of the population. Other members of Calaveras County live in less densely populated regions, and 75.4 percent of the population is considered to be rural.
- The rural nature of much of the community results in some health challenges, including long transportation times and transportation difficulties for accessing care,
- The median age of Calaveras County is 52 years. This is significantly older than the U.S. median age of 37.6 years.
- Regarding racial and ethnic diversity, 79.7% of the population is white (non-Hispanic), 0.8% is black (non-Hispanic), 1.7% is Asian/Pacific Islander, 4.7% is Other (non-Hispanic), and 13.0% is Hispanic.
- Health is impacted by socioeconomic status (SES), and populations with low SES tend to face greater health challenges (Marmot & Wilkinson, 2005).
- An estimated 8.4% of Calaveras County residents are living at or below 200% of the federal poverty line. This is low compared to national rates (34.2%).
- In Calaveras County, 5.6% people are covered by Medicaid and 3.7% are uninsured. <sup>1</sup>
- The ratio of the population to the number of primary care physicians is 61 percent higher, and the ratios of population to dentists and mental health providers is twice as high in Calaveras County than in California. That means less access to care, and the county as a whole is designated both a primary care and mental health Professional Shortage Area.

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<sup>1</sup> Source: Claritas Pop-Facts® 2020; SG2 Market Demographic Module

- Recruiting and retaining a qualified workforce is challenging in rural areas; at MTMC this impacts hospital staffing as well as recruitment of physicians, nurses and mid-level providers. The Patient to Physician ratio in the County is 2,038 to 1.
- The economy of Calaveras County, CA employs 17.1k people. The largest industries in Calaveras County, CA are Health Care & Social Assistance (2,256 people), Construction (1,985 people), and Retail Trade (1,913 people), and the highest paying industries are Utilities (\$59,423), Public Administration (\$58,868), and Transportation & Warehousing, & Utilities (\$58,465). Government is the largest employer in Calaveras County, accounting for more than 25 percent of all wage-and-salary jobs. This includes jobs at public schools.
- 94.8% of the population of Calaveras County, CA has health coverage, with 38% on employee plans, 18.5% on Medicaid, 20.4% on Medicare, 15.7% on non-group plans, and 2.14% on military or VA plans.
- The most common foreign languages spoken in Calaveras County, CA are Spanish or Spanish Creole (1,820 speakers), German (215 speakers), and French (Incl. Patois, Cajun) (175 speakers).
- Calaveras County, CA has a large population of military personnel who served in Vietnam, 3.64 times greater than any other conflict.



