

# Mark Twain Medical Center

## Community Benefit 2022 Report and 2023 Plan

Adopted October 2022



## A message from

Doug Archer, President, 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 2022 Report and 2023 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. 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 2022 (FY22), Mark Twain Medical Center provided \$6,710,072 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$10,158,631 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2022 Report and 2023 Plan at its October 21, 2022 meeting.

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

Doug Archer  
President

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>\$6,710,072 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$10,158,63 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). Needs being addressed by strategies and programs are:</p> <table border="1" data-bbox="415 867 1430 1066"> <tr> <td data-bbox="415 867 857 1066"> <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="857 867 1430 1066"> <ul style="list-style-type: none"> <li>• Cardiovascular Disease</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>• Cardiovascular Disease</li> <li>• Older Adult Health</li> </ul>
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<p><b>FY22 Programs and Services</b></p> 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <p>The hospital was impacted by that made outreach and educational forums difficult to provide as in past years. Historically we have delivered programs and resources to those individuals impacted by the above health needs to help address identified significant community health needs from the 2019 CHNA. These included: Mental Health, Access to Primary and Specialty Care, and Older Adult Health. 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><b>FY23 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</li> </ul>		

nutrition and access to services critical need during Pandemic. We have received additional funding to meet this community need for FY23.

- 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, Specialty Care Centers, and four 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

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

## Description of the Community Served

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.

Source: Claritas Pop-Facts® 2020; SG2 Market Demographic Module

### 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.

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 CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
● Access to Primary and Specialty Care	Rural challenges for transportation, provider shortage and lack of private care practices.	YES
● Behavioral Health (mental health and substance use)	Resources are very limited for both mental health and substance abuse. Those affected by these disparities are climbing amongst the population.	YES
● Cardiovascular Disease	Aging population, challenges for health living choices in smaller rural communities.	YES
● Older Adult Health	There are many isolated seniors in the aging population, and access to services is a challenge. Lack of services is also an issue.	YES

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## 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.

## 2022 Report and 2023 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY22 and planned activities for FY23, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

## Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.



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.



## Community Health Strategic Objectives

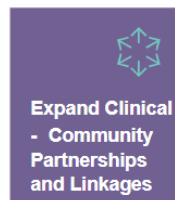
The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

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



Advance  
Community  
Health  
Alignment and  
Integration

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



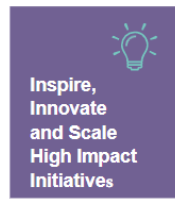
Expand Clinical  
- Community  
Partnerships  
and Linkages

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



Build Capacity  
for More  
Equitable  
Communities

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




Inspire,  
Innovate  
and Scale  
High Impact  
Initiatives

Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

## Report and Plan by Health Need

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

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

 <b>Health Need: Access to Primary and Specialty Care Significant Community Health Need 1</b>			
<b>Strategy or Program</b>	<b>Summary Description</b>	<b>Active FY22</b>	<b>Planned FY23</b>
Enhance access to Primary and Specialty Care	New Providers added, phone triage service, and extended hours for appointments now available. Expansion of services in our new Rural Health Clinics in Angels Camp and Copperopolis. Virtual Visits implemented and utilized, including telephone visits.	☒	☒
Promote Health Outreach	At our Annual Health Fair- providing no cost adult flu shots and discounted health care screenings and resources from our community partners in attendance. In FY23, we are once again partnering with the local Public Health Department to provide support for their annual drive thru flu shots. Our Clinic distribute no cost blood pressure monitors (funded by a grant) to those patients with high blood pressure.	☒	☒
<p><b>Goal and Impact:</b> During the impact of COVID, we were still able to provide discounted blood screenings in lieu of our Annual Fall Health Fair. In FY21 we served 139 people and 280 in FY22.</p>			
<p><b>Collaborators:</b> MTMC continues to work with the Calaveras County Public Health to decrease the readmission rates among vulnerable population. The Hospital also collaborates with Soroptomist 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.</p>			



