



Methodist Hospital of Sacramento
Community Benefit Report 2014
Community Benefit Implementation Plan 2015

A Message From:

Brian Ivie, President and CEO of Methodist Hospital of Sacramento, and Sister Brenda O’Keeffe, Chair of the Dignity Health Sacramento Service Area Community Board

The **Hello humankindness** campaign launched by Dignity Health is a movement ignited and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. At Dignity Health, the comprehensive approach to community health improvement recognizes the multi-pronged effort needed to meet immediate and pressing needs, to partner with and support others in the community, and to invest in efforts that address the social determinants of health.

Methodist Hospital of Sacramento, a part of the Dignity Health Sacramento Service Area, shares a commitment to improve the health of our community and offers programs and services to achieve that goal. The 2014 Annual Report and 2015 Plan for Community Benefit fulfills section 501 (r) of the Patient Protection and Affordable Care Act, where each hospital must complete a community health needs assessment every three years and develop a community health implementation plan to document how it will address the significant health needs of the community. We are proud to provide this report as a continuation of the work we have done for nearly 50 years to better the health of the communities we serve.

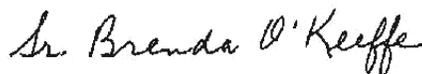
In addition, California State Senate Bill 697 requires not-for-profit hospitals to annually report community benefit efforts and measurable objectives as well as plans for the coming year. Encouraged and mandated by its governing body, Dignity Health complies with both mandates at all of its facilities, including hospitals in Nevada and Arizona, and is proud of the outstanding programs and services that have been offered to improve the health of the communities we serve.

In fiscal year 2014, Methodist Hospital of Sacramento provided \$46,050,899 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, total expense was \$52,852,774.

The Dignity Health Sacramento Service Area Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 23, 2014 meeting. Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 916 851-2731.



Brian Ivie
President and Chief Executive Officer
Methodist Hospital of Sacramento



Sister Brenda O’Keeffe
Chair, Dignity Health Sacramento Service Area
Community Board

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EXECUTIVE SUMMARY

Methodist Hospital opened in 1973, after a decade-long effort to expand health care services for residents in the south area of Sacramento, CA. Located at 7500 Hospital Drive, the hospital became a member of Dignity Health in 1993, and today has 1,133 employees, 162 licensed acute care beds, and 29 emergency department beds. The hospital is committed to providing excellence in health care for the residents it serves in Sacramento's southern suburbs, and continues to expand its services to meet the needs of area families.

Specialties include orthopedics for those with injuries and diseases affecting bones, joints, ligaments, tendons, muscles and nerves. Methodist Hospital is designated a Blue Distinction Center for Knee and Hip Replacement and included on the Becker's Hospital Review list of "60 Hospitals with Great Orthopedic Programs." The hospital's Rehab Center is one of only two facilities in Sacramento that features an indoor, heated therapeutic swimming pool and health and wellness programs. A Hand Therapy Program offers patients a comprehensive approach to hand, wrist and elbow injuries caused by carpal tunnel syndrome, rheumatoid arthritis or other injuries. The hospital has also been recognized as a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery, and its Family Birth Center includes a level II Neonatal Intensive Care Unit for premature and seriously ill infants.

Methodist hospital also operates Bruceville Terrace, a 171-bed, sub-acute skilled nursing long-term care facility that provides for the elderly, as well as those requiring extended recoveries. In the late 1990s, the hospital established the Mercy Family Residency Program. This accredited and nationally recognized three-year program provides resident physicians with specialty training in primary care family medicine.

The hospital must continuously balance its responsibility caring for the acutely ill with the role it serves as a safety net provider for the poor and vulnerable in a region where public and community capacity is severely limited. The region's safety net is challenged by a lack of access to both primary and mental health care, the absence of a care coordination system, and minimal health prevention and education options for underserved and at-risk populations. These challenges are reflected in alarming hospital utilization trends and through assessments of the community, and serve as the basis for community benefit planning and programming. In FY 2014, the hospital further advanced a number of core community benefit programs in partnership with others in the community that respond to these priority health issues, and laid the groundwork for new initiatives in FY 2015. Highlights include:

WEAVE Wellness Center

There is growing concern in the region, particularly within the south Sacramento communities served by Methodist Hospital, over issues of safety related to domestic violence, sexual assault and human trafficking. While often hidden from view, the problem is pervasive due to Sacramento's diverse population, central location between Nevada and the Bay Area and close proximity to waterways, high immigration rates, and the confluence of three major thoroughfares; I-80, I-5 and Highway 99¹. Law enforcement officers in Sacramento County respond to more than 18,000 domestic violence calls alone each year.