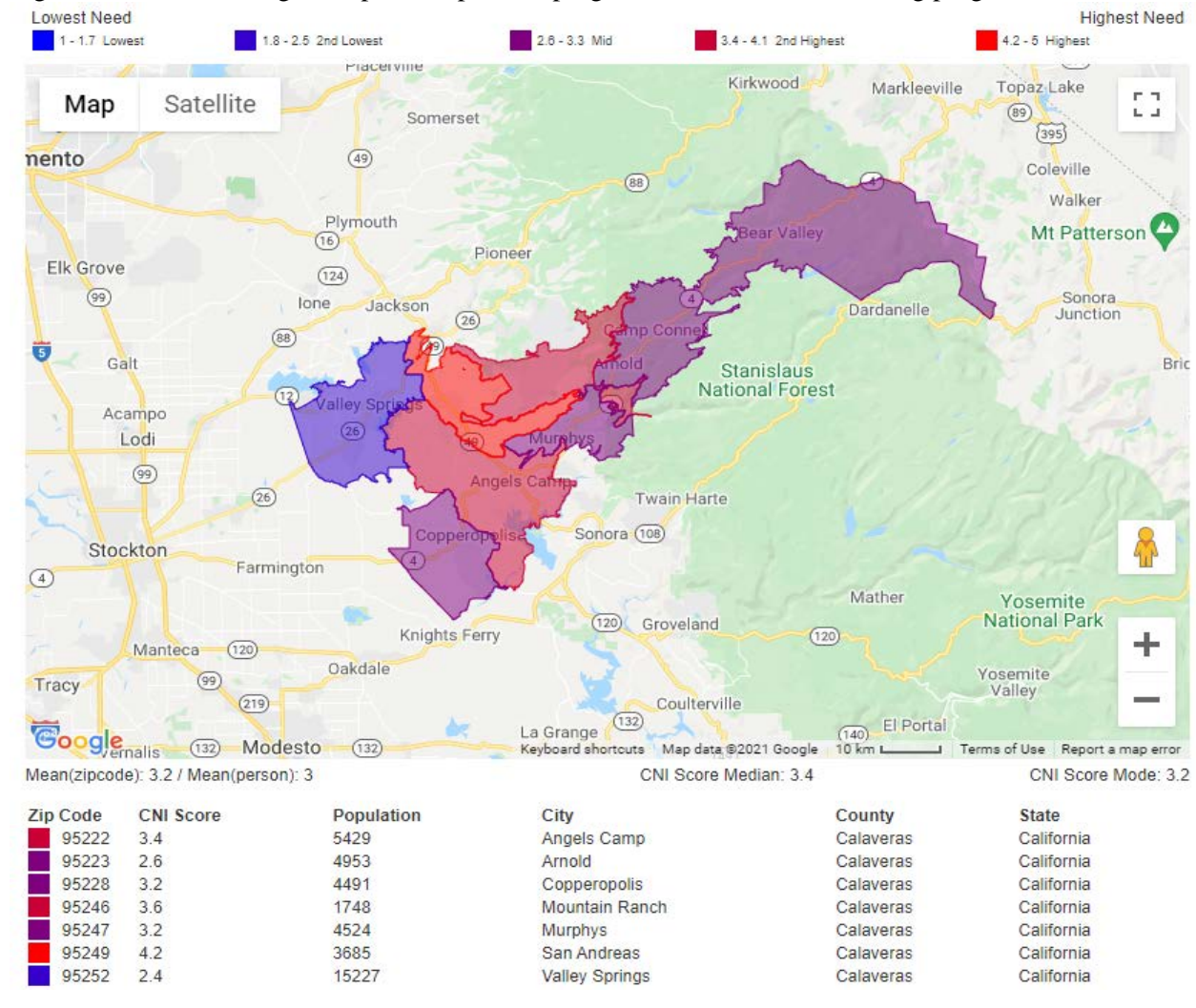
## Community Need Index

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

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

## 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 September 2019.

The CHNA contains several key elements, including:

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

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at [marktwainmdicalcenter.org](http://marktwainmdicalcenter.org) or upon request at the hospital's Community Health office.

## Significant Health Needs

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

- Access to Primary and Specialty Care
- Behavioral Health (mental health and substance use)
- Cardiovascular Disease
- Older Adult Health

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

- Unintentional Injuries

The hospital intends to help address all of the 2019 needs directly except for Unintentional Injuries, for which the hospital will seek to partner with others in the community including first responders.

The hospital intends to take actions to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.

## 2021 Report and 2022 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 FY21 and planned activities for FY22, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community

health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health.

The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.



## Creating the Community Benefit Plan

Mark Twain Medical Center 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.

The hospital solicited and took into account input from individuals representing the broad interests of the community, both to identify health and health-related needs and to identify priorities among those needs. Three people providing input represented the local public health department, and several represented underserved, low-income and minority populations through their work and in their community roles (Mark Twain Health Care District, County Office of Education, the hospital, and community volunteers). These included uninsured and underinsured persons, elderly residents, youth and students, and geographically isolated rural communities.

## Impact of the Coronavirus Pandemic

- Mark Twain Medical Center is able to continue to support and supply nutritious meals for the Senior Meals Program. The model was previously for congregate sites where education, activities and fellowship have been provided. All meals are now made in bulk to go and delivered to a local Senior Center for pick up.
- Throughout this year and last year, MTMC has continued to supply toiletries, lunch totes, tee shirts and socks to the clients of Health and Human Services for those in need of resources. As well as other local community organizations.