**Health Need: Behavioral Health (Mental Health and Substance Use) Significant Community Health Need 2**

Strategy or Program	Summary Description	Active FY22	Planned FY23
Enhance opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.	<ul style="list-style-type: none"> <li>Utilization of the telehealth robot for psych allows the ordering of tailored stabilizing of medications, recommendations for treatment and suggestions for appropriate disposition.</li> <li>Regular ‘check ins’ with our County Health Behavioral Health partners.</li> </ul>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for Youth Behavioral Health	Connect Emergency Room Youth patients needing additional resources for services relative to diagnoses for cognitive impairment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Abuse Counseling	Providers working on creating a Care Plan by partnering with Public Health to refer patients that identify in need of Substance Abuse Counseling Support Services. Care Coordination will lead this effort at our facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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. One of our LCSW’s is on the County Mental Health Task Board.



**Health Need: Cardiovascular Disease Significant Community Health Need 3**

Strategy or Program	Summary Description	Active FY22	Planned FY23
Cardiovascular Disease Prevention	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Education	Continue in FY21 the ‘A PLAN 4 Me’ Series. In collaboration with multiple organizations and specialists to provide education.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Support	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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

**Collaboration** Each February we provide free lipid panels to women in partnership with Soroptomist International. FY22 we served 79 local women.



## Health Need: Older Adult Health Significant Community Health Need 4

Strategy or Program	Summary Description	Active FY22	Planned FY23
<ul style="list-style-type: none"> <li>Evaluate opportunities for health improvement / addressing the health care needs of the elderly.</li> </ul>	<p>“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 prior to COVID, and are hoping for in person sessions one day soon in FY23.</p>	☒	☒
<ul style="list-style-type: none"> <li>The Senior Nutrition Program</li> </ul>	<p>A new collaboration between the Nutrition &amp; Food Services Department at Mark Twain Medical Center and Common Ground Senior Services.</p>	☒	☒

**Goal and Impact:** The Plan 4 Me series provides a no cost nutritious 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.

**Collaboration:** 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.

## Community Health Improvement Grants Program


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

In FY22, the hospital awarded the grants below totaling \$49,000. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Common Ground Senior Services S & S Media Calaveras Senior Providers Network	Develop, promote, and distribute a series of give videos with subject matter focused on enhancing the health and well-being of lower income and homebound seniors, primarily in isolated or remote areas of Calaveras County.	\$33,000
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.	\$16,000

## Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

 <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               <ul style="list-style-type: none"> <li>● Behavioral Health (Mental Health and Substance Use)</li> <li>● Older Adult Health</li> <li>● Cardiovascular Disease</li> </ul> </li> </ul>
Program Description	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 have implemented 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. We have also added Pain Management Services to our Clinic services.
Population Served	All age population
Program Goal / Anticipated Impact	Increase access to care in FY23 from FY22
FY 2022 Report	
Activities Summary	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.
Performance / Impact	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.
Hospital's Contribution / Program Expense	Projected to cost 12k annually for the Nurse Triage Call service
FY 2023 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.
Planned Activities	No planned change from the previous year.





## 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
<b>FY 2022 Report</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)	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 FY22 1400 doses of flu vaccine were given at our Clinics and drive-thru partnership with Public Health.
Hospital's Contribution / Program Expense	FY22 MTMC expensed over \$20,333.60 to provide Flu vaccinations to adults in the community.
<b>FY 2023 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
<b>FY 2022 Report</b>	
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 FY22 we had 160, telepsych telehealth activations in the ER, compared to 86 in FY21. 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 expensed \$32,000 in FY22 for the Tele Behavioral Health component.
<b>FY 2023 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	<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"/> Cardio Vascular Disease</li> <li><input checked="" type="checkbox"/> Older Adult Health</li> </ul>
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 2022 Report

Program Goal / Anticipated Impact	To offer education and preventative health related topics and local services available with our community partners.
Measurable Objective(s) with Indicator(s)	Based on surveys and overall 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 no cost and highlight our services presented by our community partners and our own team of experts. We hope to bring this valuable outreach back in FY23 once COVID has ended.
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 FY22 the costs associated with these classes that we did offer were minimal for advertising only.

