



SIERRA NEVADA MEMORIAL HOSPITAL

COMMUNITY BENEFIT REPORT 2012 COMMUNITY BENEFIT IMPLEMENTATION PLAN 2013

A Message from the President and Chief Executive Officer and
Board Chair of Sierra Nevada Memorial Hospital

At Sierra Nevada Memorial Hospital, 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 \$2,571,552 million in charity care, community benefits, and unreimbursed patient care.

At Sierra Nevada Memorial Hospital, 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 a 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 Sierra Nevada Memorial Hospital Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 10, 2012 meeting.



Katherine Medeiros
President and Chief Executive Officer



Don Coots
Chair of the Board

TABLE OF CONTENTS

Executive Summary	4-5
Mission Statement Dignity Health Mission Statement	6
Organizational Commitment Organizational Commitment Non-Quantifiable Benefit	7
Community Definition of Community Description of the Community Community Demographics	8-10
Community Benefit Planning Process Community Health Needs Assessment Process Assets Assessment Process Developing the Hospital's Implementation Plan (Community Benefit Report and Plan) Planning for the Uninsured/Underinsured Patient Population	11-12
Plan Report and Update including Measurable Objectives and Timeframes Summary of Key Programs and Initiatives – FY 2012 Description of Key Programs and Initiatives (Program Digests)	13-18
Community Benefit and Economic Value Report – Classified Summary of Un-sponsored Community Benefit Expense Telling the Story	19-20
APPENDIX A Sierra Nevada Memorial Hospital Board of Directors Roster	21
APPENDIX B Western Nevada County Asset Map	22-29
APPENDIX C Dignity Health Summary of Patient Payment Assistance Policy	30-32

EXECUTIVE SUMMARY

Sierra Nevada Memorial Hospital (SNMH) is a member of Dignity Health, formerly Catholic Healthcare West (CHW)¹ and has been a part of western Nevada County since opening in 1958. Located at 155 Glasson Way in Grass Valley, CA, the hospital has 870 employees and offers 121 licensed acute care beds, 17 skilled nursing beds, and 18 emergency department beds. SNMH has continued to expand services over the years to meet the needs of its community. Additions during the 1990s included an Ambulatory Treatment Center, created specifically for patients with chronic illnesses and other ongoing outpatient care needs, a Transitional Care Unit, and Cardiac Catheterization Lab. In more recent years, the hospital opened an Occupational Health Clinic, and the Sierra Nevada Diagnostic Center. The hospital's Cancer Center is nationally accredited by the Commission on Cancer of the American College of Surgeons as a Comprehensive Community Cancer Program, and its Primary Stroke Center has earned the Gold Seal of Approval from the Joint Commission for Primary Stroke Centers.

To address the needs of a region characterized by a large number of seniors living in small towns scattered across a rural landscape, the hospital's core community benefit programs center on chronic disease prevention and self management, access to care, and promoting healthy aging and independent living. The hospital is the leading provider in the region of preventative health services.

The **Congestive Heart Active Management Program - CHAMP®** - is a best practice health intervention model providing support and assistance to patients who suffer from heart failure. At SNMH, the program was implemented in response to a priority health issue - heart failure has been identified as a major cause of hospitalization for residents in the western Nevada County region. CHAMP® is one of the hospital's Long Term Improvement Plan (LTIP) initiatives. It links heart failure patients to ongoing clinical support, and provides medication monitoring and education. It aims to help those suffering from heart failure live healthier, more active lives, and reduce avoidable hospital admissions. A cardiac rehabilitation program compliments CHAMP® at SNMH, and significant growth of the program occurred in FY 12.

A second LTIP initiative at the hospital – **Diabetes: Take Control!** - is focused on education and nutrition counseling to enable residents to better manage this chronic condition, stay healthy, and avoid hospitalizations for uncontrolled symptoms. Diabetes is particularly prevalent in the community served by SNMH. Nevada County ranks 13 highest out of 59 counties in California for the prevalence of Type 1 and Type 2 diabetes.²

The **Wellness Education** department at SNMH has provided thousands of residents over the past 14 years with the necessary resources and skills to better manage their health. Classes are offered in disease management and prevention, exercise, aging, and weight loss. In addition, the program provides health risk appraisals and bi-annual blood screenings. Preventative health information, education and wellness programs are designed to enhance an individual's self awareness and responsibility toward developing and maintaining a healthy lifestyle. SNMH is the only provider offering these educational opportunities in the community.

SNMH is working to increase access to care for the uninsured and underinsured through a partnership with **Western Sierra Medical Clinic**, the region's Federally Qualified Health Center (FQHC). The clinic utilizes hospital-owned facilities in Grass Valley for operations at a rate that is subsidized by the hospital. The hospital's CEO also provides leadership as a member of the clinic's board of directors.

In response to a growing need to assist patients, their families and care givers with Alzheimer's, SNMH's Home Care Department provides an **Alzheimer's Outreach Program** that serves as a community education, resource and support center. Alzheimer's is particularly prevalent among the many elderly

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

² California Health Interview Study (CHIS) 2001; Center for Health Statistics population estimates

residents within Nevada County. A licensed Social Worker is dedicated to the program, which offers a variety of services, including ongoing “Yes I Can” courses that teach care givers and families how to provide quality care for those with Alzheimer’s still living at home, and Care Giver Support Groups. The program provides education and care giver support via home visits and through consultations, and serves to link those in need to important resources and assisted living/care centers.

The FY 2012 Community Benefit Report and FY 2013 Community Benefit Plan highlights SNMH’s commitment to improving the health of its community. The total value of community benefit for FY 2012 was \$2,571,552 which excludes \$12,022,131 in unpaid Medicare costs.

MISSION STATEMENT

Sierra Nevada Memorial Hospital Mission

To contribute to the wellness of our community through the provision of quality services delivered in a compassionate and cost-effective manner, collaborating with others in the community to improve the quality of life.

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

Sierra Nevada Memorial Hospital's Organizational Commitment

Community benefit is a direct expression of SNMH's mission. Senior hospital leaders have a strong role in community benefit planning and programming. Annually, the Hospital President and CEO, and members of the Executive Management Team engage in discussing priority community health needs, refining target populations, establishing objectives that create synergy with strategic clinical and operational priority areas, and budgeting accordingly in an effort to achieve these objectives. Emphasis in the strategic planning process is placed on key community benefit priorities such as reducing the prevalence of chronic disease in the region.

Responsibility for program targeting, budgeting, continuation and termination, and monitoring resides with the Executive Management Team, the SNMH Board of Directors, and the hospital's Wellness Department, which is responsible for day-to-day community benefit operations. Board members provide input into the annual Community Benefit Report and Plan, and review and approve the final document. Members of the Board also receive community benefit updates on core strategic programs on a bi-annual basis (see Appendix A for a roster of the SNMH Board of Directors).

