

## **Sutter Health**

### **Mills-Peninsula Health Services**

#### **2014 Community Benefit Plan Update**

Based on the 2013 – 2015 Community Benefit Plan

Responding to the 2013 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2015

1501 Trousdale Drive, Burlingame, CA 94010 [www.mphs.org](http://www.mphs.org)

This document serves as an annual update to the 2013 – 2015 community benefit plan for Mills-Peninsula Health Services. The update describes impact from community benefit programs/initiatives/activities conducted in the reporting year, along with the economic values of community benefits for fiscal year 2014.

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The implementation strategy is written in accordance with proposed Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document has also been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.

## Introduction

This implementation strategy describes how Mills-Peninsula Health Services, a Sutter Health affiliate, plans to address significant needs identified in the Community Health Needs Assessment (CHNA) published by the hospital October 2013. The document describes how the hospital plans to address identified needs in calendar (tax) years 2013 through 2015.

The 2013 CHNA and this implementation strategy were undertaken by the hospital to understand and address community health needs, and in accordance with proposed Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

This implementation strategy addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

## About Sutter Health

Mills-Peninsula Health Services is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees and volunteers who care for people who live in more than 100 Northern California towns and cities. Together, we're creating a more integrated, seamless and affordable approach to caring for patients.

The hospital's mission is to enhance the well-being of the people in our communities through compassion, excellence and innovation in health care services, research and education.

Over the past five years, Sutter Health has committed nearly \$4 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2014 commitment of \$767 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care and investments in health education and public benefit programs. For example:

- To provide care to Medi-Cal patients in 2014, Sutter Health invested \$535 million more than the state paid. Sutter Health hospitals proudly serve more Medi-Cal patients in our Northern California service area than any other health care provider.
- In 2014, Sutter Health's commitment to delivering charity care to patients was \$91 million. Our charity care investment represented an average of nearly \$1.8 million per week.
- Throughout our health care system, we partner with and support community health centers to ensure that those in need have access to primary and specialty care. We also support children's health centers, food banks, youth education, job training programs and services that provide counseling to domestic violence victims.

Every three years, Sutter Health hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies local health care priorities and guides our community benefit strategies. The assessments help ensure that we invest our community benefit dollars in a way that targets and addresses real community needs.

For more facts and information about Mills-Peninsula Health Services, please visit [www.mphs.org](http://www.mphs.org).

## 2013 Community Health Needs Assessment Summary

In accordance with legislative requirements, Mills-Peninsula Health Services (MPHS) participated in a collaborative effort to conduct a CHNA of the service area – San Mateo County. Mills-Peninsula Health Services' Board of Directors governs MPHS. Professional Research Consultants, inc. (PRC) conducted the assessment on behalf of The Healthy Community Collaborative of San Mateo County. PRC is a research firm dedicated to the improvement of health care across all communities. Since 1994, PRC has conducted multiple health needs assessments working on behalf of nonprofit hospitals, health departments, foundations, civic organizations, and health providers nationwide. The Healthy Community collaborative of San Mateo County was formed in 1995 and is comprised of 14 member organizations. The collaborative is a subcommittee of the San Mateo County Hospital Consortium. Members include not-for-profit hospitals, the county's Health Plan of San Mateo, community clinics, two health care districts, and a community foundation. The mission of the collaborative is to promote the health and well being of residents living in San Mateo County by identifying and addressing health needs.

The full 2013 Community Health Needs Assessment report conducted by The Health Community Collaborative of San Mateo County is available at [www.smchealth.org](http://www.smchealth.org).

### Definition of Community Served by the Hospital

San Mateo County is located in Northern California and encompasses over 448 square miles with 1,602.2 persons living in a square mile. The County is part of the San Francisco-Oakland-Fremont Statistical Area. The County's population was 719,467 in 2010 and is expected to increase to 10.4% from 2010-2050. Older adults will make up nearly 30% of the population by the year 2030. Over the next several decades, the White population is expected to decrease considerably (decreasing nearly 50% between 2000 and 2040), while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. From a low 2% in 1999, the County's unemployment rate rose to a high of 5.8% in 2003; and to another high of 8.9% in 2010. The cost of living is higher in the County than almost anywhere else in the nation. A total of 18.9% of County adults live below 200% of the Federal Poverty Level (FPL), according to reported household incomes and household sizes. Black and Hispanic respondents have higher proportions of living within FPL than White or Asian/Pacific Islander respondents.