- This fiscal year we sponsored the County Library Book Mobile to assist with literature and health educational outreach needs.
- This September 2021 would have been our 24th year for our Annual Fall Health Fair. Just like last year, we will not host the ‘traditional’ event. We will provide the services that can both meet the needs of our community by appointment for our discounted blood screenings and social distancing requirements as well. In FY21 we proved over 300 discounted blood screenings at a cost of over \$29,000.



- MTMC will continue as we did last year, to partner with our local Public Health Department to offer a drive through flu station. For our ever popular discounted Blood Analysis appointment in the lab for 3 consecutive months in a setting that will be safe, covenant and manageable. We plan to continue this support in FY22 to continue helping alleviate pandemic-induced needs.
- Mark Twain Medical Center hosted a virtual gathering to focus attention on women’s health and one for mental wellbeing – and how we are affected by the challenges of COVID-19. These workshops were promoted as part of MTMC’s ongoing successful A Plan 4 Me series.

## Report and Plan by Health Need

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

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




**Health Need: Access to Primary and Specialty Care**



Strategy or Program Name	Summary Description	Active FY21	Planned FY22
<ul style="list-style-type: none"> <li>Enhance access to Primary and Specialty Care</li> </ul>	Expansion of services in our new Rural Health Clinics in Angels Camp and Copperopolis. Virtual Visits implemented and utilized, including telephone visits.	☒	☒
<ul style="list-style-type: none"> <li>Promote Health Outreach</li> </ul>	In years past during our Annual Health Fair- providing free adult flu shots and discounted health care screenings and resources from our community partners in attendance. In FY21 and FY22, we are partnering with the local Public Health Department to provide support for their annual drive thru flu shots.	☒	☒

**Impact:** In September of each year we offer free adult flu shots to the community during our Fall Health Fair. In FY20 we served 249 people and 367 in FY19. Our staff provided flu vaccinations to 772 clinic patients and expensed over \$3735.00 to provide flu vaccinations to adults at our Health Fair in FY20.

**Collaboration:** MTMC continues to work with the Calaveras County Public Health to decrease the readmission rates among vulnerable population. The Hospital also collaborates with Soroptomist and the Foundation to provide free Lipid Panels for the residents to promote heart health. In FY21 139 women received cholesterol screenings at no cost, funded by the local Soroptomists.

 <b>Health Need: Behavioral Health (Mental Health and Substance Use)</b>			
Strategy or Program Name	Summary Description	Active FY21	Planned FY22
<ul style="list-style-type: none"> <li>Enhance opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.</li> </ul>	Utilization of the telehealth robot for psych allows the ordering of tailored stabilizing of medications, recommendations for treatment and suggestions for appropriate disposition.	☒	☒
<ul style="list-style-type: none"> <li>Support for Youth Behavioral Health</li> </ul>	Connect Emergency Room Youth patients needing additional resources for services relative to diagnoses for cognitive impairment.	☒	☒
<ul style="list-style-type: none"> <li>Substance Abuse Counseling</li> </ul>	Providers will create Care Plan by partnering with Public Health to refer patients that identify in need of Substance Abuse Counseling Support Services.	☒	☒

**Impact:** Bridge the gap in receiving quality mental health care for those families who are uninsured, under insured (high deductibles), or don't have access to therapists on their selected insurance plans.

**Collaboration:** Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. Our Chief Nurse is on the County Mental Health Task Board.