The process of enhancing organization-wide awareness and understanding of community benefit as it relates to SNMH's mission, priority health issues in the community, the hospital's strategies, and responsibilities as a not-for-profit health provider is ongoing. Community benefit orientation and training programs are presented periodically during the year at hospital departmental meetings. As a result, community benefit has become a systematic process rather than a series of community health activities.

In addition to the core programs and services provided by SNMH, the hospital demonstrates its commitment to community benefit through the annual Dignity Health Community Grants Program. Priorities for this grants program are to increase access to care and support the continuum of care in the community by enabling nonprofit health and health-related partner organizations extend their reach to vulnerable residents through new or enhanced services. The program fosters collaboration and helps maximize resources in the community to improve the health status of low-income and minority residents.

Non-Quantifiable Benefit

Leadership at SNMH cultivates strong relationships with members of the community to better understand the needs and expectations of the people it serves, and to receive perspectives on health issues and initiatives. Hospital leaders serve on the boards of key community organizations, including the Western Sierra Medical Clinic, Grass Valley Chamber of Commerce, Grass Valley Rotary Club, and the Nevada Economic Resource Council. They lend expertise and advocate for change that will positively impact health, quality of life and economic well-being.

Employees at all levels also participate in the community in many ways, providing clinical expertise and leadership. For example, SNMH Case Managers and Social Workers can be found volunteering time to support local nonprofit health and health-related organizations, like the Care Crisis Nursery. Volunteer educators travel to remote areas of the community where exposure is limited to speak at forums in an effort to increase awareness about the importance of prevention and early detection of disease.

COMMUNITY

Definition of Community

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

- 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-Reuters.
- Types of patient populations served and types of insurance coverage.

Description of Community

Nevada City, Grass Valley, Truckee and nine other unincorporated cities make up Nevada County. With almost 179,000 acres of national forest and over 15,000 acres of state park land, the region is known for its open space, rural atmosphere and small-town style of life. Forest and parks comprise 63 percent of all land. Nevada County ranks 36th among the most populated counties in California. Agriculture, forestry and fishing companies represent the largest business sectors in Nevada County, with small businesses comprised of one to four employees most representative of the economy.

Nevada County is home to nearly 99,000 residents; a large percentage who are retired. Persons 65 or older comprise a higher percentage in Nevada County (18.6 percent) than in California as a whole (11.2 percent), indicating a greater need for specialty medical services. Transportation for this large senior population is also a challenge within this rural region. While Telecare vans help meet the need of seniors requiring transportation, there is no reliable local transportation system. Over 88 percent of county residents depend on their own vehicles for commuting.³

Both Grass Valley and Nevada City have been identified as medically underserved areas by the Department of Health and Human Services for having: too few primary care providers, high infant mortality, high poverty and/or high elderly populations.

Community Demographics

SNMH's primary service area in Nevada County (see map on page 9) encompasses three zip codes in the communities of Grass Valley, Penn Valley and Nevada City (95945, 95949, 95959). Demographics within this area are as follows:

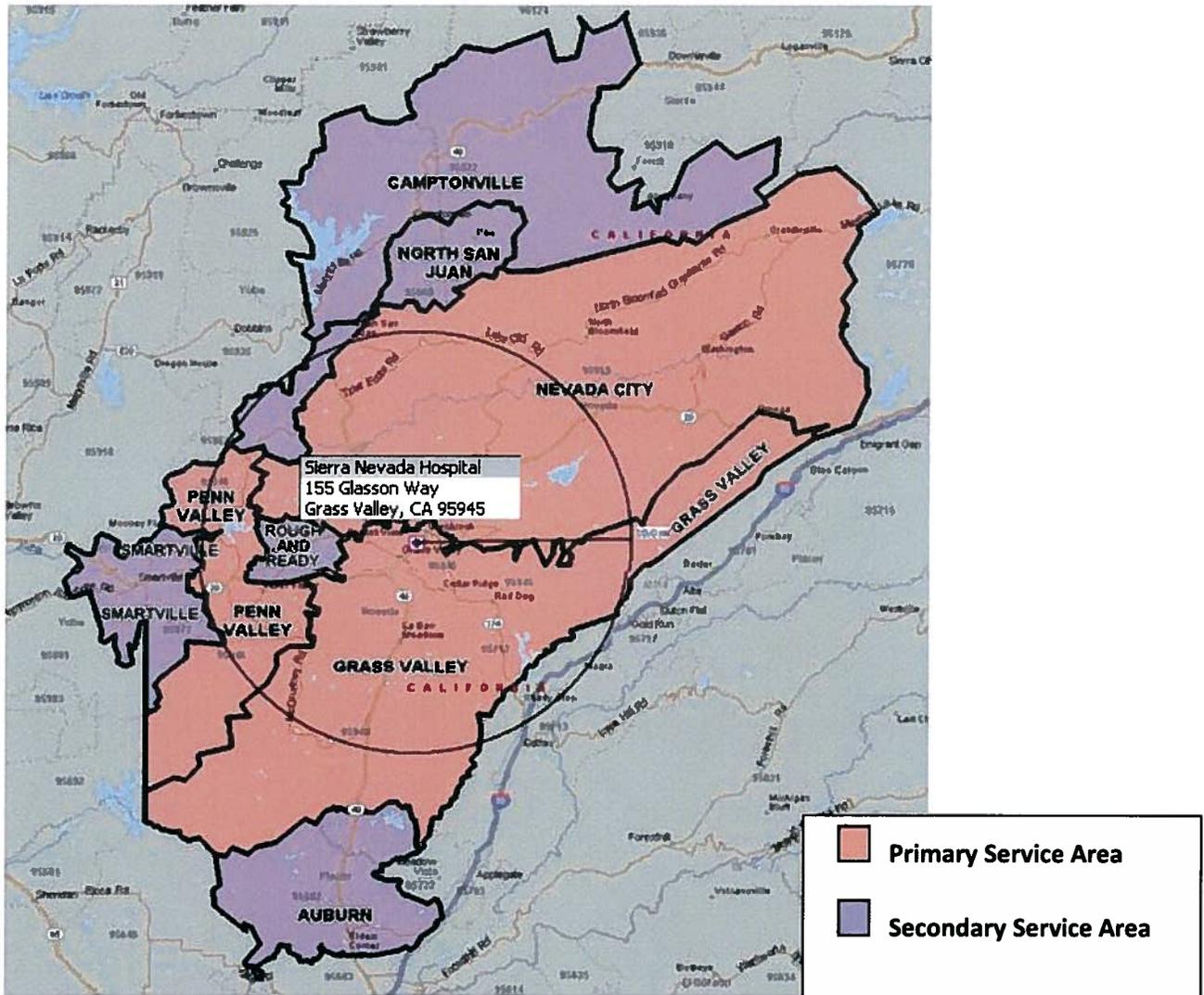
- **Population**
 - Under 18 = 18.8%
 - 18-34 = 16.3%
 - 35-64 = 44.4%
 - 65+ = 20.6%
- **Diversity**
 - Caucasian: 87.7%
 - Hispanic: 7.0%
 - Asian: 1.2%
 - African American: 0.4%
 - American Indian/Alaska Native & Other: 3.7%
- **Average Income:** \$70,877
- **Uninsured:** 16.56%

³ Nevada County 2009-2010 Economic & Demographic Profile, produced by the Center for Economic Development, CSU, Chico Research Foundation.