### Significant Health Needs Identified

The following significant health needs were identified by the 2013 CHNA.

Significant Community Health Need	Intends to Address
<b>Access to health care</b> Uninsured and underinsured community members have difficulty accessing and encounter long waits for needed health care from community clinics for both primary and specialty care. Health needs identified by the CHNA include diabetes, cardiovascular disease, obesity, cancer, asthma and respiratory conditions, STDs/HIV-AIDS and infectious disease – all conditions are the focus of primary and specialty health care by community clinics.	Yes
<b>Cognitive issues</b> Support of community members with cognitive issues is limited for both the person with the condition and the caregiver.	Yes

<p><b>Dental and Oral Health</b> Adults are visiting the dentist for routine checkup less frequently, particularly young adults. There has been an increase in the number of community members who do not have dental insurance.</p>	<p>Yes</p>
<p><b>Mental Health</b> Adults report feeling depressed in higher numbers and 24% of adults report having a period lasting two years or longer in which they were depressed on most days.</p>	<p>Yes</p>
<p><b>Substance Abuse</b> Data indicated that binge drinking (consumption of five or more alcoholic drinks) increased significantly among males aged 18 to 24. Felony and misdemeanor DUI arrests also increased.</p>	<p>Yes</p>
<p><b>Births</b> Racial and ethnic disparities exist among women that received adequate prenatal care. Pacific Islander women have the highest proportions of births receiving less than adequate prenatal care. The proportion of births delivered by C-section has dramatically increased.</p>	<p>Yes</p>
<p><b>Violence (includes child abuse, domestic violence, elder abuse, gangs, bullying)</b> The problem of crime in neighborhoods is believed to have gotten worse.</p>	<p>No</p>

## 2013 – 2015 Implementation Strategy

This implementation strategy describes how Mills-Peninsula Health Services plans to address significant health needs identified in its 2013 Community Health Needs Assessment and consistent with its charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations.

## Access to Health Care

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**Name of Program, Initiative or Activity**

**Expansion of access to primary care through creation of an urgent care service in San Mateo County's Daly City Clinic**

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**Description**

Partner with San Mateo County to establish an urgent care service in Daly City. Using a mid-level practitioner as the primary provider, the team will work with the clinics' established primary care teams to provide urgent care access when the primary care team is unable to do so either because of full schedules or absences.

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**Anticipated Impact and Plan to Evaluate**

Reduction of time to third next available appointment (TTNAA) from the current 14-day average to less than seven days. Reduction of the number of established medical home patients presenting to the San Mateo Medical Center Emergency Department for ambulatory sensitive conditions.

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**2014 Impact**

Currently the average time for the third next available appointment (TTNAA) is 8 days. During 2014, there were vacancies in staff and physicians with delays in recruitment to fill the vacant positions. There was utilization of Extra Help providers which created a higher demand of return visits, thus extending the TTNAA. These providers were also utilized for new patient visits which decreased the availability of appointment slots. The number of medical home patients presenting to the SMMC Emergency Department averaged 12 per month.

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**Mechanism(s) Used to Measure Impact**

Data was collected at the Daly City Clinic and reported to MPHS in a year end summary.

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**Community Benefit Contribution/Expense**

\$200,000 was provided to the Daly City Clinic to hire a nurse practitioner. This contribution is the second year this amount was granted within the 3-year Agreement between San Mateo County Health System and MPHS.

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**Program, Initiative, or Activity Refinement**

The objectives and outcomes will remain the same during the next fiscal year to complete the 3-year Agreement. Stabilization of staff and physicians is anticipated to ensure that positive outcomes occur.

