



MERCY HOSPITAL OF FOLSOM

COMMUNITY BENEFIT REPORT 2012 COMMUNITY BENEFIT IMPLEMENTATION PLAN 2013

**A Message from the President and Chief Executive Officer of Mercy Hospital of Folsom
and the Dignity Health Sacramento Service Area Hospital Community Board Chair**

At Mercy Hospital of Folsom, we share a commitment to optimize the health of the community we are privileged to serve. Vital to this effort is the collaboration we enjoy with our community partners. How we contribute to the quality of life and the environment in our communities has always been a key measure of our success and it will continue to be so as we move forward.

In January 2012, Dignity Health, formerly Catholic Healthcare West, announced changes in our governance structure and name that will better position the system to welcome new partners in a changing health care landscape. The new name, Dignity Health, was chosen because dignity has been one of our core values since our founding. It is deeply embedded in our culture and clearly describes who we are and what we stand for. Our new governance structure more accurately reflects our current composition of both religiously sponsored and community sponsored hospitals.

During fiscal year 2012 we, like the nation, were impacted by the continuing economic downturn and experienced both successes and challenges. Despite declining revenue from government sponsored patients, we provided \$15,554,843 in charity care, community benefits, and unreimbursed patient care, excluding Medicare.

At Mercy Hospital of Folsom, we strive to manage our resources and advance our healing ministry in a manner that benefits the common good now and in the future. Despite today's challenges we see this as time of great hope and opportunity for the future of health care. We want to acknowledge and thank the women and men who have worked together in a spirit of collaboration to address the health priorities of our community through health and wellness programs and services.

In accordance with policy, the Dignity Health Sacramento Service Area Hospital Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 25, 2012 meeting.



Don Hudson
President and Chief Executive Officer



Julius Cherry
Chair of the Board

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EXECUTIVE SUMMARY

Mercy Hospital of Folsom is a growing community hospital committed to partnering with its community to improve the health of the residents it serves. A member of Dignity Health, formerly Catholic Healthcare West (CHW)¹, the hospital is located at 1650 Creekside Drive, in Folsom, CA, and is an integral part of Folsom, El Dorado Hills and neighboring foothill communities, providing all levels of healthcare from preventive to emergency. As the sole acute care provider in Folsom, the hospital continues to experience a major increase in demand for services, and has responded over the years by expanding its Surgery Unit, Family Birth Center, Emergency Department, Rehabilitation and Occupational Medicine programs. The hospital celebrated the opening of its new Progressive Care Unit a year ago, adding 21 beds. A remodeling of the Family Birth Center and other areas of the hospital was also completed. Mercy Hospital of Folsom has 668 employees, 106 licensed acute care beds, and 25 Emergency Department beds.

Situated in the eastern suburbs, Mercy Hospital of Folsom is one of four Dignity Health member hospitals within Sacramento County, including Mercy General Hospital, Mercy San Juan Medical Center, and Methodist Hospital of Sacramento. While each hospital has distinctive service lines and areas of expertise, all are faced with the challenge of addressing the same priority health issues that affect residents in the region, and work together through collaboration on key initiatives that support the greatest needs. This regional approach helps leverage resources and results in programs and services that have a more meaningful and far reaching impact on community health improvement.

A perfect example of this collaborative regional approach is reflected in the agreement Mercy Hospital of Folsom and Mercy San Juan Medical Center jointly reached with The Effort just as FY 12 ended. The Effort is one five Federally Qualified Health Centers (FQHC) in the region. Under the agreement, Mercy Hospital of Folsom and Mercy San Juan Medical Center are making a \$2.8 million investment in The Effort over the next three years that will enable the organization to significantly accelerate its strategy to build three new full scope health centers. These centers will be established in the cities of Rancho Cordova, Carmichael and Folsom; areas of the region that lack safety-net services.

As part of the agreement, the hospitals are discontinuing operations at three small Mercy Clinics that have served nearly 7,000 patients in these areas for a number of years (Mercy Clinic North Highlands, Mercy Clinic White Rock and Mercy Clinic Folsom). Mercy Clinic North Highlands patients are being transitioned to The Effort's existing full-scope health center right across the street. The Effort will operate both Mercy Clinic White Rock and Mercy Clinic Folsom, until clinic patients can be transitioned to their new health centers. The ability of the Mercy clinics to serve the dramatically growing numbers of vulnerable residents in recent years has been limited. The Effort, with its federal designation, can provide a level of integrated services that go beyond the scope of primary care offered by the Mercy Clinics, to include behavioral health care, prenatal and pediatric care, as well as dental care and substance abuse rehabilitation.

Collaborating with The Effort presents a unique opportunity that is aligned with Dignity Health's mission to care for the poor, responds to the most pressing priority of the region to build safety net capacity, and better positions both the hospitals and The Effort for Health Reform in 2014. The new health centers will help change the face of the region's safety net, building capacity to serve an additional 35,000 new patients. The hospitals and The Effort are now developing plans for integration, that include care coordination and technology connectivity in order to assist and monitor the health outcomes of patients.

In addition to this exciting new development, Mercy Hospital of Folsom's core community benefit initiatives, many of which are highlighted in this report, demonstrated positive outcomes in FY 12 and are making a meaningful difference in the health and quality of life for thousands. These programs focus on

¹ For more information on the name change, please visit www.dignityhealth.org.

challenging health issues identified through Community Health Needs Assessments (CHNA), and give priority to increasing access to care, improving the coordination of care, the education, prevention and management of chronic disease, and efforts to ensure a continuum of care is available for the region's most vulnerable.

A new initiative was launched in FY 12 to address the priority issue of chronic disease in the region. The region-wide Chronic Disease Self-Management Program (CDSMP) is a comprehensive program called **Healthier Living** designed to provide patients who have chronic diseases (with emphasis on Diabetes) with the knowledge, tools and motivation needed to become proactive in their health. The workshops are offered in both clinical and community settings, including 13 clinic sites operated by the region's FQHC providers, Mercy Clinics, community centers, various low-income housing developments (in partnership with Mercy Housing), and the four Dignity Health member hospitals in Sacramento hospitals (working in partnership with Case Management and Clinical Nurse Educators).

Mercy Hospital of Folsom is also an active participant in the **Congestive Heart Active Management Program, CHAMP®**, which engages all Dignity Health member hospitals in Sacramento, as well as in other surrounding counties. CHAMP® provides support and assistance for patients who suffer from heart failure, and responds to a priority health issue identified through Community Health Needs Assessments that indicates heart failure is the second leading cause of hospitalization for residents living in the region. The program keeps patients linked to the medical world once they leave the hospital through symptom and medication monitoring and education. Consistently, the program achieves an 80 percent or better reduction in hospital readmissions by participants each year.

The hospital has a key role in the **Community Health Referral Network**, now in its second year of demonstration. The initiative provides a model of care coordination for uninsured and underinsured (Medi-Cal) residents who are unable to navigate the region's fragmented safety net. The ability of underserved residents to find adequate and affordable care was a major issue identified in the 2010 CHNA and is clearly evident in the escalating trend of underserved patients admitting to the Emergency Department for non-urgent care. The Community Health Referral Network is a partnership with Dignity Health member hospitals and the region's community health centers in Sacramento County. It connects patients who lack a primary care provider with permanent health care homes in the community. To date, over 2,300 patients have been assisted.

Mercy Hospital of Folsom is part of the **ReferNet** partnership with other Dignity Health member hospitals in Sacramento County, El Hogar, and Midtown Medical Center, a Federally Qualified Health Center (FQHC). The initiative provides a seamless way for individuals who admit to the emergency department with mental illness and/or substance abuse issues to receive immediate and ongoing outpatient care and treatment. Mental illness is ranked as one of the top four challenges among the region's underserved populations in the Community Health Needs Assessment, and emergency department admission rates in Sacramento far exceed overall state rates for behavioral health diagnoses.

The hospital has helped improve the health status and quality of life for hundreds of homeless residents through the **Interim Care Program (ICP)**, which responds to the medical and social needs of individuals upon discharge from the hospital. The ICP offers safe shelter, food, healthcare coordination and case management services through a unique partnership with The Effort, as well as the Salvation Army, Sacramento County and the region's other health systems. More than 76 percent of the participants in ICP transition to permanent housing, and 97 percent have been enrolled in health insurance. Dignity Health member hospitals added an additional five-bed unit to the existing 18-bed ICP center at the Salvation Army to provide needed new capacity and full time care by a skilled nurse during recovery.