## Health Need: Older Adult Health

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
<ul style="list-style-type: none"><li>Evaluate opportunities for health improvement / addressing the health care needs of the elderly.</li></ul>	“A Plan 4 Me” workshops provide access to information to help address everyday situations, as well as identifying and preventing health issues. We held several virtual seminars in FY21, and are hoping for in person sessions one day soon in FY22.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>The Senior Nutrition Program</li></ul>	A new collaboration between the Nutrition & Food Services Department at Mark Twain Medical Center and Common Ground Senior Services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Impact:</b> The Plan 4 Me series provides a free lunch at each health related prevention and educational seminar. Attendance averages 40. Our hope is to restart this successful educational outreach in the future after the pandemic. The hospital’s initiatives to address access to care are anticipated to result in: attendance at both sites has doubled since MTMC Food Services got involved.</p>			
<p><b>Collaboration:</b> The hospital will continue partner with Common Ground Senior Services, Area 12 on Aging, and other public and local organizations that provide services and outreach to the older adult population.</p>			





## Health Need: Cardiovascular Disease

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
<ul style="list-style-type: none"> <li>Cardiovascular Disease Prevention</li> </ul>	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.	☒	☒
<ul style="list-style-type: none"> <li>Patient Education</li> </ul>	Continue in FY21 the ‘A PLAN 4 Me’ Series. In collaboration with multiple organizations and specialists to provide education.	☒	☒
<ul style="list-style-type: none"> <li>Patient Support</li> </ul>	Mark Twain Medical Center initiated a heart disease management program to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with CHF or COPD.	☒	☒
<p><b>Impact:</b> Lower the high Prevalence of and Disparities in Chronic Health Conditions Provide an integrated care approach to managing illness was a significant health needs in Calaveras County. This includes screenings, check-ups, monitoring and coordinating treatment, and patient education.</p>			
<p><b>Collaboration:</b> Each February we provide free lipid panels to women in partnership with Soroptomist International. FY20 we served 139 local women.</p>			

## Community Grants Program


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

In FY21, the hospital awarded the grant below totaling \$32,000.

Grant Recipient	Project Description	Amount
Central Calaveras Fire and Rescue Protection District, Mountain Ranch Youth Alliance and Resource Center/Food Bank and the Mountain Ranch Community Center/Park (MRCC).	The food bank will supply nutritious food, behavioral health space and referrals, the community center/park will provide health exercise and recreation space, and the fire department will deliver CPR training, rescue equipment, and advanced EMT skills to improve cardiac outcomes.	\$32,000

## Program Digests

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

 <b>Access to Primary and Specialty Care Rural Health Clinics Expansion</b>	
Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>✓ Access to Primary and Specialty Care</li> <li>❑ Behavioral Health (Mental Health and Substance Use)</li> <li>❑ Older Adult Health</li> <li>❑ Cardiovascular Disease</li> </ul>
Program Description	<p>In addition to the expansion of services in our new Rural Health Clinics in Angels Camp and Copperopolis for; Primary Care, Women's Health, Pediatric Services, Orthopedics, Tele-psychiatry, Diagnostic Imaging, Laboratory Services, Chiropractic and Counseling Services. We will be implementing the Nurse Triage System for our Clinic Patients and community members. For health conditions arising on the weekends, holidays and evenings, MTMC primary care patients and persons may call our Advice Nurse line and will be directed to the appropriate level of care.</p> <p>The Registered Nurses staffing our Advice Nurse line will be available to provide current health and wellness information and answer general health questions.</p>
Community Benefit Category	A2. Community-based clinical services
FY 2021 Report	
Program Goal / Anticipated Impact	FY21 ----- patient visits
Measurable Objective(s) with Indicator(s)	n/a for FY21
Intervention Actions for Achieving Goal	n/a for FY21
Collaboration	n/a for FY21
Performance / Impact	n/a for FY21
Hospital's Contribution / Program Expense	Projected to cost 12k annually for the Nurse Triage Call service
FY 2022 Plan	

Program Goal / Anticipated Impact	By expanding the footprint and better location visibility we will provide greater access to the Rural Healthcare Clinics. We have also implemented Cerner in the Clinics improving the service experience. This will allow the number of visits will grow and exceed thresholds; for specialty care as well.
Measurable Objective(s) with Indicator(s)	As Calaveras County residents are assured of the excellent care available, see consistent easy-access care at the clinics, and have the opportunity to connect via telehealth when subspecialty care is needed.
Intervention Actions for Achieving Goal	Our new RHC's are located in the larger populated areas of the County. We moved our existing Copperopolis Clinic into a much larger space. All of our locations provide greater access to care and specialists for our underserved and under insured populations.
Planned Collaboration	The hospital is working in partnership with the Mark Twain Health Care District and Public Health to bring services in a mobile van/bus to those in the most isolated areas of the community in the future.