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<b>Name of Program, Initiative or Activity</b>	<b>Increase provider capacity at the Samaritan House Free Clinic in San Mateo.</b>
<b>Description</b>	Partner with Samaritan House to increase access to primary care for new patients and increase the number of visits for existing patients through expanding clinic personnel, increase in pharmaceuticals and medical supplies and expansion of the Electronic Scheduling System.
<b>Anticipated Impact and Plan to Evaluate</b>	Increase the capacity for accepting new patients by 500; increase the capacity for new patient visits by 2,000
<b>2014 Impact</b>	A nurse practitioner was hired during 2014 adding 118 appointments to the schedule during the last two months of the year which increased utilization by nearly 50%. This increase in available appointment times has reduced wait times for appointments to less than a week for a new patient and often the same day or within 24 hours for an existing patient. Capacity for total patient visits was increased by 2,880 visits annually. The capacity to see new patients has increased to 500 new patients annually.
<b>Mechanism(s) Used to Measure Impact</b>	Data is provided by Samaritan House in a year- end report which reflects the number of patients served, services provided and funding expensed.
<b>Community Benefit Contribution/Expense</b>	\$200,000 was granted to support the personnel costs and benefits of two new full-time staff; an administrative assistant and a nurse practitioner.
<b>Program, Initiative, or Activity Refinement</b>	The success of the nurse practitioner position in expanding services will continue with an increase in evening and weekend hours and an expansion of referral networks with core agencies and other community organizations.

<b>Name of Program, Initiative or Activity</b>	<b>Operation Access</b>
<b>Description</b>	In partnership with the not-for-profit organization Operation Access and the Mills-Peninsula medical staff, provide free elective surgeries at our Mills Health Center outpatient surgery center
<b>Anticipated Impact and Plan to Evaluate</b>	Increase services to meet demonstrated local need or by 5 percent, or as appropriate
<b>2014 Impact</b>	MPHS provided a total of 49 services for 35 unduplicated patients which included 26 operating room procedures; 3 gastroenterology procedures; 14 minor and radiology procedures and 6 specialist evaluations. Referral sources were Samaritan House Medical Clinics; San Mateo Department of Public Health; RotaCare Bay Area; and Ravenswood Family Health Center. The patients served are uninsured and include undocumented and recent immigrants living in San Mateo County.
<b>Mechanism(s) Used to Measure Impact</b>	Operation Access provides data on the number of people served for a variety of needed services.
<b>Community Benefit Contribution/Expense</b>	The contribution for this service provided by MPHS is reported in the charity care financial statement. Specific contribution is not available because of the identifications of patients in the MPHS database.
<b>Program, Initiative, or Activity Refinement</b>	MPHS has been a contributor to this program for many years working in concert with Operation Access to provide surgical services to the uninsured and underinsured. Each year, a determination is made for the needs of this community and the availability of support which has been in cinque with the requested services by Operation Access .