The FY 2012 Community Benefit Report and FY 2013 Community Benefit Plan highlights Mercy Hospital of Folsom's commitment to improving the health of its community. The total value of community benefit for FY 2012 was \$15,554,843, which excludes \$13,514,138 in unpaid Medicare costs.

MISSION STATEMENT

Dignity Health Mission

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

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

ORGANIZATIONAL COMMITMENT

Mercy Hospital of Folsom's Organizational Commitment

Mercy Hospital of Folsom is committed to determining the health needs in the community it serves and creating ways, with emphasis on collaboration, to meet those needs. This commitment is integrated into the governance and operational structure of the hospital and demonstrated at the leadership level and by employees throughout multiple levels of the organization. Dignity Health policy helps guide the community benefit process and oversight is provided by the Dignity Health Sacramento Service Area Hospital Community Board and Hospital Leadership Team. A dedicated Community Health Committee of the Board is charged with prioritizing, planning, implementation and ongoing evaluation of core community benefit programs and services. The identification and development of key initiatives to address pressing needs in the community is specified in the hospital's strategic plan. Strategic focus for community benefit at Mercy Hospital of Folsom is centered principally on three priorities that are aligned with Community Health Needs Assessments, and reflect the greatest health care needs identified through the hospital's close observation of underserved patients seen and treated in the hospital:

- Building capacity within the region's safety net to enhance access to physical and mental health care for low-income and vulnerable populations;
- Collaborating with other nonprofit community health providers to improve care coordination and quality of care for the underserved who lack a medical home;
- Addressing the lack of services available in the region for chronic disease prevention and management.

The Dignity Health Community Grants Program is one of several examples of how the hospital demonstrates a commitment to improve the health of the community through focused strategic planning efforts. Mercy Hospital of Folsom takes a regional approach to the grants program, conducting it in partnership with the three other Dignity Health hospitals in the Sacramento region as a way to combine and leverage resources for more impact. The intent of the program is to foster region-wide collaboration by encouraging nonprofit organizations to work together toward a shared goal. In FY 12, grant applicants were asked to directly partner with each other to develop innovative pilot projects that responded to the continuum of care - "mini" systems of care - for specifically targeted populations. Mercy Hospital of Folsom and the other Dignity Health Hospitals in Sacramento teamed with the California Institute for Mental Health (CIMH) during this grant cycle to incorporate the Institute for Healthcare Improvement's Breakthrough Series Learning Collaborative initiative. Members of CIMH and other leading experts in this statewide Learning Collaborative will work with grant recipients in group sessions throughout the year to make positive changes in practice. Changes are focused on enhancing collaboration, developing methodologies for outcome measurements, and improving the overall quality of patient service

The Dignity Health Community Investment Program is also reflective of the hospital's commitment to strategic community benefit planning. The program provides financial resources for institutions or projects that promote the health of the community and social good. In the Sacramento region specifically, the program has strategically invested funds to assist two clinics - The Effort and Midtown Medical Center – achieve their status as Federally Qualified Health Centers, and enable the expansion of their operations. Providing the means to allow these health centers to thrive is critical to strengthening the region's weak safety net and adding new capacity to serve the most vulnerable residents.

Community Health Committee Role and Responsibilities

The Community Health Committee is a formal entity established by the Dignity Health Sacramento Service Area Hospital Community Board. The Committee's charter is to ensure Mercy Hospital of Folsom promotes and develops community benefit programs, and assesses community needs and assets that address the unmet health needs of the communities served.. The committee serves as an advisory body, responsible for ensuring that community benefit planning and programming at Mercy Hospital of Folsom and other Dignity Health hospitals in Sacramento:

1. Aligns with core principles:
 - a. Focus on disproportionate unmet health-related needs.
 - b. Emphasize prevention.
 - c. Contribute to a seamless continuum of care.
 - d. Build community capacity.
 - e. Demonstrate collaborative governance.
2. Addresses the health and health-related issues identified through Community Health Needs Assessments and hospital-specific strategic plans.
3. Maximizes community health assets and resources through collaboration.

Other responsibilities of the Committee include:

1. Ensuring that the hospitals conform to uniform methods of accounting community benefit expenses as prescribed by state and federal requirements.
2. Ensuring that the Board is regularly briefed on activities and developments.
3. Reviewing and approving the annual Community Benefit Plan and Report.
4. Reviewing and approving the Sacramento Service Area Community Benefit Budget, and providing direction for budgeting decisions related to major programs and region-wide collaborative efforts.
5. Evaluating the effectiveness of existing community benefit programs and collaborative partnerships on an ongoing basis, and making recommendations for continuing or terminating support, based on each participating program's progress toward identified objectives, utilization of funds and fiscal responsibility.
6. Overseeing the annual Dignity Health Community Grants Program, including determining priorities for grant funding that are aligned with Community Health Needs Assessments and needs identified by Hospital Leadership, and the formation of a Grants Review team.

A roster of the Sacramento Service Area Hospital Community Board and Community Health Committee members is included in Appendix A.

Non-Quantifiable Benefits

Through leadership and advocacy efforts, Mercy Hospital of Folsom brings diverse stakeholders from public, private and nonprofit sectors together to look at new collaborative practices, address issues and problems, and plan strategically for the future. The hospital has a role in a number of region-wide initiatives:

- Sacramento Regional Health Care Partnership.
- Sacramento County Medi-Cal Managed Care Stakeholder Advisory Board.
- California Endowment's Building Healthy Communities initiative (Health Access Work Group).
- Sacramento County Public Health Advisory Board.
- Capital Community Health Network.
- Sacramento County Low Income Health Plan Advisory Committee.

Employees at many levels of the organization actively participate as members or directors on boards of community-service organizations focused on health and health related improvements, as well as on neighborhood revitalization, economic development, and job and career development. Some of these organizations include the American Heart/Stroke Association, Salvation Army, CARES, Center for Community Health and Well-Being, Sacramento Metropolitan Chamber of Commerce, Folsom Lake College Foundation, and the Folsom Chamber of Commerce.

COMMUNITY

Definition of Community

Several sources of information are utilized to define the community served by Mercy Hospital of Folsom, both geographic and demographic in nature, including:

- Community Health Needs Assessments.
- Service areas as prescribed by the Office of Statewide Health Planning and Development (OSHPD).
- Demographic information provided by regional and local government agencies; reimbursement agencies; the United States Census Bureau; and research organizations, such as Claritas, Inc., and Thomson Healthcare.
- Types of patient populations served and types of insurance coverage.

Description of Community

The Sacramento community faces an unprecedented lack of access to ‘safety net’ health services. The region’s safety net is characterized by a “fragmented group of small and financially fragile health centers that together offer limited outpatient capacity”² A recent market analysis commissioned by Sierra Health Foundation in Sacramento identified critical issues impacting the region’s safety net performance and sustainability, including:

1. The primary care capacity of community health centers and emergency departments to treat the safety net population has grown, but without further efforts will likely reach capacity prior to 2016.
2. Currently, the safety net is overly dependent on expensive hospitals, and emergency departments (EDs), in particular, to provide outpatient care.
3. The number of community health centers in the Sacramento region has grown over the past few years, but falls significantly short of many other similar-sized regions in California.
4. Roughly half of the region’s community health centers are financially challenged. Expenses consistently exceed revenues.
5. The region continues to struggle to respond to unmet needs for physical and mental health care for its underserved residents who are reflecting a growing level of chronic disease, including asthma, diabetes and high blood pressure, and are more at risk due to factors that include obesity and smoking³.

As Health Reform approaches, it is imperative that the Sacramento region step up efforts to address the many vulnerabilities and inadequacies of its safety net, while building on its strengths. The gaps cannot be closed unless there is collaboration among all health providers and community leaders. Mercy Hospital of Folsom’s strategic community benefit priorities as described previously encompass the essence of this imperative.