¹ Minugh, K. (2014, April 18). *Sacramento DA launches campaign to fund center for domestic violence victims*. The Sacramento Bee.

Methodist Hospital is responding to this issue through a strong partnership with WEAVE, the County's primary provider of domestic violence and sexual assault services. A WEAVE Wellness Center on the grounds of the hospital provides access to care for victims of domestic violence and sexual assault crimes in a part of the region that previously lacked any services. Through its association with the Rescue & Restore Coalition, WEAVE also offers 24-hour support to victims of human trafficking.

Mercy Family Health Center

Nearly 17,000 patients received care at the Mercy Family Health Center in FY 2014, which operates as part of the hospital's Family Practice Residency Program. Through this unique arrangement, the hospital provides access to much needed care for underserved residents of the community while developing new physicians to fill the region's health professional shortage gap. Physicians and residents at the health center, located on the Methodist Hospital campus, offer comprehensive one-stop services for patients of all ages, including primary and urgent care, X-rays, labs and specialty care. Residency physicians also provide care at other locations in the community, such as Sacramento Loaves & Fishes, and community clinics.

Patient Navigator Program

The Patient Navigator Program represents an innovative partnership between Methodist Hospital and sister Dignity Health hospitals, Medi-Cal insurer, Health Net, community nonprofit, Sacramento Covered, and community clinics that are working together to increase access to care. The program engages navigators in the emergency department to directly assist patients admitting for non-urgent care. Navigators connect patients to a medical home, coordinate their care, follow their progress and offer other social support services, including transportation, when needed. In the first year since launching the program in August 2013, the program achieved its intended goals to improve quality of health, reduce emergency department admissions for non-urgent care, and lower health care costs. Nearly 4,000 patients were assisted in the calendar year 2014, with 80% receiving follow-up appointments with a primary care provider or clinic. Initial evaluation shows a significant reduction in emergency department readmissions - as much as 68%, by those patients assisted.

Healthier Living Chronic Disease Self-Management Program

Methodist Hospital, also in partnership with sister Dignity Health hospitals, fills a major gap for health prevention and education services in the region through its Healthier Living program. It is the only Chronic Disease Self-Management Program available at the community level that responds to the extremely high prevalence of chronic disease among underserved populations in Sacramento County. Healthier Living offers general chronic disease and diabetes specific workshops in both English and Spanish at various locations in the community, including Bruceville Terrace, low-income housing developments, food banks and other convenient locations for participants.

ReferNet Intensive Outpatient Mental Health Partnership

The hospital expanded its partnership in FY 2014 with nonprofit mental health provider, El Hogar, to address a serious need in the community for mental health services. ReferNet enables the hospital to link patients who admit to the emergency department to El Hogar for immediate follow-up and long-term intensive outpatient mental health care.

Details on these programs, a number of new initiatives in development, and other community benefit investments by Methodist Hospital are documented in more detail in this report. The total value of community benefit for FY 2014 is \$46,050,899, which excludes \$6,801,875 in unpaid Medicare costs.

MISSION STATEMENT

We share the mission of Dignity Health:

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

A commitment to improving the health of the community has been an essential part of Methodist Hospital's mission for over 40 years. The hospital is proud of its history of investing in community health programs and partnering with others to identify and address urgent health needs in the community it serves. Every three years, the hospital conducts a Community Health Needs Assessment (CHNA) that brings administrative and clinical leadership together with public health experts, nonprofit providers, representatives of medically underserved populations and other stakeholders to understand community needs and resources. The hospital uses the assessment to guide the development of health improvement strategies and investments that are aligned with priority health issues.

Priorities for community health improvement efforts focus on five broad areas of need specifically for underserved populations:

- Access to primary health care services, including the need for care coordination and case management
- Access to mental health treatment
- Safety as a health issue
- Access to preventative health services and education
- Access to housing/basic shelter

Initiatives that respond to these priority needs are conducted in collaboration with community partners to leverage resources and areas of expertise for higher impact, create a community-wide system of care and foster long-term sustainable change. Such programs, like the WEAVE Wellness Center, Healthier Living, the Patient Navigator Program and the Mercy Family Health Center, are incorporated into the hospital's strategic plan and tied to specific goals and measurable outcomes. Hospital leadership works with community benefit staff to plan, evaluate and budget for these initiatives each year.