- **Unemployment:** 5.0%
- **No High School Diploma:** 5.4%
- **Renters:** 21.9%
- **Community Needs Index (CNI) Score:** 3.4
- **Medicaid Patients:** 10.42%
- **Other Area Hospitals:** Tahoe Forest Hospital in Truckee, CA, (critical access)

There are populations in both the Nevada City and Grass Valley service area that are designated as medically underserved populations by the Department of Health and Human Services, Health Resources and Services Administration.

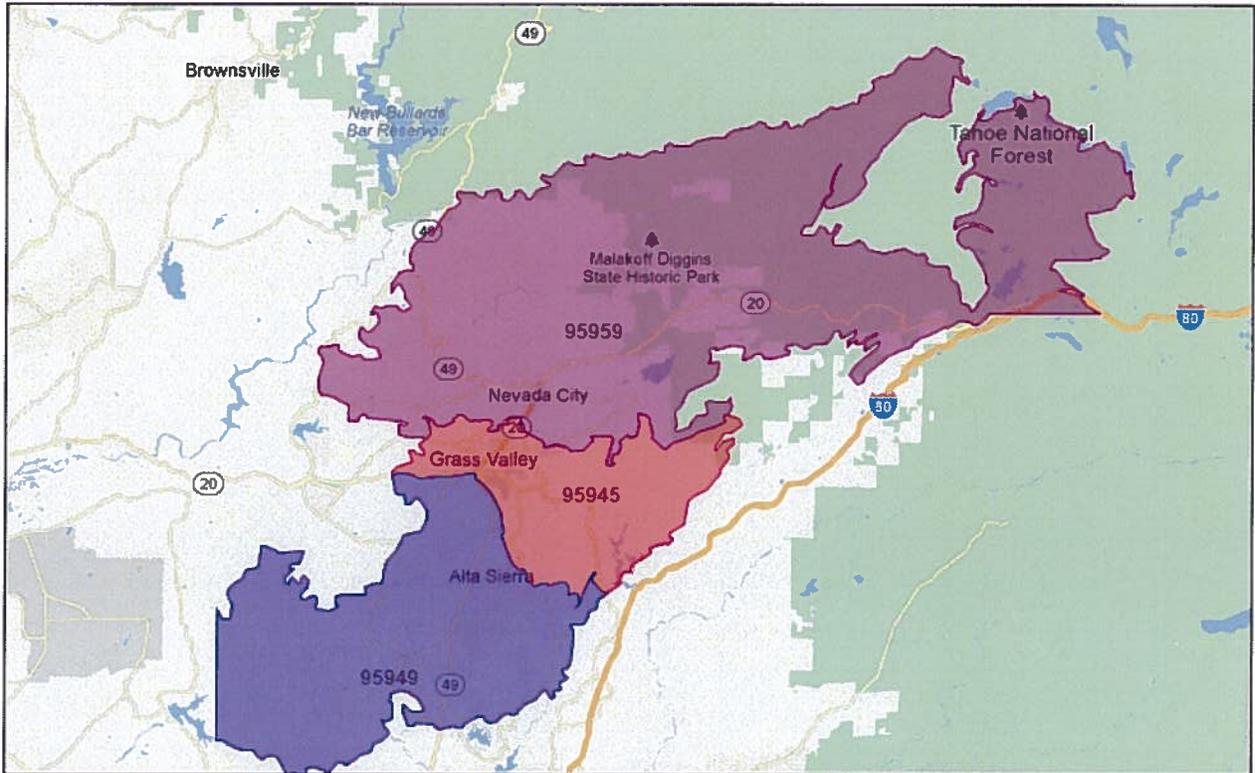
SNMH Primary Service Area



SNMH Community Needs Index Data

SNMH's CNI Score of 3.4 falls in the median range. The CNI highlights by zip code the areas of greatest risk for preventable hospitalizations (see CNI map on page 10). 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).

SNMH Community Needs Index Map



Lowest Need

Highest Need

1 - 1.7 Lowest
 1.8 - 2.5 2nd Lowest
 2.6 - 3.3 Mid
 3.4 - 4.1 2nd Highest
 4.2 - 5 Highest

<u>Zip Code</u>	<u>CNI Score</u>	<u>Population</u>	<u>City</u>	<u>County</u>	<u>State</u>
 95945	3.4	24049	Grass Valley	Nevada	California
 95949	1.8	19803	Alta Sierra	Nevada	California
 95959	2.6	17775	Nevada City	Nevada	California

COMMUNITY BENEFIT PLANNING PROCESS

Community Health Needs Assessment Process

Given its rural community setting, SNMH has not formally conducted a Community Health Needs Assessment (CHNA) in past years, although has participated with United Way in such efforts. The hospital is currently conducting a formal CHNA that will be complete June 30, 2013.

Assets Assessment

In 2011, the hospital conducted an extensive mapping of community health assets in Western Nevada County to better understand available resources, strengthen the foundation for community benefit strategic planning and implementation, and serve as a catalyst for new partnerships (see Appendix B for Western Nevada County Asset Map). An updated assets mapping and assets assessment is being conducted as part of the 2013 CHNA.

Developing the Hospital's Implementation Plan

For many years, SNMH has worked closely with other nonprofit health and social service agencies, community leaders and the Nevada County Public Health Department to identify and prioritize the significant health needs and gaps in needed services within its community, and to determine how to best respond to priority health needs.