### Access to Primary and Specialty Care Promote Health Outreach

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>✓ Access to Primary and Specialty Care</li> <li>❑ Behavioral Health (Mental Health and Substance Use)</li> <li>❑ Older Adult Health</li> <li>❑ Cardiovascular Disease</li> </ul>
Program Description	Promote Health Outreach
Community Benefit Category	A2. Community-based clinical services

#### FY 2021 Report

Program Goal / Anticipated Impact	Improve access to primary care and preventive services for the residents of the Mark Twain Medical Center service area to sustain or improve health.
Measurable Objective(s) with Indicator(s)	Patients obtaining immunizations at the Health Fairs will have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia. We also offer discounted blood analysis during our health fairs.
Intervention Actions for Achieving Goal	We have increased our marketing efforts about the Health Fairs. Our outreach will assist us in providing additional immunizations in underserved areas.
Collaboration	We continue to partner with numerous local organizations to support the health and well-being of our community.

Performance / Impact	For FY21 1600 doses of flu vaccine were given at our Clinics and drive-thru partnership with Public Health.
Hospital's Contribution / Program Expense	FY21 MTMC expensed over \$23,000 to provide Flu vaccinations to adults at our Health Fairs.
<b>FY 2022 Plan</b>	
Program Goal / Anticipated Impact	Improve access to primary care and preventive services for the residents of the Mark Twain Medical Center service area to sustain or improve health.
Measurable Objective(s) with Indicator(s)	Patient awareness and education for all adult and pediatric immunizations have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia. We will be launching a community all vaccines awareness campaign.
Intervention Actions for Achieving Goal	Continue collaboration for outreach services.
Planned Collaboration	MTMC collaborates with the Public Health Department and dozens of other community organizations.



### Behavioral Health (Mental Health and Substance Use) Tele- Health ED Psych Services

Significant Health Needs Addressed	<input type="checkbox"/> Access to Primary and Specialty Care <input checked="" type="checkbox"/> Behavioral Health (Mental Health and Substance Use) <input type="checkbox"/> Older Adult Health <input type="checkbox"/> Cardiovascular Disease
Program Description	Enhance opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.
Community Benefit Category	A2. Community-based clinical services

### FY 2021 Report

Program Goal / Anticipated Impact	Maintained the hospital's Emergency Room Tele-health Psych services. Results include decreased average length of stay, ordering stabilizing medications, treatment recommendations and suggestions for disposition.
Measurable Objective(s) with Indicator(s)	Decrease average length of stay for our mental and behavioral health patients who later go on to a long term psych facility.
Intervention Actions for Achieving Goal	The psychiatrist who "beams in" on the telehealth robot is able to order stabilizing medications, make treatment recommendations and suggestions for disposition

Collaboration	Meeting quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources.
Performance / Impact	For FY2021 we had 86 telepsych telehealth activations in the ER. Average LOS for patients who were eventually transferred to a psych facility was 20 hours and 37 minutes during that same timeframe. This data does not apply to those who were admitted safety planned.
Hospital's Contribution / Program Expense	MTMC will allocate \$42,312 for the Tele Behavioral Health component.
<b>FY 2022 Plan</b>	
Program Goal / Anticipated Impact	Continue to provide this service
Measurable Objective(s) with Indicator(s)	Decrease average length of stay for our mental and behavioral health patients who later go on to a long term psych facility.
Intervention Actions for Achieving Goal	Support this customized care for this venerable population in our ER.
Planned Collaboration	Continue building on working with local partners in Professional Mental Health to develop best practices with known local resources.