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<b>Name of Program, Initiative or Activity</b>	<b>African American Community Health Advisory Committee (AACHAC)</b>
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<b>Description</b>	In partnership with AACHAC, increase resources for providing preventive screening and education for underserved and at-risk populations in San Mateo County, including the African Americans, Hispanic and Pacific Islander communities. Screenings include mammography, prostate cancer, hyperlipidemia, hypertension, obesity, hearing and vision, as well as culturally appropriate caregiver support and training and nutrition and fitness education.
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<b>Anticipated Impact and Plan to Evaluate</b>	Increase the number of people screened by 5 percent; increase documented participant follow-up by 10 percent
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<b>2014 Impact</b>	Twenty health-related events were provided to over 5,000 people from the African-American, Hispanic and Tongan communities in San Mateo County. These included health screenings, Soul Stroll for Health, Men's Health Symposium, Support Group for Adult Children of Aging Parents and the Women's Health Conference which had a 20% increase in attendance; programs targeted at the Hispanic and Pacific Islander communities. The health screenings include breast exams (232); PSA test (62); blood pressure (646); lipid (609); glucose (609); HCV (39); vision (190); dental (20). All of these screenings and events are provided at various community organizations and are staffed by volunteers and retired nurses. The lab tests are provided by MPHS with the results sent to the community member. The total number of unduplicated contacts is 2,584. AACHAC collaborates with San Mateo County Health Services, the Dental Association for screenings. The Committee's successful experience in the African American community was based largely on the relationships committee leaders enjoyed with the community itself. The same approach has been implemented in the outreach in the Asian, Hispanic and Pacific Islander communities.
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<b>Mechanism(s) Used to Measure Impact</b>	A Strategic Plan has been established to focus on the health needs of these ethnic communities. Consideration for providing events and support are determined by the number of people attending events, getting screening tests, and follow ups with providers which are reviewed by the Committee. Success of the 20 health-related events and their positive impact is determined by data on the number of screening tests and follow up and attendance and evaluations which is maintained and reported by the Coordinator to the Committee.
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<b>Community Benefit Contribution/Expense</b>	MPHS provides financial support for the coordinator position and event costs and in-kind support for lab tests. The contribution for the AACHAC activities include salary and benefit cost (\$107,557); purchased services, food and consulting fees for community events (\$197,627); and costs for lab tests which include staff provided at screening events (\$138,813); the total amount of contribution is \$443,997.
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<b>Program, Initiative, or Activity Refinement</b>	The Strategic Plan is being refined and the focused events and collaborations are continuously reviewed to enhance the community outreach to the ethnic communities in San Mateo County.
<b>Name of Program, Initiative or Activity</b>	<b>Annual community grants program</b>
<b>Description</b>	Provide support for not-for-profit organizations in San Mateo County that provide a variety of health-related safety net services, including mental health and substance abuse treatment, senior programs and housing assistance
<b>Anticipated Impact and Plan to Evaluate</b>	Demonstrate impact through increased documentation of grant supported program outcomes provided by each not-for-profit organization.
<b>2014 Impact</b>	Thirty five community organizations received monetary support through the MPHS program which focuses on health-related services for the underserved, residents with special needs and for services that fulfill a need currently not being served. Eligible organizations must be San Mateo County not-for profit organizations providing health care or health related services to San Mateo County residents. These community organizations submit a request for funding which includes a program description, amount requested, and grant objectives. The funded organizations provide a report on how the funding was utilized.
<b>Mechanism(s) Used to Measure Impact</b>	A review of the funding reports that are provided in the funding year by the Grants Committee provides the information showing impact from the grants.
<b>Community Benefit Contribution/Expense</b>	\$269,500 was provided in monetary grants to 35 San Mateo County organizations.
<b>Program, Initiative, or Activity Refinement</b>	The Community Grants Program will continue to offer annual grants to local not- for-profit organizations with direction from the Community Grants Committee.

## Cognitive Issues

Name of Program, Initiative or Activity	Senior Focus
<b>Description</b>	<p>One of only two Adult Day Health and Alzheimer's Day Health Programs in San Mateo County. Specialize in day health care for people with medical issues and/or Alzheimer's disease and other forms of dementia. Caregiver support services including classes, counseling, support groups, resources.</p> <p>Chosen to participate in partnership with San Mateo County for a CMS-sponsored Duals pilot project with the goal of providing more efficient, coordinated care to reduce inappropriate hospitalizations</p>
<b>Anticipated Impact and Plan to Evaluate</b>	Reduced hospitalizations by 5 percent.
<b>2014 Impact</b>	<p>The Adult Day Health and Alzheimer's programs provided support for 161 clients with 13,283 days of attendance. The Family Caregiver Support Services provided counseling to 260 clients and provided a support group, classes and a caregiver forum to a total of 548 people. The Senior Center Wise and Well Program provided monthly blood pressure checks and BMI screenings to over 1,000 seniors; provided health education classes to over 1,400 people and provided comprehensive health screenings to 452 seniors. Thousands of community members attended a variety of community health and information fairs. Fourteen Community Education Events provided 500 people with information on health-related topics. Senior Focus staff are members of community committees such as the Commission on Aging, Caregiver Collaborative, CalMediConnect Community Advisory Committee to advocate for senior programs that are sustainable.</p>
<b>Mechanism(s) Used to Measure Impact</b>	<p>Impact is measured through six regulatory surveys/reviews, patient satisfaction surveys, experience of work surveys and metrics of utilization of services provided. The calculation of hospitalizations for this population served by Senior Focus is difficult to determine but the positive impact for the patients in Adult Day Health and the Alzheimer's Day Health Program is measured through the objective and subjective data obtained on a regular basis.</p>
<b>Community Benefit Contribution/Expense</b>	<p>The MPHS 2014 budget for Senior Focus was \$3,428,384 with \$1,670,695 in revenue. The contribution was \$1,757,689. All aspects of the program are supported by the MPHS annual budget.</p>
<b>Program, Initiative, or Activity Refinement</b>	<p>Annual goals and objectives are determined by community assessed needs and review of multiple surveys. Participation in the MPHS Circle of Care Steering Committee provides information on needs of this vulnerable population to reduce re-hospitalizations.</p>