### FY 2023 Plan

Program Goal / Anticipated Impact	Once we are out of the pandemic, we will reinstate our “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 2022 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 >20,000 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: \$240,920 cash and \$28,633 in-kind dollars. Mark Twain Medical Center Foundation help fund >\$20,000.

### FY 2023 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	<input type="checkbox"/> Access to Primary and Specialty Care <input type="checkbox"/> Behavioral Health (Mental Health and Substance Use) <input checked="" type="checkbox"/> Cardiovascular Disease <input checked="" type="checkbox"/> Older Adult Health
Program Description	Cardiovascular Disease Prevention
Community Benefit Category	A 1. Community Health Improvement Services
<b>FY 2022 Report</b>	
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 their 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 FY22 79 patients were served for the free Lipid Panels. Sponsored by our local Soroptomist.
<b>FY 2023 Plan</b>	
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)	Once COVID restrictions for events are lifted, we will continue 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 no lipid panels to women in partnership with Soroptomist International. Due to COVID we did not provide this service in FY21. In FY22 79 local women participated in the screening.



## 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.

**Calaveras County Fair** – MTMC staffs the first aid station with registered nurses and additional support staff during the four day event for 12 hour shifts. We also are a major sponsor of the Fair.

**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, Soroptomist 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.

**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

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Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2021 through 6/30/2022

	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
<b><u>Benefits for Vulnerable</u></b>					
Financial Assistance	4,999	1,062,188	0	1,062,188	1.4%
Medicaid	21,097	15,792,415	10,319,331	5,473,084	7.0%
Means-Tested Programs	5	1,003	749	254	0.0%
<b>Community Services</b>					
E - Cash and In-Kind Contributions	4	77,939	0	77,939	0.1%
<b>Totals for Community Services</b>	<b>4</b>	<b>77,939</b>	<b>0</b>	<b>77,939</b>	<b>0.1%</b>
<b>Totals for Vulnerable</b>	<b>26,105</b>	<b>16,933,545</b>	<b>10,320,080</b>	<b>6,613,465</b>	<b>8.5%</b>
<b><u>Benefits for Broader Community</u></b>					
<b>Community Services</b>					
A - Community Health Improvement Services	300	157,207	12,600	144,607	0.2%
E - Cash and In-Kind Contributions	140	2,000	50,000	0	0.0%
<b>Totals for Community Services</b>	<b>440</b>	<b>159,207</b>	<b>62,600</b>	<b>96,607</b>	<b>0.1%</b>
<b>Totals for Broader Community</b>	<b>440</b>	<b>159,207</b>	<b>62,600</b>	<b>96,607</b>	<b>0.1%</b>
<b>Totals - Community Benefit</b>	<b>26,545</b>	<b>17,092,752</b>	<b>10,382,680</b>	<b>6,710,072</b>	<b>8.6%</b>
<b>Medicare</b>	<b>35,228</b>	<b>36,217,740</b>	<b>26,059,109</b>	<b>10,158,631</b>	<b>13.1%</b>
<b>Totals with Medicare</b>	<b>61,773</b>	<b>53,310,492</b>	<b>36,441,789</b>	<b>16,868,703</b>	<b>21.7%</b>

\*\*Consistent with IRS instructions and CHA guidance, Cash and In-Kind Contributions are reported at \$0 net benefit because revenue received exceeded expense in FY22. This was due to receipt of a donation for a reported cash donation occurrence. Net gain for Cash and In-Kind Donations 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 (VICE CHAIRPERSON, DESIGNATED PROCEDURE OVERSIGHT COMMITTEE MEMBER, DESIGNATED HEALTH ADVOCATE)

Community Board Liaison - Kathy Kohrman

At Large – Kathy Northington (CHAIRPERSON)

At Large - Nick Baptista (SECRETARY)

At Large – Sal Lofranco

At Large – Tim Oskey

At Large – Larry Smith