### Older Adult Health Adult Prevention Classes

Significant Health Needs Addressed	<input type="checkbox"/> Access to Primary and Specialty Care <input type="checkbox"/> Behavioral Health (Mental Health and Substance Use) <input checked="" type="checkbox"/> Cardio Vascular Disease <input checked="" type="checkbox"/> Older Adult Health
Program Description	The hospital's "A Plan 4 Me" workshops provide access to information to help address everyday situations, as well as identifying and preventing health issues. Each participant receives a binder to utilize for all medical records, emergency information etc.
Community Benefit Category	A 1. Community Health Improvement Services

### FY 2021 Report

Program Goal / Anticipated Impact	To offer education and preventative health related topics and local services available with our community partners.
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Measurable Objective(s) with Indicator(s)	Based on surveys and over all feedback the 40 plus monthly attendees have been connected to experts and needed resources.
Intervention Actions for Achieving Goal	Host monthly educational health prevention topics (A Plan 4 ME Series) that are FREE and highlight our services presented by our community partners and our own team of experts. This has been difficult in COVID times. As we cannot provide these workshops in person. We did hold a few Zoom Classes, and the attendance was small compared to in person.
Collaboration	The series also create opportunities for MTMC to collaborate with community organizations that additionally present on a range of priority health needs.
Performance / Impact	Evaluate opportunities for health improvement / addressing the health care needs of the elderly.
Hospital's Contribution / Program Expense	In FY21 the costs associated with these classes that we did offer were minimal for advertising only.

### FY 2022 Plan

Program Goal / Anticipated Impact	Once we are out of the pandemic, we will reinstate our g “A Plan 4 Me” series of health education events focused on seniors, free educational prevention luncheons in conjunction with our community partners.
Measurable Objective(s) with Indicator(s)	Increase attendance by 5% at the monthly educational health prevention topics (A Plan 4 ME Series) that are FREE and highlight our services presented by our community partners and our own team of experts.
Intervention Actions for Achieving Goal	Align with additional community partners to co-present monthly educational health prevention topics at our A Plan 4 ME Series.
Planned Collaboration	The series also create opportunities for MTMC to collaborate with community organizations on a range of priority health needs.



### Older Adult Health Senior Nutritional Programs

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>● Access to Primary and Specialty Care</li> <li>● Behavioral Health (Mental Health and Substance Use)</li> <li>✓ Older Adult Health</li> <li>✓ Cardiovascular Disease</li> </ul>
Program Description	The Senior Nutrition Program
Community Benefit Category	A 1. Community Health Improvement Services

### FY 2021 Report



Program Goal / Anticipated Impact	To reduce the risk of chronic diseases by improving the nutritional balance of those seniors that are isolated and/or have the inability to provide nutritiously balanced meals for themselves within Calaveras County.
Measurable Objective(s) with Indicator(s)	Provide >25,000 meals to over 100+ seniors in need within Calaveras County.
Intervention Actions for Achieving Goal	Provided 5 meals per week that meets or exceeds the USDA one-third of daily requirements.
Collaboration	Area 12 Agency on Aging & Mark Twain Medical Center Foundation
Performance / Impact	>1054 volunteer hours
Hospital's Contribution / Program Expense	Program expense: \$238,867 cash and \$34,707 in-kind dollars. Mark Twain Medical Center Foundation help fund >\$20,000.

### FY 2022 Plan

Program Goal / Anticipated Impact	The Senior Nutrition Program, under the direction of MTMC will incorporate State Nutrition Guidelines and meet one-third of the daily requirements for adults.
Measurable Objective(s) with Indicator(s)	Attendance at both sites has doubled since MTMC Food Services got involved.
Intervention Actions for Achieving Goal	Senior meals provide socialization, healthy meal preparation demonstrations. While the local seniors enjoy the atmosphere, play cards and bingo games
Planned Collaboration	The project was made possible by a grant from the Mark Twain Medical Center Foundation to the Nutrition & Food Services Department for specialized food transport equipment.