² California Healthcare Foundation, Sacramento Powerful Health Systems Dominate a Stable Market. <http://www.chcf.org/publications/2009/07/sacramento-powerful-hospital-systems-dominate-a-stable-market#ixzz1t5kNz6tN>

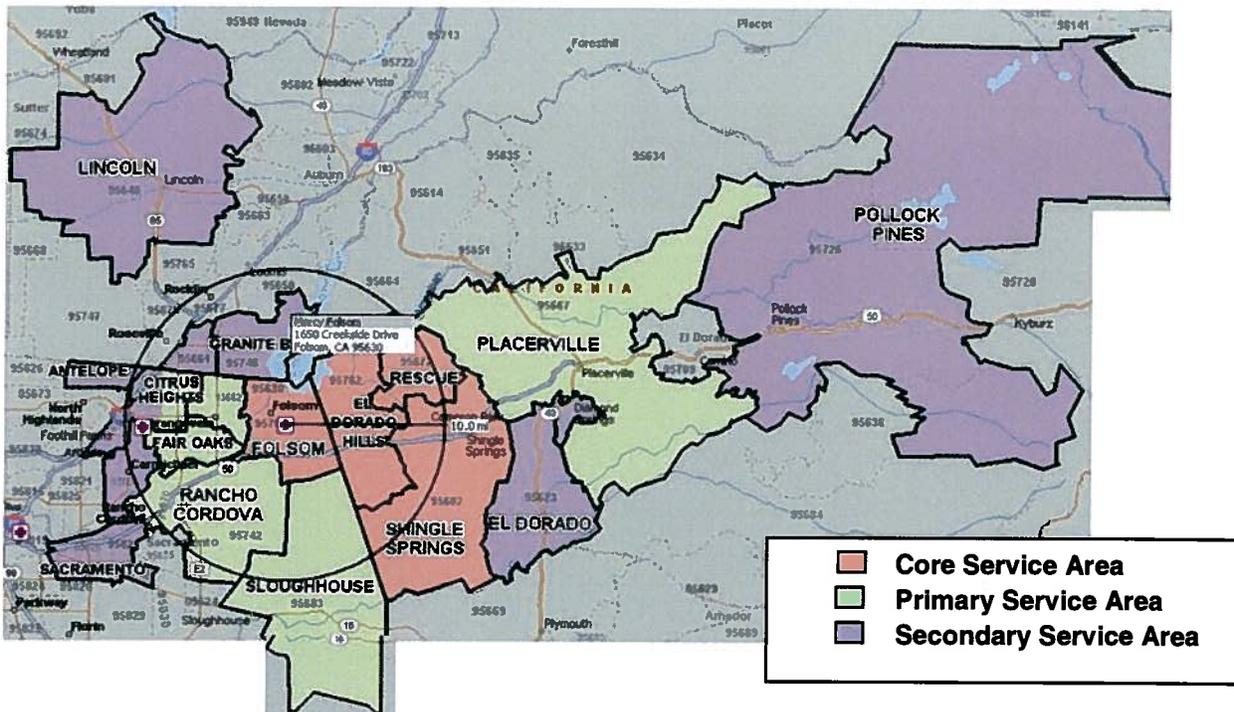
³ Sierra Health Foundation Regional Health Care Partnership Market Analysis, January 2012.

Community Demographics

Mercy Hospital of Folsom is located within the City of Folsom in the eastern suburbs of Sacramento County. The hospital's core service area includes Folsom, El Dorado Hills, Cameron Park, Shingle Springs and Rescue. Its primary service area extends to portions of Rancho Cordova, Sloughhouse and Placerville, and includes 10 main zip codes (95610, 95628, 95630, 95662, 95667, 95670, 95672, 95682, 95742, 95762).

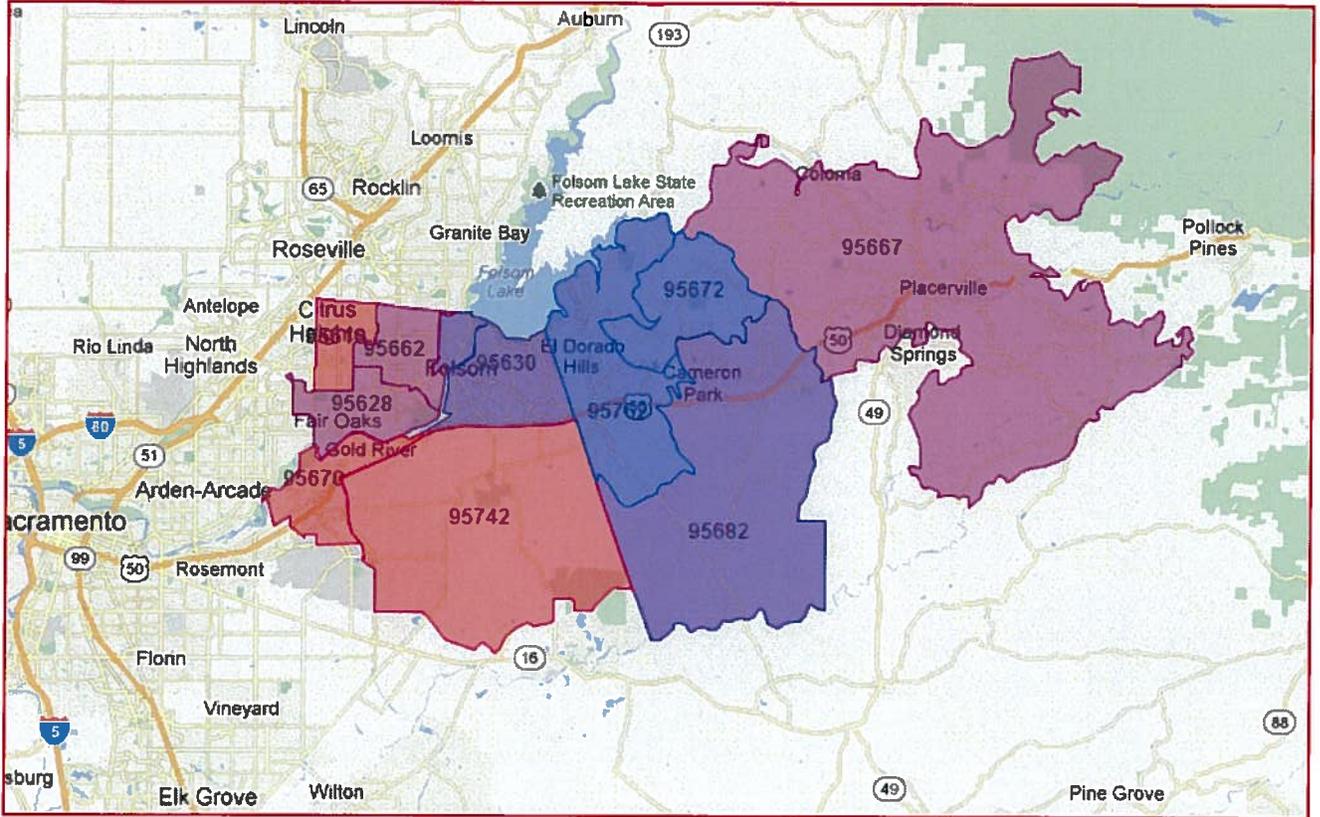
- **Population:** 137,724
 - Under 18 = 25.7%
 - 18-34 = 20.5%
 - 35-64 = 44.0%
 - 65+ = 9.7%
- **Diversity:**
 - Caucasian: 72%
 - Hispanic: 10.8%
 - Asian: 9.8%
 - African American: 3.3%
 - American Indian/Alaska Native & Other: 4.2%
- **Average Income:** \$111,724
- **Uninsured:** 13.26%
- **Unemployment:** 6.2%
- **No High School Diploma:** 5.8%
- **Renters:** 29.8%
- **Community Needs Index (CNI) Score:** 2.9
- **Medicaid Patients:** 10.99%
- **Other Area Hospitals:**
 - Marshall Hospital located in Placerville, CA.

Mercy Hospital of Folsom Primary Service



Mercy Hospital of Folsom's Community Needs Index (CNI) Data

The hospital's CNI Score of 2.9 falls in the low-to-mid range. The CNI highlights by zip code the areas of greatest risk for preventable hospitalizations (see CNI map on page 11). The data is derived from the socio-economic indicators that contribute to health disparities (income, education, insurance, housing and culture/language) and validated by hospital discharge data. Using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy).