Recent data in the Nevada County Health Status Report, which is developed annually by the Nevada County Public Health Department, provides valuable insight on health issues and the social determinants of health impacting residents that live within the hospital's service area. Access to care in a region where the population is geographically dispersed continues to be a challenge, particularly when a large percentage of the population represents elderly that lack transportation. Leading causes of death in Nevada County have shifted from predominantly infectious to chronic diseases and injuries over the past several years, due in part to a growing population of seniors who are in many cases isolated given the region's geographic landscape. Specifically, cardiovascular disease and cancer represented the top two causes of death registered in the county in FY 12. Unintentional falls were among the top injury-related causes of death. Falls also accounted for 57 percent of Nevada County's non-fatal hospitalized injuries between 2005-2010. Seventy percent of falls requiring hospitalization occur in individuals 65 and older.⁴

Type 1 and type 2 diabetes are prevalent in the region; considered to be associated with a high rate of behavioral risk factors that increase the odds of contracting this disease. Data collected from the California Health Interview Survey places Nevada County 13th highest out of 59 counties in California for the prevalence of Type 1 and Type 2 diabetes. Nevada County ranked nine out of 59 counties for having an at-risk overweight population; seven out of 59 counties for obesity; 16 out of 59 counties for the highest rate of physical inactivity; and nine out of 59 counties for lowest consumption of fruits and vegetables per day. Risk factors of this nature are all factors contributing to type 1 and type 2 diabetes.⁵

These health issues are reflected in the hospital's utilization rates, which are studied closely to identify trends that signify particular health concerns. The hospital is focused on addressing these priority problems through community benefit programs and services.

⁴ 2012 Nevada County Health Status Report by the Nevada County Public Health Department, Health and Human Services Agency.

⁵ California Health Interview Study (CHIS) 2001; Center for Health Statistics; and Department of Finance population estimates.

Planning for the Uninsured/Underinsured Patient Population

Meeting the health care needs of the underserved is an integral part of the SNMH's mission. 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% of the federal poverty level (see Appendix C 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, SNMH further supports the specific needs of uninsured and underinsured patient populations by assisting them with government health insurance program enrollment, and offering transportation.

Enrollment Assistance

Following medical treatment, the hospital provides assistance to help uninsured patients enroll in government sponsored health insurance programs. In FY 12, 200 uninsured patients received this free assistance. Hospital-sponsored expense for this assistance was \$86,663.

Transportation

Taxi transportation is available for patients who do not have, or cannot afford their own transportation home upon discharge from the hospital. There were 254 patients who received this service in FY 12 at a community benefit expense of \$4,821.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Summary of Key Programs and Initiatives – FY 2012

Core community benefit initiatives / programs provided by SNMH in FY 12 are highlighted below, and are aligned with needs identified by the hospital and community partners, and considered to be high priority needs for Nevada County residents. These core community benefit services are guided by five core principles: (1) Focus on disproportionate unmet health and health-related needs; (2) Emphasize prevention; (3) Contribute to a seamless continuum of care; (4) Build community capacity; (5) Demonstrate collaborative governance. Core programs and services will be evaluated against the new Community Health Needs Assessment in FY 13.

Initiative I: Increasing Access to Care

- Charity care for uninsured, underinsured and indigent in the region
- Western Sierra Medical Clinic (FQHC) collaboration
- Enrollment assistance
- Transportation and transitional housing
- Free or low-cost lab testing
- Free health screenings (blood pressure, cholesterol, mammograms, etc)
- Dignity Health Community Grants Program

Initiative II: Chronic Disease Prevention and Management

- Congestive Heart Active Management Program (CHAMP®)
- Cardiac Rehabilitation
- Heart Smart Education
- Diabetes – Take Control!
- Wellness Education
 - Pre-diabetes and Diabetes Management
 - Chronic Disease Self-Management
 - Asthma
 - Smoking Cessation
 - Exercise for Strength and Fitness
 - Aging
 - Nutrition and Healthy Cooking
 - Prenatal Care
- Nutrition Assessments and Counseling for Cancer
- Cancer Center Comfort Cuisine
- Cancer Screenings
- Cancer Support Group

Initiative III: Senior Care

- Alzheimer's Outreach Program
- Lifeline
- Falls Prevention Physician Education
- Parkinson's Support Group
- Estate Planning Education

These community benefit programs are monitored and evaluated on an ongoing basis to ensure they provide the greatest benefit to participants. Those that are considered core among the program offerings are reviewed twice a year by the SNMH Board of Directors. Program Digests with detailed information on several of these initiatives are provided in the following pages.

Description of Key Programs and Initiatives (Program Digests)

CONGESTIVE HEART ACTIVE MANAGEMENT PROGRAM (CHAMP®) AND CARDIAC REHABILITATION	
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 Needs Assessment	Congestive Heart Failure (CHF) is a priority issue in Nevada County, particularly prevalent because of a large and growing senior population, identified by the hospital in partnership with community partners.
Program Description	CHAMP® is open to all eligible with a diagnosis of CHF at no-cost. The program improves the health status of heart failure patients by providing patients with a vital link to the medical world after they leave the hospital through regular phone interaction and educational discussion. The goal is to improve patient understanding and management of CHF to reduce hospital admissions/readmissions. The program monitors patient symptoms or complications, and provides recommendations on diet changes, medicine modifications, daily weights and physician visits. The hospital also provides a Cardiac Rehab program to complement CHAMP®, where participants receive appropriate and monitored exercise therapy.
FY 2012	
Goal FY 2012	Improve the health and quality of life for those that suffer from heart disease, helping them better manage this chronic disease and reducing their need to be admitted or readmitted to the hospital.
2012 Objective Measure/Indicator of Success	Avoid hospital or emergency department admissions among 60% of participants.
Baseline	Evidence shows there is a growing need in the community for this intervention. Increases in enrollment and decreases in hospitalizations in FY 11 will serve as a baseline for measurement in FY 12.
Intervention Strategy for Achieving Goal	Regular meetings with CHAMP® Team; outreach to increase enrollment; improvements in methodology for program outcome measurement.
Result FY 2012	527 participants active in both programs (125 in CHAMP specific, with 7 participant readmissions six months post intervention).
Hospital's Contribution / Program Expense	CHAMP® - \$21,779 Cardiac Rehabilitation - \$20,950
FY 2013	
Goal 2013	Improve the health and quality of life for those that suffer from heart disease, helping them better manage this chronic disease and reducing their need to be admitted or readmitted to the hospital.
2013 Objective Measure/Indicator of Success	Avoid hospital or emergency department admissions among 60% of participants.
Baseline	Evidence shows there is a growing need in the community for this intervention. Increases in enrollment and decreases in hospitalizations in FY 12 will serve as a baseline for measurement in FY 13.
Intervention Strategy for Achieving Goal	Regular meetings with CHAMP® Team; more outreach to continue to increase enrollment; focus on improvements in program outcome evaluation.
Community Benefit Category	A2-e Community Based Clinical Services – Ancillary/Other Clinical Services.