## Dental and Oral Health

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<b>Name of Program, Initiative or Activity</b>	<b>Sonrisas Community Dental Center</b>
<b>Description</b>	Partner with Sonrisas to increase access to dental health education, screening and treatment to underserved populations in San Mateo County.
<b>Anticipated Impact and Plan to Evaluate</b>	Through grant funding support, increase number of people served by 5 percent.
<b>2014 Impact</b>	Sonrisas provided services to 1,044 patients in 2014 with 42 people being directly supported by MPHS funding. The services included dental hygiene instruction; dental cleaning and operative dentistry to restore function and save teeth; oral health screenings for children in the Cabrillo Unified School District; reducing the number of patients seeking emergency dental care in the Coastside region through education and proper hygiene treatment.
<b>Mechanism(s) Used to Measure Impact</b>	Data was collected at Sonrisas Community Dental Center which reflected the various outcomes determined for 2014. A final report was submitted to MPHS to reflect the positive impact provided through the MPHS grant.
<b>Community Benefit Contribution/Expense</b>	\$10,000 was given as the annual grant for 2014. MPHS supports Sonrisas each year with this level of monetary support.
<b>Program, Initiative, or Activity Refinement</b>	Sonrisas will increase the number of patients served with the grant funding received from MPHS. The outcome goals will remain the same.

## Mental Health/Substance Abuse

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### Name of Program, Initiative or Activity

**Grant funding for community mental health programs**

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### Description

Mills-Peninsula provides comprehensive mental health and substance abuse services to the community. The following comply with charity care/community benefit guidelines:

- Partner with National Alliance on Mental Illness (NAMI) to support programs for mentally ill and their families.
- Provide psychiatric emergency and treatment services, including for patients with substance abuse emergencies, under charity care guidelines
- Host 12-step programs and support groups for people with mental health and/or substance abuse disease.

Mills-Peninsula also currently is exploring partnering with San Mateo County on a pilot project to improve access to primary care for people living in community mental health program homes.

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### Anticipated Impact and Plan to Evaluate

Increase number of people served in all programs by 5 percent.

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### 2014 Impact

Two organizations located in San Mateo County were provided with monetary support to assist in maintaining the mental health support for the uninsured and homeless populations. Caminar for Mental Health focuses their support on programs helping individuals with severe mental illness and NAMI San Mateo County provides support, education and advocacy for people with mental illness and their families. Caminar's Medication Clinic had a daily census of 175 clients; Crisis Residential Treatment Program served 61 clients; the Transitional Residential Treatment Program served 56 clients; and the case management Programs served 371 clients. NAMI provided educational programs to 60 family members in Spanish and English; offered a 10 week Peer – to- Peer program for 15 people with mental illness from people with mental illness who have been trained in peer counseling; and a 5 week provider CEU program to 20 behavioral health providers.

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### Mechanism(s) Used to Measure Impact

Both organizations provided an annual report to MPHS reflecting the programs that were sustained due in part from the monetary grants provided.

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### Community Benefit Contribution/Expense

Camarin received a monetary grant of \$10,000 and NAMI received a monetary grant of \$8,000.

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### Program, Initiative, or Activity Refinement

These two San Mateo County programs receive annual funding from MPHS and focus on the same support for community members each year.