Lowest Need

1 - 1.7 Lowest

1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

Highest Need

4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
95610	3.4	44535	Citrus Heights	Sacramento	California
95628	2.8	40353	Fair Oaks	Sacramento	California
95630	2.4	69123	Folsom	Sacramento	California
95662	3	29835	Orangevale	Sacramento	California
95667	3	36372	Placerville	El Dorado	California
95670	4	55795	Rancho Cordova	Sacramento	California
95672	1.4	4997	El Dorado Hills	El Dorado	California
95682	2.4	27413	Cameron Park	El Dorado	California
95742	4	4506	Rescue	Sacramento	California
95762	1.6	35305	El Dorado Hills	El Dorado	California

CNI Score Median: 2.9

COMMUNITY BENEFIT PLANNING PROCESS

Community Health Needs Assessment

Process

Mercy Hospital of Folsom, in partnership with other regional Dignity Health member hospitals, Kaiser Permanente, Sutter Health Sacramento Sierra Region and UC Davis Medical center worked collaboratively and in consultation with one another and the broader community to complete the 2010 Community Health Needs Assessment (CHNA). With the assistance of Valley Vision, a nonprofit community-based organization dedicated to the quality of life in the Sacramento region, the health systems conducted the 2010 CHNA over a two-year period between October 2008 and October 2010.

The community included in the assessment was a four-county area within the greater Sacramento region, often referred to as California's Capital Region. This area is home to over two million residents. The regional approach to the assessment was selected due to the collaboration between the assessment sponsors. Each of the sponsors has multiple facilities spread across the study area.

Approach

Valley Vision and the participating partners used both qualitative and quantitative data to identify key members of the safety net community to participate in key information interviews and to help convene focus groups with their clients. The interviews and focus group information was used to verify and better understand unmet health needs identified through the quantitative data.

In all, 29 key informant interviews were conducted with health experts across the region. These included each of the participating County's Public Health Officers, Executive Directors of multiple community-based organizations delivering health-related and social services in the community, physicians delivering care to underserved populations, and others serving the community in similar capacities. Also, 12 focus groups were conducted across the study area with populations representative of community members that served as the focus of the assessment. Participants included under and uninsured populations, recent immigrants with limited English skills, homeless populations, ethnic groups and others.

Data

To identify the unmet health needs of underserved populations, a Community Health Vulnerability Index (CHVI) that identified nine socio-demographic characteristics known to contribute to poor health was created. These variables were combined to create a CHVI score for each ZIP code. The highest ranked ZIP codes were compared to the lowest, and health conditions with statistically significant differences were identified.

Focus groups and key informant interviews were conducted throughout the region to identify unmet health needs not easily measured in quantitative terms. Over the course of 2009, 15 focus groups with 134 community members were conducted throughout the region to gather qualitative data for the needs assessment. An additional 12 community members were interviewed individually. Additionally, secondary data for the years 2006, 2007 and 2008 were collected at the ZIP code level for the following variables:

- Rates of ER and hospitalization by cause.
- Demographic data (socio-economic indicators).
- Low birth weight rates.
- Age-adjusted mortality rates.
- Birth and mortality data.
- Age-stratified population data.
- Infant mortality rates.
- Life expectancy at birth.

Trend analysis was also conducted on all secondary data to identify conditions that increased consistently over the three-year collection period.

Results

Analysis of the quantitative and qualitative data revealed four conditions experienced at greater rates among underserved populations:

- Diabetes.
- Asthma.
- Mental Health.
- Hypertension.

In addition, these populations showed lower life expectancies, higher mortality rates, higher infant mortality rates, and higher rates of low birth weight infants. The following challenges were identified as barriers to improving and maintaining health among underserved populations:

- Affordability of health care services, especially health insurance.
- Locating physicians, specialists, dentists, mental/behavioral health, and other providers who accept Medi-Cal or work at reduced rates.
- Navigating a complex system of safety net and related social services.
- Poor diet resulting from lack of access to affordable and healthy foods.
- Cultural barriers, including language and social customs.
- The stress of being poor.

Healthy Living Map Website Development

An important component of the project included the redesign of the assessment website, www.healthlivingmap.com. The site now contains health indicators in much greater detail and provides interactive tools to display community health information in such a way that is easy for members of the community to interpret and utilize.

Assets Assessment

Information about the community's health assets was collected to better understand the resources currently available to underserved populations throughout the region and identify potential partnership linkages to leverage resources and services provided. This information was incorporated into a Provider Directory section of the Healthy Living Map (www.healthylivingmap.com).

Communicating the Results

Results of the assessment have been widely disseminated. Forums to examine the findings were conducted within the hospital, and extended for management teams and employees who perform community service. Forums were also extended to local government officials and over 100 nonprofit community-based organizations. Tutorials for maneuvering the www.healthylivingmap.com website were also provided. The information and conclusions contained in the assessment report are available to all. The report can be downloaded from www.healthylivingmap.com. (See Attachment 1 for the full report).

2013 Community Health Needs Assessment

Work by the hospital and regional partners is well underway for the 2013 Community Health Needs Assessment, which will be complete June 30, 2013. As part of the 2013 assessment process, more detailed information about community health assets providing services related to specific health outcomes is being gathered. Partners are also working in collaboration with Sierra Health Foundation to conduct a gap analysis to determine the current capacity that exists within the region's safety net, and the capacity the region actually needs to adequately provide appropriate levels of care.

Developing the Hospital's Implementation Plan

The 2010 CHNA provides a comprehensive view of the region's health that helps guide Mercy Hospital of Folsom's community benefit planning. The assessment reflects that the community is challenged by instability and not fully serving the needs of its residents. A historically weak safety net further deteriorated during the recession and recovery lags well behind most of the nation. Mercy Hospital of Folsom continues to fill a major gap by providing much needed care to uninsured and underinsured populations with a specific emphasis on priority issues identified through assessment that include, primary care, mental health care, and chronic disease self-management skills and education. The new Healthier Living Chronic Disease Self-Management Program implemented in FY 12 by Mercy Hospital of Folsom in collaboration with other Dignity Health member hospitals in Sacramento County is an example of how the CHNA informs community benefit planning and programming. Healthier Living is the only program in the region offered at the community level in response to the major issue of chronic disease in the region.

Mercy Hospital of Folsom's role providing much needed safety net services is visible in many other ways. The hospital works in partnership with other Dignity Health member hospitals in the region, other regional health systems, and community and public health providers to respond to priority needs through various collaborative initiatives. Doing so provides an opportunity to extend the reach and scope of programs and services provided to positively impact a greater number of community members. The health environment is at a critical stage where cooperative and coordinated efforts must occur if the region intends to adequately care for its underserved populations.

The Sacramento Region Health Care Partnership, launched by Congresswoman Doris Matsui and the Sierra Health Foundation, has brought these community stakeholders together to address safety net vulnerabilities and begin building on strengths to prepare for implementation of the Patient Protection and Affordable Care Act. Mercy Hospital of Folsom has been a leader in this effort since it began in early 2011. The goals of the partnership are to find ways to increase access to care, and improve care coordination and the quality of the region's primary care system, with specific attention on enhancing the capability of community health centers. Achieving these goals is critical to accommodate the estimated influx of more than 200,000 newly insured Medi-Cal residents anticipated in 2014. The Partnership has just completed two studies involving a market analysis that identifies current capacity within the safety net, and is completing its strategic plan, which will reflect the immediate steps needed for positive transformation. Evaluating the Partnership strategic plan against the 2013 CHNA work being done currently and determining ways to move strategic plan initiatives forward will have a bearing on Mercy Hospital of Folsom's future community benefit planning and programming.

Planning for the Uninsured/Underinsured Patient Population

Mercy Hospital of Folsom strives to ensure that the needs of the uninsured and underinsured patient population are addressed. No one should go without health care and the hospital is committed to treating patients who have financial needs with the same dignity, compassion and respect that is extended to all patients. The hospital considers each patient's ability to pay for his or her medical care, and follows the Dignity Health Patient Payment Assistance Policy, which makes free or discounted care available to uninsured individuals with incomes up to 500 percent of the federal poverty level (see Appendix B for a summary of the Dignity Health Patient Payment Assistance Policy).

Continued education to stay current on the Financial Assistance Policy is required for Hospital Leadership and employees at all levels of the organization. Employees working in Admitting and Patient Financial Services are fully versed in the policy and dedicated to assisting patients that are in need of support. Any employee or member of the medical staff can refer patients for financial assistance. Family members, friends or associates of a patient may also make a request for financial assistance.