DIABETES: TAKE CONTROL!	
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 Needs Assessment	Diabetes has been identified as a growing health issue in Nevada County, due to an aging population, and a high level of risk behaviors, like obesity, which can lead to this disease.
Program Description	The program focuses on a number of components - diabetes facts and nutrition, diabetes self management, Healthy Living-Chronic Disease Self Management, and nutritional counseling. It is offered to all patients regardless of their ability to pay. Program participants are tracked 6 months post intervention to make sure they have not been readmitted to the hospital for a diabetes related condition.
FY 2012	
Goal FY 2012	Improve the health and quality of life for those that suffer from diabetes, helping them better manage this chronic disease and reducing their need to be admitted or readmitted to the hospital.
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> Continue support for program. Increase awareness of Diabetes: Take Control! Program throughout the community. Track and evaluate hospital admissions six months post intervention. Avoid hospital or emergency department admissions among 60% of participants.
Baseline	The program addresses a priority need in the community. The number of persons served (69), and reduction in hospital admissions will provide basis for measurement FY 12.
Intervention Strategy for Achieving Goal	Regular evaluation of Diabetes: Take Control! Program to align with needs of community; hospital admissions avoided, and feedback from group participants.
Result FY 2012	190 new participants in FY12, hospital readmissions avoided among 98% of the participants.
Hospital's Contribution / Program Expense	\$5,300.
FY 2013	
Goal 2013	Improve the health and quality of life for those that suffer from Diabetes, helping them better manage this chronic disease and reducing their need to be admitted or readmitted to the hospital.
2013 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> Continue support for program. Increase awareness of Diabetes: Take Control! Program throughout the community. Track and evaluate hospital admissions six months post intervention. Avoid hospital or emergency department admissions among 60% of participants.
Baseline	The program addresses a priority need in the community. The number of persons served (190), and reduction in hospital admissions will provide basis for measurement FY 13.
Intervention Strategy for Achieving Goal	Regular evaluation of Diabetes: Take Control! Program to align with needs of community; hospital admissions avoided, and feedback from group participants.
Community Benefit Category	A1-e Community Health Education – Self-help.

WELLNESS EDUCATION	
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 Needs Assessment	Education on health and well-being is not offered elsewhere in the community. The hospital's program fulfills this need, which is a priority in a region where chronic disease is a major health issue, evidenced by utilization rates and the hospitals work with partners.
Program Description	Wellness Education offers a broad range of free or discounted classes including diabetes, which is an identified priority health issue in the community; asthma; management skills for other chronic diseases; smoking cessation; aging; nutrition and healthy cooking, and prenatal care. The Wellness program also works with other partners in the community to conduct outreach at Health Fairs, Job Fairs and other community events.
FY 2012	
Goal FY 2012	Enhance the self-awareness and responsibility of individuals to develop and maintain healthy lifestyles and provide the education, tools and skills to prevent and manage illness and disease.
2012 Objective Measure/Indicator of Success	Continue support for services. Increase awareness of Wellness program offering in the community demonstrated by an increased number of program participants.
Baseline	Responds to lack of education and prevention offerings in the community. The number of persons served (527) and programs offered in FY 11 provided the basis for measuring success in FY 12.
Intervention Strategy for Achieving Goal	Regular evaluation of Wellness programs to align with needs of community; feedback from group participants.
Result FY 2012	794 participants served (a significant increase from 527 participants in 2011) New community outreach materials developed and distributed.
Hospital's Contribution / Program Expense	\$27,268.
FY 2013	
Goal 2013	Enhance the self-awareness and responsibility of individuals to develop and maintain healthy lifestyles and provide the education, tools and skills to prevent and manage illness and disease.
2013 Objective Measure/Indicator of Success	Continue support for services. Increase awareness of Wellness program offering in the community demonstrated by an increased number of program participants that demonstrate health and quality of life improvements.
Baseline	Responds to lack of education and prevention offerings in the community. The number of persons served (794) and programs offered in FY 12 provide the basis for measuring success in FY 13.
Intervention Strategy for Achieving Goal	Regular evaluation of Wellness programs to align with needs of community; feedback from group participants.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshop.

CANCER AND OTHER SUPPORT GROUPS	
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 Needs Assessment	Cancer is a leading cause of death in Nevada County and the hospital is the only provider of support groups for cancer patients within the community it serves. Various other support groups are offered for persons and families affected by traumatic brain Injury, stroke and Parkinson's disease.
Program Description	The hospital offers active support groups to help patients and their families cope with health issues associated with cancer, traumatic brain injury, diabetes, stroke, and other illnesses. These support groups bring people with similar illnesses together to share experiences, decrease sense of isolation, provide counseling and education, and serve as an important resource.
FY 2012	
Goal FY 2012	Improve the ability of patients and families to cope and manage life-threatening or life-altering health issues by decreasing psychological stress through counseling, providing skills, education and resources to support specific health conditions, reducing isolation, and bringing people together to exchange experiences.
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> Continue support for services. Increase awareness of support group offerings in the community. Regular evaluation of support groups; feedback from group participants.
Baseline	Support groups offered by the hospital are otherwise not available in the community. The number of persons served through support groups in FY 11 (2,000) provided the basis for measurement for FY 12.
Intervention Strategy for Achieving Goal	Regular evaluation of support groups; feedback from group participants.
Result FY 2012	2,656 persons served
Hospital's Contribution / Program Expense	\$1,693 (hours recorded in various departments)
FY 2013	
Goal 2013	Improve the ability of patients and families to cope and manage life-threatening or life-altering health issues by decreasing psychological stress through counseling, providing skills, education and resources to support specific health conditions, reducing isolation, and bringing people together to exchange experiences.
2013 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> Continue support for services. Increase awareness of support group offerings in the community.
Baseline	Support groups offered by the hospital are otherwise not available in the community. The numbers of persons served through support groups in FY 12 serve as the basis for measurement in FY 13.
Intervention Strategy for Achieving Goal	Regular evaluation of support groups; feedback from group participants. Ongoing communication through healthcare providers, SNMH website, press releases, and community presentations will ensure the public is aware of the services/support available.
Community Benefit Category	A1-d Community Health Education – Support Groups.