### Cardiovascular Disease Prevention

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li><input type="checkbox"/> Access to Primary and Specialty Care</li> <li><input type="checkbox"/> Behavioral Health (Mental Health and Substance Use)</li> <li><input checked="" type="checkbox"/> Cardiovascular Disease</li> <li><input checked="" type="checkbox"/> Older Adult Health</li> </ul>
Program Description	Cardiovascular Disease Prevention
Community Benefit Category	A 1. Community Health Improvement Services

**FY 2021 Report**

Program Goal / Anticipated Impact	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.
Measurable Objective(s) with Indicator(s)	Our RHC Providers are monitoring all patients with high blood pressure and setting goals for them along with one on one education and take home blood pressure monitors are given to the patients at no cost through a grant our Hospital Foundation was able to obtain.
Intervention Actions for Achieving Goal	Mark Twain Medical Center initiated a heart disease management program in our Cardiac Rehab Department to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with CHF or COPD.
Collaboration	In collaboration with multiple organizations and specialists to provide education, preventative tips and community support.
Performance / Impact	Lower the high Prevalence of and Disparities in Chronic Health Conditions. Provide an integrated care approach to managing illness was a significant health needs in Calaveras County. This includes screenings, check-ups, monitoring and coordinating treatment, and patient education.
Hospital's Contribution / Program Expense	In FY21 139 patients were served for the free Lipid Panels. Sponsored by our local Soroptomist.

**FY 2022 Plan**

Program Goal / Anticipated Impact	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.
Measurable Objective(s) with Indicator(s)	Continue in FY20 the 'A PLAN 4 Me' Series. In collaboration with multiple organizations and specialists to provide education.
Intervention Actions for Achieving Goal	Mark Twain Medical Center initiated a heart disease management program to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with CHF or COPD.
Planned Collaboration	Each February we provide free lipid panels to women in partnership with Soroptomist International. FY20 we served 139 local women. Due to COVID we did not provide this service in FY21. We will resume this service in FY22.

## 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.

**Community Leadership** - MTMC's hospital leadership oversees community benefit activities for the hospital as it strives to meet the health and wellness needs of the local community. Several members of Mark Twain's senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such as Homeless Task Force, Habitat for Humanity, Soroptimist International, Economic Development Corporation, local Churches and Chamber of Commerce to name a few.

**Community Health Education Center** - Calaveras County suffers from a scarcity of meeting rooms. MTMC provides meeting room space in the Community Health Education Center at no cost to health and community related groups as our schedule permits. On hold due to COVID.

**Diabetes Education** – Diabetes touches every family. It is the leading cause of blindness among adults ages 20 to 74, and is the sixth leading cause of death in America. Education is the key factor to managing Diabetes. Our commitment is to provide the skills and techniques needed to self-manage the disease. Annually serving about 225 people.

**Disaster Preparedness** – Throughout the pandemic Mark Twain Medical Center has partnered with; the local health department to supply and support COVID testing and vaccination programs; support the County Office of Education with supplies and testing options for staff and students; support first responders with personal protective supplies and processes to test 1st responders in the event of COVID exposures; regularly report on hospital and community clinic operations impacts to the County Office of Emergency Services, Public Health Department, and the Board of Supervisors; and liaison with other healthcare organizations to monitor and support community health status across county lines. Mark Twain Medical Center is proud of the relationships it has nurtured with other agencies in advance of this unprecedented event which has led to today's more effective communications and support for the whole healthcare community.

**Sponsorships and Donations** - As a member of the community, Mark Twain Medical Center responds to requests for direct funding and goods and services to support community organizations and activities such as Grad Night, Door of Hope, Youth Programs, Gardens to Grow in, and Habitat for Humanity, Cancer Support Group, High School Medical Sciences Project, etc.