To ensure all patients are aware of the policy, financial assistance information is distributed in a number of ways. Notices in the primary languages spoken by the populations each hospital serves are posted in the hospital's emergency departments, in admitting and registration areas, and in the business and financial services office. Notices are also placed in all patient bills and include a toll-free contact number.

In addition to financial assistance, the hospital further supports the specific needs of uninsured and underinsured patient populations by assisting them with government health insurance program enrollment, free prescription medications and transportation.

Enrollment Assistance

Following medical treatment, Mercy Hospital of Folsom provides assistance to help uninsured patients enroll in government sponsored health insurance programs. In FY 12, 834 uninsured patients received this free assistance; 127 patients were successfully enrolled in an insurance program. Hospital-sponsored expense for this assistance was \$199,609.

Mental Health Consultations

The hospital provides psychiatric consultations at no cost for all patients who require evaluations while hospitalized, as well as patient conservatorship services to those who lack capacity of family to help make decisions. In FY 12, 253 evaluations were provided to poor and vulnerable patients, at an expense of \$103,281. There were 185 evaluations provided to members of the broader community at an expense of \$46,750.

Prescription Medications

Mercy Hospital of Folsom provides free prescription medications for those who lack the means to afford them. Community benefit expense for this service in FY 12 was \$7,979.

PLAN REPORT AND UPDATE

INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Summary of Key Programs and Initiatives – FY 2012

Core community benefit initiatives/programs provided by Mercy Hospital of Folsom in FY 12 are highlighted below. These respond to the top four priority needs identified in the CHNA. These core community benefit services will be evaluated against the new Community Health Needs Assessment in FY 13. All hospital programs are guided by five core principles:

- Focus on disproportionate unmet health-related needs.
- Emphasize prevention.
- Contribute to a seamless continuum of care.
- Build community capacity.
- Demonstrate collaborative governance.

Initiative I: Increasing Access to Care

- Charity care.
- Community Health Referral Network.
- Mercy Clinic White Rock.
- Mercy Clinic Folsom.
- The Effort Collaboration.
- Enrollment Assistance Program.
- School Health Nurse Program.
- Mental Health Consultations.
- ReferNet (Intensive Outpatient Mental Health Program).
- Cover the Kids (Mayor's initiative to enroll all children in health insurance).
- SPIRIT (referral program to provide specialty care for indigent and uninsured residents).
- Dignity Health Community Grants Program.
- Dignity Health Community Investment Program.
- The Caring Center.

Initiative II: Chronic Disease Prevention, Education and Management

- CHAMP® (Congestive Heart Active Management Program).
- Healthier Living Chronic Disease Self Management Program (New in FY 12).
- Community Health Education Program (diabetes focus).
- Cancer Support Group.
- Mercy Faith and Health Partnership.

Initiative III: Continuum of Care to End Homelessness

- Interim Care Program (ICP).
- ICP+ (Mercy 5-bed skilled nursing unit).
- Lodging and Transitional Housing Services.

Initiative IV: Women's and Children's Health

- Growing Well With Mercy.
- Prevent Alcohol and Risk Related Trauma in Youth Program.
- The Birthing Project.
- St. John's Women's Shelter.

Community benefit programs are evaluated annually to ensure they meet the needs of the community and align with priorities. Program Digests with detailed information on several of these initiatives follow.

Description of Key Programs and Initiatives (Program Digests)

MERCYCLINIC WHITE ROCK	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Access to Care <input type="checkbox"/> Chronic Disease Prevention, Education and Management <input type="checkbox"/> Continuum of Care to End Homelessness <input type="checkbox"/> Women's and Children's Health and Safety <input type="checkbox"/> Community Health and Well-Being
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Health Needs Assessment	Access to primary care for uninsured and low-income populations identified as a top CHNA priority. Need also evident in increased ED admissions for non-urgent care by target population.
Program Description	Located in an underserved area of Rancho Cordova, the clinic provides free or low-cost primary health care for the working poor and uninsured. Imaging and other diagnostic procedures are donated by Mercy Hospital of Folsom. A social services program that includes individual and family counseling, case management and resource/referral expertise is provided in addition to primary care.
FY 2012	
Goal FY 2012	Provide a health care safety net for uninsured and underinsured residents, increasing access to primary care in an area of the region that has been identified as having high-need. Enhance focus on education and intervention to enable patients to manage chronic disease.
2012 Objective Measure/Indicator of Success	Increase numbers of patients served to capacity levels of FY 10. Maintain level of hospital support. Linkage to Community Health Referral Network. Patient referrals to chronic disease programs.
Baseline	Access to care and need for stronger safety-net continue to be a priority.
Intervention Strategy for Achieving Goal	Added new provider to return to full capacity. Clinic director incorporating new standardized procedures for increased efficiency. Work closely with Community Health Referral Network. Link patients to chronic disease offerings in the community. Develop partnership strategies to improve structure and efficiency and level of service.
Result FY 2012	3,861 patients served.
Hospital's Contribution / Program Expense	\$526,442
FY 2013	
Goal 2013	Transition MercyClinic White Rock to The Effort as part of Mercy Hospital of Folsom's new collaborative agreement to support The Effort's strategy to build a full-scope health center in Rancho Cordova.
2013 Objective Measure/Indicator of Success	Ensure smooth transition of the clinic and continuity of care for existing patients, working directly with The Effort on integration strategy.
Baseline	Access to care and need for stronger safety-net continue to be a priority.
Intervention Strategy for Achieving Goal	An integration team is focused on the transition process.
Community Benefit Category	C3 – Hospital Outpatient Services.

MERCYCLINIC FOLSOM	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Chronic Disease Prevention, Education and Management <input type="checkbox"/> Continuum of Care to End Homelessness <input type="checkbox"/> Women's and Children's Health and Safety <input type="checkbox"/> Community Health and Well-Being
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Health Needs Assessment	Access to primary care for uninsured and low-income populations identified as a top CHNA priority. Need also evident in increased ED admissions for non-urgent care by target population.
Program Description	MercyClinic Folsom provides free or low-cost primary care services including well child exams, immunizations, physicals, and health education to uninsured patients.
FY 2012	
Goal FY 2012	Provide a health care safety net for uninsured and underinsured residents, increasing access to care in an area of the region that has been identified as having high-need.
2012 Objective Measure/Indicator of Success	Maintain increased levels of patient volume. Linkage to Community Health Referral Network. Patient referrals to chronic disease programs.
Baseline	Access to care and need for stronger safety-net continue to be a priority.
Intervention Strategy for Achieving Goal	Clinic director incorporating new standardized procedures for increased efficiency. Work closely with Community Health Referral Network and new Chronic Disease Self Management Program. Develop partnership strategies to improve structure and efficiency and level of service.
Result FY 2012	2,144
Hospital's Contribution / Program Expense	\$319,794
FY 2013	
Goal 2013	Transition MercyClinic Folsom to The Effort as part of Mercy Hospital of Folsom's new collaborative agreement to support The Effort's strategy to build a full-scope health center in Folsom.
2013 Objective Measure/Indicator of Success	Ensure smooth transition of the clinic and continuity of care for existing patients, working directly with The Effort on integration strategy.
Baseline	Access to care and need for stronger safety-net continue to be a priority.
Intervention Strategy for Achieving Goal	An integration team is focused on the transition process.
Community Benefit Category	C3 – Hospital Outpatient Services.