ALZHEIMER'S OUTREACH PROGRAM (AOP)	
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 Needs Assessment	The presence of Alzheimer's in Nevada County is significant and growing due to an aging population within the community. AOP responds to this need.
Program Description	Offered by the hospital's Home Care group, the Alzheimer's Outreach Program offers a series of classes and support groups designed to assist and empower care givers with knowledge and skills to help them prevent the mental and physical distresses involved in caring for those with Alzheimer's and other forms of dementia. The program teaches care givers and family members how to provide quality care for Alzheimer's patients still living at home. Home visits, telephone consultations and a resource website are important components of the program.
FY 2012	
Goal FY 2012	Improve quality of care and quality of life for those with Alzheimer's and other forms of dementia by providing assistance, education, training and resources to care givers and families, and support the mental and physical needs of care givers involved in this difficult and stressful field of care.
2012 Objective Measure/Indicator of Success	<p>Continue support for services.</p> <p>Expand "Yes I Can" class series to meet new demand (currently have waiting list).</p> <p>Consider instituting four new course offerings for professional caregivers based on interest and need expressed by program participants (Behavior and Communications; Incontinence; Personal Care; Body Mechanics).</p>
Baseline	Number of persons served in FY 11 and feedback from participants provide basis for measurement in FY 12.
Intervention Strategy for Achieving Goal	Increase budget and/or obtain grant funding to enable new course offerings. Ongoing evaluation of programs to align with and meet needs of community.
Result FY 2012	140 persons served.
Hospital's Contribution / Program Expense	\$30,348.
FY 2013	
Goal 2013	Improve quality of care and quality of life for those with Alzheimer's and other forms of dementia by providing assistance, education, training and resources to care givers and families, and support the mental and physical needs of care givers involved in this difficult and stressful field of care.
2013 Objective Measure/Indicator of Success	Continue support for services.
Baseline	Number of persons served in FY 12 and feedback from participants provide basis for measurement in FY 13.
Intervention Strategy for Achieving Goal	Increase budget and/or obtain grant funding to enable new course offerings. Ongoing evaluation of programs to align with and meet needs of community.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops.

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

FY 2012 Complete Summary - Classified Including Non Community Benefit (Medicare) 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	4,879	1,573,613	0	1,573,613	1.2	1.1
Medicaid	20,572	17,271,636	20,103,155	(2,831,519)	(2.2)	(2.0)
Means-Tested Programs	5,089	4,196,925	2,101,549	2,095,376	1.6	1.5
Community Services						
Community Benefit Operations	0	53,650	0	53,650	0.0	0.0
Community Building Activities	39	0	0	0	0.0	0.0
Community Health Improvement	1,923	152,510	0	152,510	0.1	0.1
Financial and In-Kind Contributions	0	812,771	0	812,771	0.6	0.6
Totals for Community Services	1,962	1,018,931	0	1,018,931	0.8	0.7
Totals for Living in Poverty	32,502	24,061,105	22,204,704	1,856,401	1.5	1.3
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	6	1,666	0	1,666	0.0	0.0
Community Health Improvement	4,914	72,370	0	72,370	0.1	0.1
Financial and In-Kind Contributions	40	605,628	0	605,628	0.5	0.4
Health Professions Education	41	8,950	0	8,950	0.0	0.0
Research	0	26,537	0	26,537	0.0	0.0
Totals for Community Services	5,001	715,151	0	715,151	0.6	0.5
Totals for Broader Community	5,001	715,151	0	715,151	0.6	0.5
Totals - Community Benefit	37,503	24,776,256	22,204,704	2,571,552	2.0	1.9
Unpaid Cost of Medicare	86,503	60,541,876	48,519,745	12,022,131	9.4	8.7
Totals with Medicare	124,006	85,318,132	70,724,449	14,593,683	11.4	10.6

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 SNMH in the Nevada County region. The 2012 Community Benefit Report and 2013 Plan will be distributed to Hospital Leadership, the Board of Directors, and members of the 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 a summary report can be found under "Community Health" in the "Who We Are" section on www.DignityHealth.org.

APPENDIX A

Sierra Nevada Memorial Hospital Board of Directors Roster

Position	Board of Director	Occupation
Chairman	Don Coots	Retired from Executive Management in Mortgage Finance Industry
Vice Chairman	Michele White	Retired from business, primarily in Human Resources management and consulting.
Secretary	Jerry Angove	Retired College President/District Superintendent
Director	Leo Granucci	Retired executive from pharmaceutical business
Director	Sarah Woerner, M.D.	Pediatrician in local group practice, just retired
Director	Kevin Vaziri	President and CEO, Woodland Healthcare
Director	Ed Sylvester	Retired from private practice as CEO of Engineering firms
Director	David Campbell, MD	Physician specializing in Hematology/Oncology, currently in active practice.
President & CEO	Katherine A. Medeiros	Sierra Nevada Memorial Hospital

APPENDIX B

Western Nevada County Asset Map

Potential partners and services provided

Anew Day

154 Hughes Road, Suite 1
Grass Valley, CA 95945
Phone: (530) 271-1100

Anew Day is a faith based organization that provides no cost counseling, utilizing lay counselors supervised by a licensed Marriage and Family Therapist, to provide hope and healing to those that are hurting and struggling with various stages of depression, suicidal ideation, anxieties, grief, relationship and addiction as well as various other daily life issues.

Big Brothers Big Sisters of Nevada County

1721 East Main Street, Suite 3
Grass Valley, CA 95945
Phone: (530) 273-2227
Fax: (530) 273-4113

Big Brothers Big Sisters of Nevada County makes a positive difference in the lives of children and youth in our community through a professionally-supported, one-to-one relationship with a caring and responsible individual. These individuals offer support to children's growth and development through nurturing relationships, leading to positive outcomes. Services include: mentoring and counseling for at risk kids with no family support; with a location in Truckee, as well.

Cancer Aid Thrift

317 S Auburn St
Grass Valley, CA 95945
Phone: (530) 273-2365

**Cancer Aid Thrift received 2011 Community Grant Funding from SNMH in the amount of \$10,000.*

Chapa-De Indian Health Clinic

1350 E. Main Street
Grass Valley, (530) 477-8545

Provides primary care clinic services.

Child Advocates of Nevada County

531 Uren Street
Nevada City, CA 95959
Phone: 530.265.9550
Fax: 530.265.4410

Child Advocates offers four programs that challenge the abuse and neglect of the children of Nevada County in four ways: advocacy, prevention, education and support.

**Child Advocates of Nevada County received 2011 Community Grant funding from SNMH in the amount of \$10,000.*

Community Recovery Resources (CORR)

440 Henderson Street, Suite C
Grass Valley, CA 95945
Phone: 530-273-9541

CORR supports the Sierra-Nevada communities with a full spectrum of programs focused toward reducing the social, health, and financial impact on our families and children from all types of drug abuse. Services include: out-client services for adults with substance abuse issues; mental health and recovery services for individuals and families experiencing co-occurring issues; mothers in recovery for pregnant or parenting women (child care and transportation available); family services focus is solely on family issues pertaining to substance dependence; criminal justice services for individuals that have been required by the criminal justice system to access services; assessment services for individuals needing professional assessment for substance abuse or anger issues; intervention services to assist families with the process needed to intervene on negative family behaviors; ADAPT – Adolescent Drug & Alcohol Prevention & Treatment – learning recovery skills and making responsible choices; adolescent outreach focuses on substance abuse prevention and making healthy/responsible choices; SIP – Student Intervention Program – provided to support healthy life choices; inpatient services – HOPE HOUSE Intensive in house treatment for women that have serious substance dependence issues, and up to two of their young children; transitional housing for individuals who are currently abstinent and need a supportive and supervised environment; parenting tactics and techniques to improve parenting skills; anger management for individuals experiencing anger issues and desiring to learn positive problem resolution; batterers intervention program for individuals who must comply with court order; life skills and literacy for individuals desiring to learn additional everyday self-sufficiency and independent living skills; smoking cessation classes; drug free workplace training to enhance company reliability and enhance safety programs; and, harm reduction community based services to promote safe health practices.