**Teddy Bear Clinic** – This annual 3-day event brings all of the kindergartners in Calaveras County to our hospital. The goal for this event is to alleviate any fears that young children may have in the face of an emergency. Additionally, many children recognize that emergency personnel are some of the same people from the communities where they live. From an educational stand point, the purpose is to lay the foundation for their future as a health care provider or public servant. The children are guided through hospital areas and departments and given a stethoscope, and teddy bear to care for. In addition to the hospital environment, local, state and federal agencies and emergency service providers also attend to help in exposing and educating the children to emergency services during each one of the stations on the tour. This program is on hold due to COVID.

## Economic Value of Community Benefit

190 Mark Twain Medical Center

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2020 through 6/30/2021

	Persons	Expense	Revenue	Net Benefit	% of Expense
<b><u>Benefits for Poor</u></b>					
Financial Assistance	2,679	643,390	0	643,390	0.8%
Medicaid	22,197	19,619,050	14,668,829	4,950,221	6.5%
Means-Tested Programs	20	11,239	591	10,648	0.0%
<b>Community Services</b>					
A - Community Health Improvement Services	245	98,736	0	98,736	0.1%
E - Cash and In-Kind Contributions**	2	100,500	132,694	0	0.0%
<b>Totals for Community Services</b>	<b>247</b>	<b>199,236</b>	<b>132,694</b>	<b>66,542</b>	<b>0.1%</b>
<b>Totals for Poor</b>	<b>25,143</b>	<b>20,472,915</b>	<b>14,802,114</b>	<b>5,670,801</b>	<b>7.4%</b>
<b><u>Benefits for Broader Community</u></b>					
<b>Community Services</b>					
A - Community Health Improvement Services	749	75,096	15,705	59,391	0.1%
C - Subsidized Health Services	1,000	7,321	0	7,321	0.0%
<b>Totals for Community Services</b>	<b>1,749</b>	<b>82,417</b>	<b>15,705</b>	<b>66,712</b>	<b>0.1%</b>
<b>Totals for Broader Community</b>	<b>1,749</b>	<b>82,417</b>	<b>15,705</b>	<b>66,712</b>	<b>0.1%</b>
<b>Totals - Community Benefit</b>	<b>26,892</b>	<b>20,555,332</b>	<b>14,817,819</b>	<b>5,737,513</b>	<b>7.5%</b>
<b>Medicare</b>	<b>31,949</b>	<b>36,832,699</b>	<b>27,269,417</b>	<b>9,563,282</b>	<b>12.5%</b>
<b>Totals with Medicare</b>	<b>58,841</b>	<b>57,388,031</b>	<b>42,087,236</b>	<b>15,300,795</b>	<b>20.0%</b>

\*\*Consistent with IRS instructions and CHA guidance, Cash and In-kind Contributions is reported at \$0 net benefit because offsetting revenue was greater than expense in FY21. This was due to the return of a large donation in the fiscal year. Net gain for cash and in-kind contributions is still included in all "Totals" calculations, however.

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

## Hospital Board and Committee Rosters

### Mark Twain Medical Center Community Board

MTMC CEO – Doug Archer

MTMC Chief of Staff Dr. Shannon Linton

District Nominee – Debbie Sellick (DESIGNATED PROCEDURE OVERSIGHT COMMITTEE MEMBER, DESIGNATED HEALTH ADVOCATE)

Dignity Nominee – Chris Champlin (VICE CHAIRPERSON)

At Large – Kathy Northington (CHAIRPERSON)

At Large - Nick Baptista (SECRETARY)

At Large – Sal Lofranco

At Large – Tim Oskey

At Large – Larry Smith

### Patient Advisory Committee

Melinda Williams

Dick Brown

Tammy Beilstein

Tad Folendorf

Glenna Johnston

Debbie Sellick

Barbara Nunnelley

Jill Sullivan

Charnette Boylan