GROWING WELL WITH MERCY	
Hospital CB Priority Areas	<ul style="list-style-type: none"> Access to Care Chronic Disease Prevention, Education and Management Continuum of Care to End Homelessness Women's and Children's Health and Safety ✓ Community Health and Well-Being
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Health Needs Assessment	Growing Well with Mercy fills an unmet need for local school districts by providing a Health and Wellness plan.
Program Description	Serving elementary schools in the eastern suburbs of Sacramento County and neighboring foothill communities of El Dorado County, Growing Well with Mercy provides hands-on education in collaboration with teachers, parents and school health officials. In this interactive program, students in K-6 learn about the importance of good nutrition and healthy habits.
FY 2012	
Goal FY 2012	Improve the health of children through education by filling a gap in the Health and Wellness Plan for school districts.
2012 Objective Measure/Indicator of Success	Enhance focus on the nation-wide issue of childhood obesity. Maintain support and level of program service in 15 schools. Evaluate/refresh program materials. Mercy Folsom recognized by Folsom-Cordova Unified School District as their nonprofit Partner of the Year.
Baseline	Local school districts can no longer afford to provide this type of health education. The number of students reached (10,000) in FY 11, and number of schools served (15) in FY 11 provides the basis for measurement in FY 12.
Intervention Strategy for Achieving Goal	Meetings with Folsom Cordova Unified School District Health Advisory Committee. Build school gardens and provide nutrition and health eating instruction using the gardens as a "living classroom". Partner with local and national organizations to educate and inform. Leverage MHF auxiliary volunteers to teach hygiene classes in schools in order to continue program, Kids in the Kitchen with Mercy cooking classes with Whole Foods. Continue strong community collaboration with local businesses, service organizations, elected officials, community and business leaders..
Result FY 2012	The program was offered at 15 elementary schools during the year, including Title 1 schools, and reached 4,250 students. School gardens were introduced as a central element of the program's health curriculum.
Hospital's Contribution / Program Expense	\$16,842.
FY 2013	
Goal 2013	At Mercy Folsom our focus is on community collaboration in order to foster healthy lifestyles. Continue to improve the health of children, parents, staff and community members through education by filling a gap in the Health and Wellness Plan for school districts.
2013 Objective Measure/Indicator of Success	Enhance focus on the nation-wide issue of childhood obesity. Maintain support and level of program service in 15 schools. Evaluate/refresh program materials.
Baseline	Local school districts can no longer afford to provide this type of health education. The number of students reached (4,250) in FY 12, and number of schools served (15) provides the basis for measurement in FY 13.
Intervention Strategy for Achieving Goal	Meetings with Folsom Cordova Unified School District Health Advisory Committee. Build school gardens and provide nutrition and health eating instruction using the gardens as a "living classroom". Partner with local and national organizations to educate and inform. Leverage MHF auxiliary volunteers to teach hygiene classes in schools in order to continue program. Provide resources for school health fairs and garden nutrition classes.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops.

THE CARING CENTER	
Hospital CB Priority Areas	<p>Access to Care</p> <ul style="list-style-type: none"> ✓ Chronic Disease Prevention, Education and Management Continuum of Care to End Homelessness Women's and Children's Health and Safety Community Health and Well-Being
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Health Needs Assessment	An assessment by the hospital of its primary service area indicates that there are very few options for care for residents who suffer from chronic illnesses, stress, or acute health issues such as cancer. The Caring Center responds to this identified need.
Program Description	The Caring Center provides information, education and additional treatment techniques such as massage, healing touch, and therapeutic touch to enhance wellness and reduce stress. The center serves teenagers to elderly and is open to all, with special attention on low-income underserved populations. The Center provides an experience of deep relaxation and stress reduction and encourages learning, exploration, and safe use of complementary modalities to enhance traditional medical treatment for those dealing with physical and emotional stresses, chronic illnesses such as heart disease, diabetes, chronic fatigue and chronic pain syndromes, or an acute health issue such as cancer.
FY 2012	
Goal FY 2012	Improve the health and quality of life for those that suffer from physical and emotional stresses, chronic illness or acute health issues through access to special modalities of care.
2012 Objective Measure/Indicator of Success	Increase volunteer hours by 10%. 50 new participants in program. Maintain 45 weeks of operation.
Baseline	The program addresses the need to provide education and treatment services that are not available elsewhere in the community. The number of clients served in FY 11 (920) and number of volunteer hours (1,920) in FY 11 provides the basis measurement for FY 12.
Intervention Strategy for Achieving Goal	Continue collaboration with MercyClinic Folsom. Work with Community Benefit Department to outreach to community-based partners.
Result FY 2012	744 clients served. 52 new clients Maintained 45 weeks of operation during year. The goal to increase volunteer hours by 10% was not accomplished due to loss of volunteers which decreased hours and number of treatments provided.
Hospital's Contribution / Program Expense	Program manager's salary included in Community Health Education Department.
FY 2013	
Goal 2013	Improve the health and quality of life for those that suffer from physical and emotional stresses, chronic illness or acute health issues through access to special modalities of care.
2013 Objective Measure/Indicator of Success	Increase volunteer hours by 5% over FY12. 50 new participants in program. Maintain 45 weeks of operation.
Baseline	The program addresses the need to provide education and treatment services that are not available elsewhere in the community. The number of new clients served in FY 12 (52) and number of volunteer hours (1,804) in FY 12 provides the basis measurement for FY 13.
Intervention Strategy for Achieving Goal	Work with Community Benefit Department to outreach to community-based partners.
Community Benefit Category	A1-c Community Health Education – Individual Health Ed. For Un-/Under-insured.

COMMUNITY HEALTH REFERRAL NETWORK	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Access to Care <input type="checkbox"/> Chronic Disease Prevention, Education and Management <input type="checkbox"/> Continuum of Care to End Homelessness <input type="checkbox"/> Women's and Children's Health and Safety <input type="checkbox"/> Community Health and Well-Being
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention <input type="checkbox"/> Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Health Needs Assessment	Access to primary care and the difficulty in navigating the community clinic system were identified in CHNA as top priorities for uninsured and underinsured populations. Need also evidenced by high rate of utilization for non-urgent/emergent care by target population in Emergency Departments.
Program Description	Network provides a model of care coordination to improve access to care for the underserved. The project is a collaborative effort between the hospitals and 18 nonprofit FQHC/community clinics in the region, including Mercy Clinics. It uses health information technology (MobileMD) and shared case management support to assist patients who rely on EDs for non-acute needs because they are unable to navigate a fragmented safety-net by finding them a medical home in an appropriate community clinic setting.
FY 2012	
Goal FY 2012	Assist 1,500 patients in finding medical homes in the FQHC/community clinic system. Continue to assess capacity in the region to determine if expansion is feasible. Priority for the Dignity Health Community Grants will be focused on clinic partners to help offset sliding scale fees, lab and other testing costs, in order to assist and place additional patients.
2012 Objective Measure/Indicator of Success	Number of successful community referrals made; appointments kept; reduction in readmits by 75% for patients assisted; patient satisfaction in community clinic setting.
Baseline	The region has a weak and fragmented safety-net that was further devastated by severe cuts to public health services and the recession. Access to care for underserved is a crisis. Unprecedented numbers are turning to EDs for basic care because they lack a primary care provider and are unable to navigate the system. Over 30% of emergency department admissions could be avoided if patients had access to affordable care.
Intervention Strategy for Achieving Goal	Weekly reports from referral specialist; continued interface with clinic partners, Emergency Department Patient Registration, Case Management and clinical staff; ongoing follow up with those patients assisted; constant outcome monitoring and program evaluation.
Result FY 2012	1,167 patients assisted; over 60% kept their clinic appointment; 80% were satisfied with care in a clinic setting.
Hospital's Contribution / Program Expense	\$78,746
FY 2013	
Goal 2013	Assist 1,500 patients in finding medical homes in the FQHC/community clinic system. Continue to assess capacity in the region to determine if expansion is feasible. Priority for the Dignity Health Community Grants will be focused on clinic partners to help offset sliding scale fees, lab and other testing costs, in order to assist and place additional patients.
2013 Objective Measure/Indicator of Success	Number of successful community referrals made; appointments kept; reduction in readmits by 75% for patients assisted; patient satisfaction in community clinic setting. Pilot directly in hospital emergency department setting to monitor impact in outcomes.
Baseline	Conditions in the Sacramento region have not changed; access to care and the need for care coordination remains a priority.
Intervention Strategy for Achieving Goal	Weekly reports from referral specialist; continued interface with clinic partners, Emergency Department Patient Registration, Case Management and clinical staff; ongoing follow up with those patients assisted; constant outcome monitoring and program evaluation.
Community Benefit Category	A3-e Health Care Support Services – Information & Referral.