**CoRR received 2010 Community Grant Funding from SNMH in the amount of \$17,929 to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) throughout Nevada County.*

Conflict Resolution Center of Nevada County (CRC)

308 Main Street, Suite 5
Nevada City, CA 95959
Phone: (530) 477-6517

CRC is a non-profit provider of mediation and counseling. Low to no-cost mediation is confidential, quick and effective. Mediation services are offered to those who live in, or own property or own a business anywhere in Nevada County. All services are low-cost to no-cost, voluntary, and confidential. Services include: full range of free dispute resolution services.

Domestic Violence and Sexual Assault Center (DVSAC)

960 McCourtney Rd. Suite E
Grass Valley, CA 95949
Phone: (530) 272-2046
Crisis Line: (530) 272-3467

DVSAC offers resources for building healthy relationships and to work with community partners to provide services for healing the effects of interpersonal violence. Services include: crisis counseling, scheduled individual counseling, support groups, and assistance with obtaining temporary restraining orders.

**DVSAC received 2011 Community Grant Funding from SNMH in the amount of \$10,000.*

Downeyville Health Center

250 Sierra College Drive
Grass Valley, CA 95945
Phone: (530) 274-5300

Provides primary care services.

Falls Prevention Coalition

Phone: (530)273-2273

Falls Prevention Coalition seeks to reduce the risk of falls through education and to create a community that empowers seniors and people with disabilities to reduce their risk of falling, thereby enhancing their quality of life and maintaining their independence.

Food Bank of Nevada County

12048 Charles Dr # 9
Grass Valley, CA 95945-9054
Phone: (530) 272-3796

FREED Center for Independent Living

117 New Mohawk Road, Suite A
Nevada City, CA 95959
Phone: (530) 265-4444
TTY: (530) 265-4944

FREED empowers people with disabilities to exercise their civil rights in becoming active, productive members of our community. The majority of FREED's staff and Board of Directors are people with disabilities. Services include: personal assistance services, individual advocacy systems, advocacy, cross disability peer support, computers and internet access, friendly visitor program, independent living skills training, education and awareness, and the fix-it program.

The Friendship Club

138 New Mohawk Road, Suite 275
Nevada City, CA 95959
Phone 530.265.4311
Fax 530.265.4131

The Friendship Club is a prevention program designed to reach at-risk girls before they engage in unhealthy behaviors. The girls are taught life skills, personal responsibility and the value of hard work through a year-around program of educational activities, emotional support and community involvement.

**The Friendship Club received 2011 Community Grant Funding from SNMH in the amount of \$7,500.*

Gold Country Telecare, Inc.

13457 Colfax Highway
Grass Valley CA 95945
Phone: (530) 272-1710

Provides transportation for Nevada County seniors and people with disabilities, enabling them to maintain their independence and participate in the community.

**Gold County Telecare received 2011 Community Grant Funding from SNMH in the amount of \$5,000*

Sierra Nevada Memorial Hospital

Community Benefit Report FY 2012 – Community Benefit Implementation Plan FY 2013

Helping Hands Caregivers Resource Center

Penn Valley Drive
Penn Valley, Ca 95946
Phone: (530) 432-2540

Helping Hands provides a safe and loving daytime gathering place in Western Nevada County for those over eighteen dependent on caregivers by providing respite for families.

Helpline Information Assistance of Nevada County

471 Sutton Way, Suite 202
Grass Valley, CA 95945
Phone: (530) 273-2273

Help Line Information and Assistance is Nevada County's "one place to call" for information and referrals to social services and community resources. Families or individuals of all ages call Help Line for anything from simple information, such as the phone number of a service provider, to, in a moment of crisis, support and guidance, as well as referrals.

Hospice of the Foothills

11270 Rough and Ready Highway
Grass Valley, CA 95945.
Phone: (530) 272-5739

Hospice of the Foothills is a community based 501(c) 3 nonprofit organization serving terminally ill patients and their families in Western Nevada County. We provide all services without ever charging a fee to patients. We work with Medicare, Medical and private insurance plans for payment, but you do not need to be insured to receive Hospice care. Hospice services are provided to anyone in need, regardless of their ability to pay. Services include: palliative pain and symptom management; emotional and spiritual counseling; professional nursing care; personal care; medications and medical equipment; and, bereavement support.

**Hospice of the Foothills received 2011 Community Grant Funding from SNMH in the amount of \$5,000.*

Hospitality House

P.O. Box 3223
Grass Valley, CA 95945
Phone: (530) 271-7144

Hospitality House is a non-profit program in Nevada County servicing the homeless and providing shelter. Hospitality House works in collaboration with local churches and other service organizations.

Interfaith Food Ministry of Nevada County

551 Whiting Street
Grass Valley CA 95945
Phone: (530) 273-8132

A public service corporation, dedicated to providing supplemental food to more than 600 needy families each week in western Nevada County. IFM is a 100% volunteer operation, sponsored by participating local churches; with approximately 500 active volunteers.

KARE Crisis Nursery

Phone: (530) 265-0693

24-Hour Crisis Line: (530) 265-6520

The KARE Crisis Nursery provides safe and nurturing care for the small children of families experiencing stressful situations. Services include: 24-hour respite care in emergencies and children may stay at KARE for up to 30 days.

LivingWell Medical Clinic

113 Presley Way, Suite 4

Grass Valley, CA 95945

LivingWell Medical Clinic provides medical care to pregnant women at risk. LivingWell is a licensed medical clinic. Services provided include pregnancy testing and sonograms, Sexually Transmitted Disease/Infection education, and distribution of pre-natal vitamins to those clients not able to get immediate access to pre-natal care. All services provided by LivingWell are offered to our clients at no charge.