Methodist Hospital's commitment to the health of its community is reflected through other key programs. Offered each year since 1990, the Dignity Health Community Grants Program is a way for the hospital to support the work of other nonprofit organizations that share the same mission to improve the health and lives of underserved populations. The grants program maintains a focus on the five priority areas of need and further encourages collaboration by requiring organizations to partner on programs in order to provide a greater continuum of care. In the 2014 grants cycle, for example, three organizations joined forces to ensure at-risk individuals were linked to both primary and mental health care, as well as substance abuse treatment and supportive housing if needed. In addition, the Dignity Health Community Investment Program is helping build community capacity by providing loans at below-market rate interest to nonprofit organizations that are working to increase access to health care, create jobs, develop low-income housing, and enhance educational opportunities for underserved populations. This investment opportunity has enabled both WellSpace Health and Elica Health Centers to achieve their designation as Federally Qualified Health Centers, and grow their operations.

Governance

Oversight for community benefit at Methodist Hospital is provided by the Dignity Health Sacramento Service Area Community Board. A dedicated Community Health Committee – a standing committee of the Board – helps guide the hospital's community benefit practices, ensuring that programs and services

address the unmet health needs of the community and promote the broader health of the region (see Appendix A for Dignity Health Sacramento Service Area Community Board and Community Health Committee Rosters). Specific roles and responsibilities of the Community Health Committee are to:

- Ensure services and programs align with the mission and values of Dignity Health and are in keeping with five core principles:
 - Focus on disproportionate unmet health and health-related needs
 - Emphasize prevention
 - Contribute to a seamless continuum of care
 - Build community capacity
 - Demonstrate collaborative governance
- Ensure the hospital follows uniform methods of accounting for community benefit activities and expenses
- Review and approve the Community Health Needs Assessment and ensure alignment of programs and services with priority health issues
- Evaluate and approve the community benefit budget
- Evaluate community benefit program design and content
- Monitor and evaluate program progress, and determine program continuation or termination

Non-Quantifiable Benefits

Recognizing that true health improvement requires shared ownership of strategies and goals, Methodist Hospital makes it a responsibility to engage with the community in many ways that are hard to measure and go beyond financial and programmatic investments. Whether serving on coalitions, boards or committees, members of the hospital's leadership and management teams volunteer significant time and expertise to help develop and implement strategies for long-term positive change in the health, wellbeing and economic vitality of the region. Leadership in the community extends to multiple organizations; from Sacramento County's Medi-Cal Managed Care Advisory Committee, which is focused on improving access and quality of care for Medi-Cal beneficiaries, to the Elk Grove Economic Development Corporation, which provides professional assistance to businesses and individuals opening or expanding operations. Members of the hospital's leadership team are also involved in the Mack Road Partnership, formed to address the area's safety and security issues, and promote economic development and area beautification.

The hospital maintains its leadership role with the Sacramento Region Health Care Partnership, which is focused on building safety net capacity. In FY 2014, the partnership launched its Learning Institute, aimed at facilitating an integrated health care delivery model among community clinics and fostering solutions that can improve administrative and service delivery systems. Also in FY 2014, Methodist Hospital, along with other health systems, initiated monthly meetings with Sacramento County leadership to influence actions related to the region's alarming mental health crisis. These meetings have evolved into the Sacramento County/Regional Hospital Collaborative focused on the development of innovative new strategies for mental health services; some of which hopefully will materialize over the next year.