CONGESTIVE HEART ACTIVE MANAGEMENT PROGRAM (CHAMP®)	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Access to Care ✓ Chronic Disease Prevention, Education and Management Continuum of Care to End Homelessness Women's and Children's Health and Safety Community Health and Well-Being
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Health Needs Assessment	Responds to a priority need identified through community health assessments. Heart failure is a leading cause of hospitalization for residents throughout the broader Sacramento region. It is the fifth highest reason for emergency department visits, and the number one cause of death.
Program Description	<p>CHAMP® establishes a care relationship with patients that have heart disease after discharge from the hospital through:</p> <ul style="list-style-type: none"> - Regular phone interaction; support and education to help manage this disease . - Monitoring of symptoms or complications and recommendations for diet changes, medicine modifications or physician visits.
FY 2012	
Goal FY 2012	Improve the health and quality of life of those that suffer from heart disease, enabling them to better manage their disease and reducing their need to be admitted or readmitted to the hospital.
2012 Objective Measure/Indicator of Success	Increase enrollment of underserved through outreach; collaborate with community; continue to maintain reduction in number of hospitals admissions and readmissions for enrolled participants.
Baseline	Heart failure is a priority health issue for the region, identified in past and current CHNAs. The program continues to demonstrate improvements in the health of participants suffering from this chronic disease. 1,811 participants enrolled in program and 81% reduction in hospital readmits by program participants in FY 2011 provides baseline for FY 2012.
Intervention Strategy for Achieving Goal	Regular meetings with CHAMP® Teams at hospitals; Strategy meeting with FQHC; program outcome monitoring and evaluation.
Result FY 2012	2,122 participants enrolled in program, 17% increase over FY11.
Hospital's Contribution / Program Expense	\$249,938
FY 2013	
Goal 2013	Improve the health and quality of life of those that suffer from heart disease, enabling them to better manage their disease and reducing their need to be admitted or readmitted to the hospital.
2013 Objective Measure/Indicator of Success	Increase enrollment of underserved through outreach; collaborate with community; continue to maintain reduction in number of hospitals admissions and readmissions for enrolled participants.
Baseline	2,122 participants enrolled in program in FY 2012 provides baseline for FY 2013.
Intervention Strategy for Achieving Goal	Regular meetings with CHAMP® Teams at hospitals; Strategy meeting with FQHC; program outcome monitoring and evaluation.
Community Benefit Category	A2-e Community Based Clinical Services – Ancillary/Other Clinical Services.

INTERIM CARE PROGRAM (ICP) and ICP+ PROGRAM	
Hospital CB Priority Areas	<p>Access to Care Chronic Disease Prevention, Education and Management ✓ Continuum of Care to End Homelessness Women's and Children's Health and Safety Community Health and Well-Being</p>
Program Emphasis	<p>✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance</p>
Link to Community Health Needs Assessment	The (ICP) responds to the growing number of homeless individuals and families in the community as a result of the recession; an issue pointed out in the 2010 CHNA. The program also addresses the extremely high hospital utilization rates by this population due to lack of adequate services.
Program Description	ICP is a partnership between Dignity Health member hospitals, other regional health systems, Sacramento County and The Effort. It provides homeless men and women a safe environment for recovery when they are ready to be discharged from the hospital. Participants receive mental health care, substance abuse treatment and social services support to help make the transition to a healthier and self-sustaining lifestyle.
FY 2012	
Goal FY 2012	Increase access to a continuum of care and social support services to meet the special needs of homeless individuals necessary to improve their health status, change hospital utilization patterns, and lead higher quality, self-sustaining lives. Implement expansion strategy to address the shortage of beds at the existing 18-bed ICP facility to respond to the growing numbers of homeless individuals.
2012 Objective Measure/Indicator of Success	75 successful homeless patient referrals to ICP, with continued positive outcomes.
Baseline	The issue of homelessness is growing in the region and no other services exist that provide this continuum of care.
Intervention Strategy for Achieving Goal	Meetings and ongoing check-ins with hospital Case Management teams and tour of ICP facility; quarterly ICP oversight committee meetings; development of hospital internal methodology for measuring quarterly outcomes for planned expansion.
Result FY 2012	107 persons served in existing ICP facility, with measures of success achieved. In 5-bed skilled nursing unit to existing program, 39 persons served, 979 days spent by homeless discharged patients in the 5-bed Mercy unit alone, which otherwise would have been days spent in hospital.
Hospital's Contribution / Program Expense	\$229,118
FY 2013	
Goal 2013	Increase access to a continuum of care and social support services to meet the special needs of homeless individuals necessary to improve their health status, change hospital utilization patterns, and lead higher quality, self-sustaining lives.
2013 Objective Measure/Indicator of Success	75 successful homeless patient referrals to ICP, with continued positive outcomes.
Baseline	The issue of homelessness is growing in the region and no other services exist that provide this continuum of care. Homeless patients served in FY 12 (107) serves as the basis for measurement in FY 13.
Intervention Strategy for Achieving Goal	Quarterly tracking of new unit utilization and patient outcomes. Ongoing check-ins with case management; quarterly ICP oversight committee meetings.
Community Benefit Category	E1-a Cash Donations – Contributions to Nonprofit Orgs/Community Groups.

HEALTHIER LIVING CHRONIC DISEASE SELF MANAGEMENT PROGRAM (New in FY 12)	
Hospital CB Priority Areas	<ul style="list-style-type: none"> Access to Care ✓ Chronic Disease Prevention, Education and Management Continuum of Care to End Homelessness Women's and Children's Health and Safety Community Health and Well-Being
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Health Needs Assessment	Heart Disease, diabetes, stroke, asthma and cancer are among the chronic diseases plaguing the region. Chronic disease is identified as a priority health issue in the 2010 and previous CHNAs. The program specifically targets uninsured and underserved residents who may otherwise lack access to this education and are at greater risk for chronic disease.
Program Description	The Chronic Disease Self-Management Program (CDSMP) is a new comprehensive program called Healthier Living designed to provide patients who have chronic diseases (with emphasis on Diabetes) with the knowledge, tools and motivation needed to become proactive in their health. The workshops are offered in both clinical and community settings, including: 13 clinic sites operated by the region's FQHC providers, Mercy Clinics, community centers, various low-income housing developments (in partnership with Mercy Housing) and the four Sacramento hospitals, working in partnership with Case Management and Clinical Nurse Educators.
FY 2012	
Goal FY 2012	Implement this program in FY 12, and plan for rapid expansion through the identification and certification of community lay leader workshop facilitators. Goal is for participants in this evidence-based program to avoid admissions to the hospital or emergency department for the six months following their participation in the program as they improve their behavior, management skills and lifestyles through education. Be at the stage of reporting outcomes (avoidable hospital admissions) by first quarter of FY 13.
2012 Objective Measure/Indicator of Success	Hire/certify part-time program manager; certify 5 lay leaders; schedule and conduct first 3 workshops. Measure success by attendance in classes and hospital avoidance (first outcomes report in Qtr. 1, FY 13).
Baseline	The number of participants in Healthier Living classes in FY 2012 and program completion rate provides the basis for improvement FY 2012.
Intervention Strategy for Achieving Goal	Outreach to the Sacramento clinic sites operated by the region's FQHC providers, Mercy Clinics, community centers, various low-income housing developments, and the hospital's Case Management and Clinic Nurse Educators.
Result FY 2012	38 persons completed the six-part series; 3 workshops were conducted and a 4 th workshop was conducted in Spanish.
Hospital's Contribution / Program Expense	\$16,017
FY 2013	
Goal 2013	Improve the health of the target population in the community by providing education to enable them to manage chronic illnesses to lead healthier, more productive lifestyles; thus reducing avoidable hospital admissions.
2013 Objective Measure/Indicator of Success	Certify 5 new community lay leaders. Double number of workshops conducted. Achieve System-wide metric goal for program participants.
Baseline	The number of participants of the Healthy Living classes in FY 2012 and first outcomes in Qtr. 3 of FY 13 provides the basis for improvement.
Intervention Strategy for Achieving Goal	Ongoing collaboration with nonprofit community providers, hospital physicians, community organizations to create awareness of program; enhance participant levels, and identify new lay leaders.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops.