**LivingWell Medical Clinic received 2011 Community Grant Funding from SNMH in the amount of \$10,000.*

Western Sierra Medical Clinic (formerly Miners Family Health Center; an FQHC)

1345 Whispering Pines

Grass Valley, CA

Phone: 530-273-4984

Services include: Emergency medical care; urgent medical care; primary medical care; dental services; physical therapy; behavioral health; laboratory services; house calls; home health; hospice health; digital x-ray and Telemed services; and, limited pharmacy services.

National Alliance of Mental Illness (NAMI)

NAMI Nevada County

PO Box 1313

Grass Valley, CA 95945

Phone: (530) 272-4566

NAMI Nevada County is a grassroots, family and consumer self-help support and advocacy organization dedicated to improving the lives of people with severe mental illnesses, i.e., schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder, obsessive-compulsive disorder (OCD), and PTSD. Additional programs include: Peer to Peer and Family to Family.

Neighborhood Center for the Arts

200 Litton Drive #212

Grass Valley CA 95945

Phone: (530) 272-7287

NCA provides the opportunity for adults with developmental disabilities to grow to the best of their ability through the arts and community integration. Our programs promote creativity, independence and dignity. Art programs enable our studio artists to express themselves and improve their motor skills, dexterity, visual concepts and self-esteem.

Nevada Sierra Regional IHSS Public Authority

466 Brunswick Rd
Grass Valley, CA 95945
Phone: 530-274-5601

Nevada Sierra Regional IHSS Public Authority assists IHSS Consumers and Providers in accessing and navigating the IHSS program in Nevada, Sierra, and Plumas counties and to support the independence of seniors and persons with disabilities who choose to live in their own homes. IHSS is an alternative to nursing homes. The IHSS program pays for Consumers to hire in-home assistance with daily tasks such as cooking, cleaning, shopping and errands, eating, dressing, laundry, and personal care, among other things.

North San Juan Senior Center

29190 State Highway 49
North San Juan, CA 95960
Phone: (530) 292-9048

Senior services provided.

Northern Sierra Rural Health Network

Phone: (530) 247-1560

A network of community clinics and health centers working to promote the health and well-being of our communities in rural, Northern California. Our clinics and partners work together to expand access to quality health care – including physical, mental health and dental care – and improve health outcomes for all people, regardless of their ability to pay. HANC exists to assist and support our member clinics in their mission to improve community health and to promote and preserve community-based health care in our rural area. HANC's member organizations include Federally Qualified Health Centers (FQHC's), Rural Health Clinics, and Indian Health Centers in north central and eastern California.

Retired Senior Volunteer Program (RSVP)

471 Sutton Way #202
Grass Valley 95945
Phone: (530) 271-0255

The Retired and Senior Volunteer Program of Nevada County recruits volunteers 55 years of age and older and places them in volunteer opportunities that match their skills and interests. Volunteer services include: Tutoring children in reading and math; Building houses; Helping get children immunized; Modeling parenting skills to teen parents; Participating in neighborhood watch programs; Planting community gardens; Providing counsel to new business owners; Offering relief services to victims of natural disasters; and Helping community organizations operate more efficiently.

Salvation Army

10725 Alta St.
Grass Valley, CA 95945
Phone: (530) 274-3500

San Juan Ridge Family Resource Center

18847 Oak Tree Rd
Nevada City, CA 95959
Phone: (530) 292-3174

Sierra Family Medical Clinic

15301 Tyler Foote Rd.
Nevada City, CA 95959
Phone: (530) 292-3478

Integrates medical care, substance abuse, and mental health treatments for the seriously mentally ill, approximately 8,000 in Nevada County.

**Sierra Family Medical Clinic received 2010 Community Grant funding from SNMH in the amount of \$20,000 to provide a primary care medical home for those with serious mental illness and or co-occurring substance abuse. SFMC received Community Grant funding in 2005, 2007, and 2009 as well.*

Sierra Foothills AIDS Association

12183 Locksley Lane, Suite 208
Auburn, CA 95602
(530) 889-2437

Provides comprehensive support services to people living with HIV or AIDS and their families and provides education and prevention services to the general public. Services include: comprehensive case management; benefits counseling; information and referral; emergency financial assistance; individual and friends/family group counseling and support; educational materials and events; AIDS Drug Assistance Program (ADAP); Housing Assistance and Referral (HOPWA); Homeless Prevention & Rapid Re-Housing Program (HPRP); outreach programs; food closet for clients; anonymous HIV rapid testing; and, Inmate Intervention Program (IIP).

Sierra Forever Families

138 Mohawk Road, Ste 200
Nevada City, CA 95959
Phone: (530) 478-0900

Sierra Forever Families is a private, non-profit agency that focuses on finding and nurturing permanent homes for children. Placement services include: family recruitment; matching of children with families; home study preparation; parent training classes; and, therapeutic services (during and after placement).

**Sierra Forever Families received a 2010 Community Grant from SNMH in the amount of \$16,547 to provide for a full-time clinician for SFF's Therapy Support Services program. This clinician is trained to address the unique needs of youth and families (foster and adoptive) in the process of finding and finalization of adoptive homes as well as the specialized needs of youth and families once adoption is finalized. SFF will provide crucial therapeutic services to children and their families.*

Sierra Nevada Children's Services

256 Buena Vista Street, Suite 110
Grass Valley, CA 95945
Phone: (530) 272-8866
Fax: (530) 272-1354

Services Include: child care resource and referral; child care assistance programs; child development; and, family resource center/family advocacy.

Sierra Services for the Blind

546 Searls Avenue

Nevada City, CA 95959
Phone: (530) 265-2121

Services include: transportation; training; counseling; social gatherings; information and referrals; advocacy; and, talking book applications and support.

Spirit Peer Empowerment Center

276 Gates Place
Grass Valley, CA 95945
Phone: (530) 274-1431

Spirit Center is a free, self-help center that welcomes drop-ins and empowers people to live productive, fruitful lives. Mental health services include: peer counseling; support groups; classes and certifications; and, holistic alternatives.

United Way

743 Maltman Drive
Grass Valley, CA 95945
Phone: (530) 274-8111

Wellspring Women's Center

3414 4th Avenue
P.O. Box 5728
Sacramento, CA 95817
Phone: (916) 454-9688

Wellspring Women's Center is a drop-in center for low-income women and their children established to foster the innate goodness and self-esteem of all who enter its doors. Services include: mental health counseling and referrals.

Women of Worth

P.O. Box 213
Cedar Ridge, CA 95924
Phone: (530) 272-6851

Women of Worth assists families in crisis and domestic violence victims to increase self-reliance and improve quality of life by helping them rebuild their lives with dignity, hope and safety. Services include: emergency shelter assistance; transitional housing; counseling and support groups; life skills training and mentoring; furniture and personal items; and, educational and career assistance. Services are provided free of charge.

APPENDIX C

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.