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## Births

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<b>Name of Program, Initiative or Activity</b>	<b>Partnering with San Mateo County to provide prenatal screening and birthing services to women covered by MediCal insurance.</b>
<b>Description</b>	Mills-Peninsula's Family Birth Center delivers more babies than any other facility in San Mateo County. Women covered by MediCal insurance represent 24 percent of prenatal services and about 20 percent of deliveries. The population includes women at higher risk including Hispanic and Pacific Islanders communities.
<b>Anticipated Impact and Plan to Evaluate</b>	Increase the number of Medi-Cal insurance-covered women served by 3%.
<b>2014 Impact</b>	The Birth Center delivered 334 babies during 2014 as compared with 395 in 2013.
<b>Mechanism(s) Used to Measure Impact</b>	Financial data and chart review are utilized to determine the number of Medi-Cal patients cared for in the Birthing Center.
<b>Community Benefit Contribution/Expense</b>	The total contribution for birthing services including well baby and NICU was \$2.5 million.
<b>Program, Initiative, or Activity Refinement</b>	There are no restrictions on the number of Medi-Cal patients cared for at MPHS. The availability of the Birthing Center services will continue.

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## Needs Mills-Peninsula Health Services Plans Not to Address

No hospital can address all of the health needs present in its community Mills-Peninsula Health Services is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. This implementation strategy does not include specific plans to address the following significant health need that was identified in the 2013 Community Health Needs Assessment:

- Violence and Safety

These services are not within the scope of expertise of Mills-Peninsula Health Services.

## Approval by Governing Board

This implementation strategy was approved by the Governing Board of the Peninsula Coastal Region on January 15, 2014.

This implementation strategy was approved by the Mills-Peninsula Health Services Finance and Planning Committee on January 24, 2014.

This implementation strategy was approved by the Mills-Peninsula Health Services Board on February 6, 2014.

## Appendix: 2014 Community Benefit Financials

Sutter Health hospitals and many other health care systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

The community benefit values for Mills-Peninsula Health Services are calculated in two categories: **Services for the Poor and Underserved** and **Benefits for the Broader Community**.

Services for the poor and underserved include traditional charity care which covers health care services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Services for the poor and underserved also include the cost of other services provided to persons who cannot afford health care because of inadequate resources and are uninsured or underinsured, and cash donations on behalf of the poor and needy.

Benefits for the broader community includes costs of providing the following services: health screenings and other non-related services, training health professionals, educating the community with various seminars and classes, the cost of performing medical research and the costs associated with providing free clinics and community services. Benefits for the broader community also include contributions Sutter Health makes to community agencies to fund charitable activities.

2013 Community Benefit Value	Mills-Peninsula Health Services
<b>Services for the Poor and Underserved</b>	\$33,497,381
<b>Benefits for the Broader Community</b>	\$978,803
<b>Total Quantifiable Community Benefit</b>	\$34,476,184

*This reflects the community benefit values for Mills-Peninsula Health Services (MPHS), the legal entity that includes Mills-Peninsula Health Services, Menlo Park Surgical Hospital and Sutter Maternity & Surgery Center of Santa Cruz. For details regarding the community benefit values for Mills-Peninsula Health Services specifically, please contact Janet Lederer at (650) 691-6168 or [Lederej@sutterhealth.org](mailto:Lederej@sutterhealth.org).*

**2014 Community Benefit Financials**  
**Mills-Peninsula Health Services**

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<b>Services for the Poor and Underserved</b>	
Traditional charity care	\$5,343,667
Unpaid costs of public programs:	
Medi-Cal	\$24,500,111
Other public programs	\$225,964
Other benefits	\$3,427,639
<b>Total services for the poor and underserved</b>	<b>\$33,497,381</b>
<b>Benefits for the Broader Community</b>	
Nonbilled services	\$296,233
Education and research	\$41,561
Cash and in-kind donations	\$640,445
Other community benefits	\$564
<b>Total benefits for the broader community</b>	<b>\$978,803</b>

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*This reflects the community benefit values for Mills-Peninsula Health Services (MPHS), the legal entity that includes Mills-Peninsula Health Services, Menlo Park Surgical Hospital and Sutter Maternity & Surgery Center of Santa Cruz. For details regarding the community benefit values for Mills-Peninsula Health Services specifically, please contact Janet Lederer at (650) 691-6168 or [Lederej@sutterhealth.org](mailto:Lederej@sutterhealth.org).*