REFERNET INTENSIVE OUTPATIENT MENTAL HEALTH CARE	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Access to Care <input type="checkbox"/> Chronic Disease Prevention, Education and Management <input type="checkbox"/> Continuum of Care to End Homelessness <input type="checkbox"/> Women's and Children's Health and Safety <input type="checkbox"/> Community Health and Well-Being
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Health Needs Assessment	Mental health and the lack of services to treat this illness are identified as top priorities in the 2010 CHNA. The hospitals have seen a major and alarming increase in patients admitting to the EDs with crisis mental health conditions.
Program Description	El Hogar Community Services, Inc, provides one full-time LCSW dedicated to receiving referrals from Mercy General Hospital, Mercy San Juan Medical Center, Mercy Hospital of Folsom, and Methodist Hospital for patients in need of immediate outpatient mental health care residing in Sacramento. El Hogar also takes referrals for patients needing substance abuse treatment. El Hogar provides same or next business day psychological services for mentally ill patients that are able to be discharged and treated on an outpatient basis. The agency offers ongoing individual and group outpatient mental health treatment five days a week.
FY 2012	
Goal FY 2012	Increase access to mental health care for those that suffer from this illness.
2012 Objective Measure/Indicator of Success	Double number of patients referred - 300 patients.
Baseline	Budget cuts by local government have severely impacted mental health services, and the need has reached a level of crisis.
Intervention Strategy for Achieving Goal	Education about the partnership in the hospital EDs, and engagement of hospital Case Management and Discharge Planners. Maintain increased level of CB funding. Ongoing tracking and evaluation of partnership.
Result FY 2012	328
Hospital's Contribution / Program Expense	\$50,000 Dignity Health Community Grant; additional \$40,000 allocated among the four hospitals in community benefit funding; Total expense - \$90,000.
FY 2013	
Goal 2013	Increase access to mental health care for those that suffer from this illness.
2013 Objective Measure/Indicator of Success	Increase number of patients served in FY12.
Baseline	Budget cuts by local government have severely impacted mental health services, and the need has reached a level of crisis.
Intervention Strategy for Achieving Goal	Maintain increased level of CB funding. Ongoing tracking and evaluation of partnership.
Community Benefit Category	E1-a Cash Donations – Contributions to Nonprofit orgs/Community groups.

This implementation strategy specifies community health needs that the hospital has determined to meet in whole or in part and that are consistent with its mission. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the hospital should then refocus its limited resources to best serve the community.

COMMUNITY BENEFIT AND ECONOMIC VALUE

Report – Classified Summary of Un-sponsored Community Benefit Expense
For Period From 7/1/2011 Through 6/30/2012

Community benefit expenses were calculated using a cost accounting methodology.

	Persons Served	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Financial Assistance	1,666	1,530,678	0	1,530,678	1.2	0.9
Medicaid	9,299	20,246,197	9,913,073	10,333,124	8.0	5.8
Means-Tested Programs	418	2,070,426	799,296	1,271,130	1.0	0.7
Community Services						
Community Benefit Operations	0	38,832	0	38,832	0.0	0.0
Community Building Activities	0	377	0	377	0.0	0.0
Community Health Improvement	5,828	276,489	0	276,489	0.2	0.2
Financial and In-Kind Contributions	11	110,942	0	110,942	0.1	0.1
Subsidized Health Services	6,270	1,149,041	191,545	957,496	0.7	0.5
Totals for Community Services	12,109	1,575,681	191,545	1,384,136	1.1	0.8
Totals for Living in Poverty	23,492	25,422,982	10,903,914	14,519,068	11.2	8.2
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	0	75	0	75	0.0	0.0
Community Health Improvement	1,051	115,662	888	114,774	0.1	0.1
Financial and In-Kind Contributions	0	855,426	0	855,426	0.7	0.5
Health Professions Education	0	18,750	0	18,750	0.0	0.0
Subsidized Health Services	185	46,750	0	46,750	0.0	0.0
Totals for Community Services	1,236	1,036,663	888	1,035,775	0.8	0.6
Totals for Broader Community	1,236	1,036,663	888	1,035,775	0.8	0.6
Totals - Community Benefit	24,728	26,459,645	10,904,802	15,554,843	12.0	8.8
Unpaid Cost of Medicare	6,817	36,484,879	22,970,741	13,514,138	10.4	7.6
Totals with Medicare	31,545	62,944,524	33,875,543	29,068,981	22.5	16.4

Telling the Story

Effectively telling the community benefit story is essential to create an environment of awareness, understanding and interest in the priority health issues challenging the region and importantly, to inform the public about the ways in which these issues are being addressed by Mercy Hospital of Folsom. The 2012 Community Benefit Report and 2013 Plan will be distributed to Hospital Leadership, members of the Community Board and Community Health Committee, and the hospital's management team, as well as employees engaged in community benefit activities. It serves as a valuable tool for ongoing community benefit awareness and training.

The document will also be more broadly distributed within the organization to all departments, and outside of the organization to community leaders, government and health officials, partners and other agencies and businesses throughout the region. It will be downloadable on the www.healthylivingmap.com website, and can be found under "Community Health" in the "Who We Are" section on www.DignityHealth.org.

APPENDIX A

Sacramento Service Area Hospital Community Board and Community Health Committee Rosters

Sacramento Service Area Hospital Community Board

Name	Role	Business
Dave Wolf, MD	COS - Ex-Officio Voting Board Member	Mercy San Juan Medical Center
Felix Fernandez	Board Member	Retired-Regional President Northern California - Wells Fargo Bank
Gilbert Albiani	Board Member	Real Estate Broker
Glennah Trochet, MD	Board Member- Secretary	Physician
Julius Cherry	Board Member- Chair	Attorney
Ken Johnson	COS - Ex-Officio Voting Board Member	Mercy Hospital of Folsom
Michael Taylor	SVP & Ex-Officio Voting Board Member	Sr. Vice President Operations Sacramento/San Joaquin Service Area
Norm Label	COS - Ex-Officio Voting Board Member	Mercy General Hospital
Patrice Coyle	Board Member	Community Representative
Roger Niello	Board Member	President & CEO Metro Chamber; retired State Assemblyman
Sr. Brenda O'Keeffe	Board Member- Vice Chair	Mercy Medical Center Redding
Sr. Katherine Hamilton, OP	Board Member	St. Joseph Medical Center - Community Health
Sr. Patricia Manoli	Board Member	St. Elizabeth Community Hospital
Zahid Niazi, MD	COS - Ex-Officio Voting Board Member	Methodist Hospital of Sacramento
Page West	CNE	Service Area
Rodney Winegarner	CFO	Service Area
Jill Dryer	Communications	Service Area
Ian Boase	Legal Counsel	Service Area
Kelley Evans	Legal Counsel	Service Area
Linda Ubaldi	Risk Management	Service Area
Edmundo Castenada	President	Mercy General Hospital
Patti Monczewski	COO	Mercy General Hospital
Sister Clare Dalton	Mission Integration	Mercy General Hospital
Don Hudson	President	Mercy Hospital of Folsom
Theresa Nero	CNE	Mercy Hospital of Folsom
Sister Cornelius O'Connor	Mission Integration	Mercy Hospital of Folsom
Brian Ivie	President	Mercy San Juan Medical Center
Phyllis Baltz	COO	Mercy San Juan Medical Center
Belva Snyder	CNE	Mercy San Juan Medical Center
Gail Moxley	Administrative Manager & Board Coordinator	Mercy San Juan Medical Center
Sister Gabrielle Jones	Mission Integration	Mercy San Juan Medical Center
Gene Bassett	President	Methodist Hospital of Sacramento
Martina Evans-Harrison	CNE	Methodist Hospital of Sacramento
Gigi McInerney	Mission Integration	Methodist Hospital of Sacramento

Community Health Committee Roster

Don Hudson, President, Mercy Hospital of Folsom (Chair)
Sr. Gabrielle Jones, Mission Integration, Mercy San Juan Medical Center (Vice Chair)
Dr. Glennah Trochet, Retired, Sacramento County Public Health Officer
Patrice Coyle, Community Representative
Sr. Clare Dalton, Mission Integration, Mercy General Hospital
Gerardine McInerney, Mission Integration, Methodist Hospital of Sacramento
Sr. Cornelius O' Connor, Mission Integration, Mercy Hospital of Folsom
Marcia Wells, Director, Mercy Clinics, Mercy General Hospital
Kevin Duggan, President, Mercy Foundation
Jill Dyer, Director, Communication, Dignity Health Sacramento/San Joaquin Service Area
Marge Ginsberg, Executive Director, Center for Healthcare Decisions
Rosemary Younts, Director, Community Benefit, Dignity Health Sacramento Service Area

APPENDIX B

Dignity Health Summary of Patient Payment Assistance Policy

DIGNITY HEALTH SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY (June 2012)

Policy Overview:

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.

- Dignity Health’s values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health’s administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.

- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, dignity health management and dignity health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

ATTACHMENT 1
2010 Community Health Needs Assessment