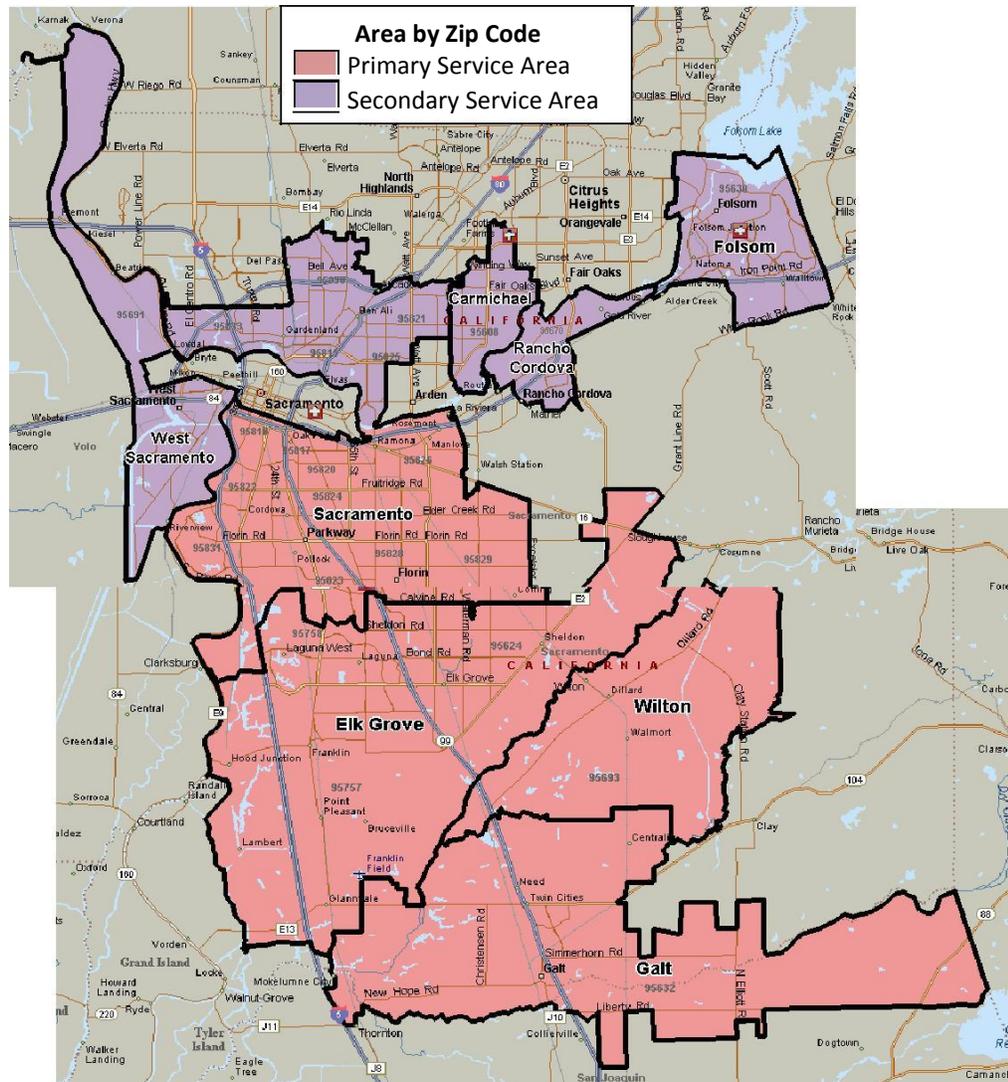
Internally, the hospital is increasingly focused on environmental stewardship, and has commissioned a new "Green Team" responsible for implementing strategies focused on contributing to a more sustainable earth-friendly environment through enhanced recycling efforts and composting of food waste. The hospital's goal is to achieve recognition by Practice Greenhealth and implement components of the Healthier Hospital Initiative. As part of this initiative, the hospital introduced healthy food options in FY 2014 for patients and their families.

COMMUNITY

Definition of Community

Methodist Hospital's community, or primary service area, in south Sacramento is defined as the geographic area which it serves and determined by analyzing patient discharge data. The hospital's primary service area (shown on the map below) is comprised of 12 zip codes (95624, 95632, 95693, 95758, 95820, 95822, 95823, 95824, 95828, 95829, 95831, and 95832). Zip code 95820, known as the Fruitridge area, is designated as a federal Medically Underserved Area (MUA).

Methodist Hospital Service Area



Description of the Community

There are over 1.4 million residents living in Sacramento County. Nearly 20% of all residents live below the Federal Poverty Level. A large segment of this underserved population (337,000 residents) is eligible for Medi-Cal insurance under the Affordable Care Act, but unfortunately, having insurance does not equate to having access to care in Sacramento. The region's safety net is ill-prepared to serve this population, or as

Community Health Needs Assessment participants explained: "...The few times when you are able to get service at the clinics, the wait is very long and you just get the minimal care..." There is no sign that government-funded services that were eliminated during the recession will be reinstated and efforts to build capacity at the community level are only now just beginning to take shape.

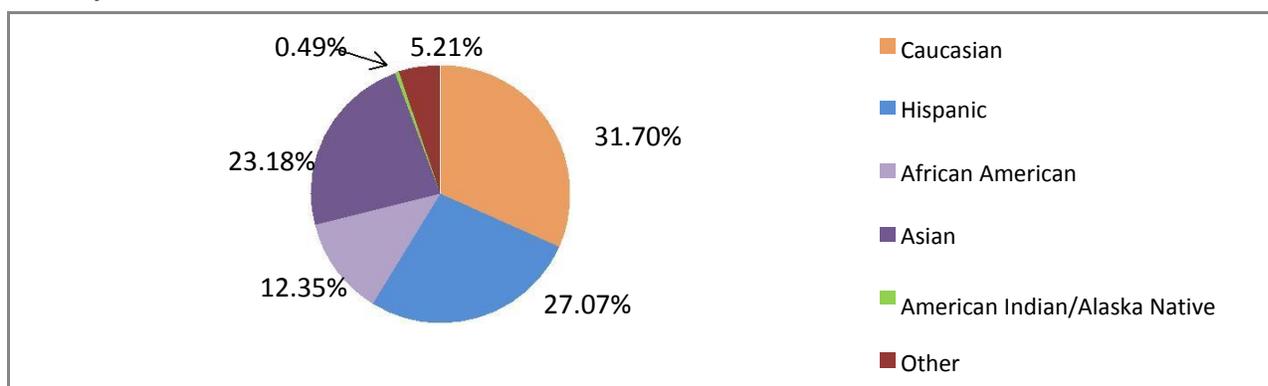
The region continues to be heavily dependent upon Methodist Hospital to fill a monumental gap in needed safety net services. There are over 30,000 Medi-Cal-insured individuals and families residing within the hospital's primary service area alone, and a severely limited number of community providers to serve them. The hospital's utilization trends show that the numbers of underserved individuals turning to the emergency department for basic primary care have tripled over the past five years. These trends align with Community Health Needs Assessment findings and underscore the reason why the hospital has selected this issue as a priority area of focus.

Equally, or more concerning, is the serious lack of services and treatment options in the region for the mentally ill. Methodist Hospital's emergency department has become a refuge for individuals in mental crisis. Nearly 3,000 individuals were admitted to the hospital with mental illness in FY 2014; 60% of these admissions involved acute mental illnesses that required inpatient psychiatric care. It was necessary for the hospital to hold these patients in many cases as long as 10 days before treatment facilities could be located, and many residents had to be transferred out of the County in order to receive care. Methodist Hospital has taken significant steps to ensure quality of care while patients are in the hospital, and is leading efforts to bring about the broader system change needed to ensure government and community-wide accountability for long term mental health solutions.

Demographics of the Community

Methodist Hospital's primary service area encompasses a large and diverse portion of south Sacramento County. The area includes the suburban communities of Elk Grove, Laguna, Wilton and Galt. There are 611,618 residents living within the hospital's primary service area. Other demographics include:

Diversity



- **Median Income:** \$53,217
- **Uninsured:** 14.55%
- **Renters:** 34.2%
- **Unemployment:** 7.6%
- **No High School Diploma:** 20%
- **Other Area Hospitals:** Sutter Health; Mercy General Hospital; UC Davis Medical Center; Kaiser Permanente; Woodland Healthcare; Mercy San Juan Medical Center

COMMUNITY BENEFIT PLANNING PROCESS

Community Health Needs Assessment Process

Methodist Hospital completed its most recent Community Health Needs Assessment (CHNA) in spring of 2013, in partnership with nonprofit research organization, Valley Vision, regional health systems, public health experts, Sierra Health Foundation, and California State University, Sacramento. The process engaged multiple community stakeholders over a nine-month period, that in addition to residents, included school district officials, physicians, leaders of community health and social service organizations, and the 70-member Healthy Sacramento Coalition.

The study area included the hospital’s primary service area. Zip code boundaries were selected as the unit-of-analysis for most indicators to allow for closer examination of health outcomes at the community level, which are often hidden when viewed at the county level. Some indicators (demographic, behavioral, and environmental in nature) were included in the assessment at the census tract, census block, or point prevalence level, which again, allowed for deeper community level examination. A specific objective was to identify communities experiencing disparities related to chronic disease and mental health.

The assessment used a mixed methods research approach. Primary qualitative data was obtained from interviews with hospital clinical and community benefit staff members and 25 key informants (area health and community experts). Five focus groups were conducted with area residents, and phone interviews and website analyses were conducted to assess community health assets. Secondary quantitative data was collected on health, demographic, behavioral, and environmental factors. County, state, and Healthy People 2020 targets (when available) were used as benchmarks to determine severity of health issues. Secondary data collected included information on the specific factors shown in Tables 1 and 2.

Table 1: Emergency Department Visits, Hospitalization, Mortality

Emergency Department and Hospitalization		Mortality	
Accidents	Hypertension*	All-Cause Mortality*	Infant Mortality
Asthma	Mental Health	Alzheimer’s Disease	Injuries
Assault	Substance Abuse	Cancer	Life Expectancy
Cancer	Stroke*	Chronic Lower Respiratory Disease	Liver Disease
Chronic Obstructive Pulmonary Disease	Unintentional Injuries	Diabetes	Renal Disease
Diabetes*	Self-inflicted injury	Heart Disease	Stroke
Heart Disease*		Hypertension	Suicide

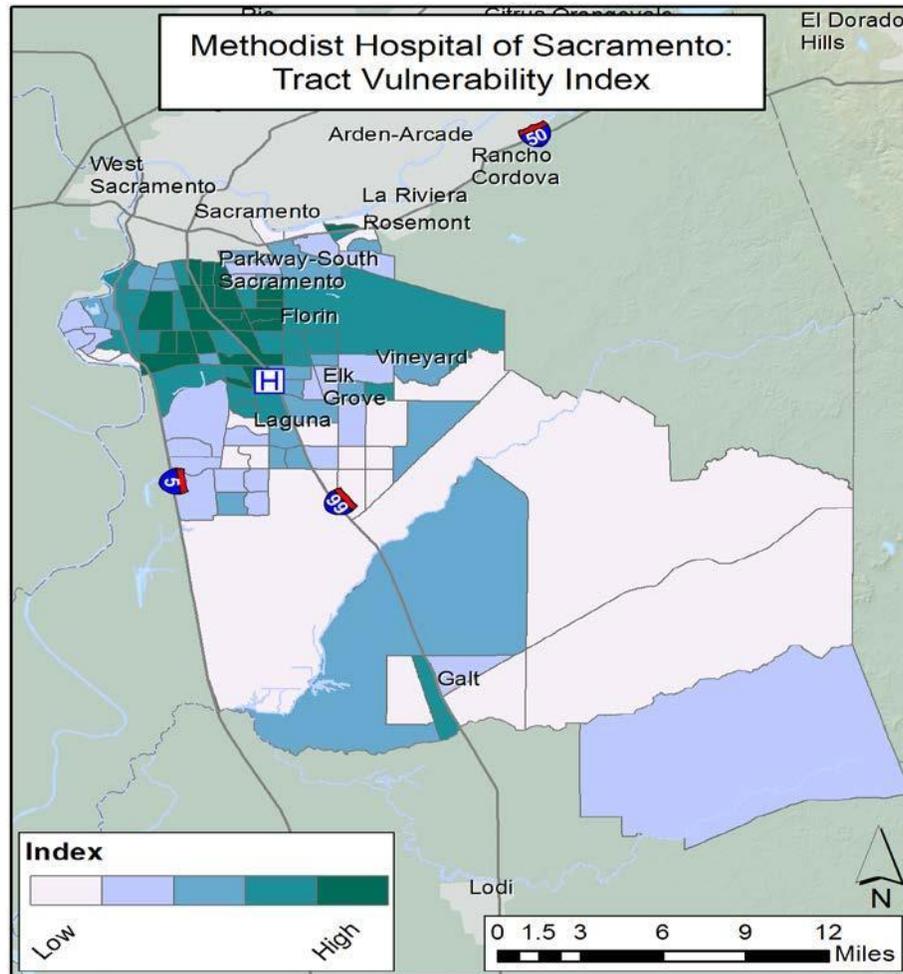
*Age adjusted by 2010 California standard population

Table 2: Socio-Demographic, Behavioral, and Environmental

Socio-Demographic		Behavioral and Environment	
Total Population	Limited English Proficiency	Major Crime	Percent Obese/Overweight
Family Make-up	Percent Uninsured	Assault	Fruit/Vegetable Consumption
Poverty Level	Percent over 25 No High School	Unintentional Injury	Farmers Markets
Age	Percent Unemployed	Fatal Traffic Accidents	Food Deserts
Race/Ethnicity	Percent Renting	Park Access	Retail Food
Physical Wellbeing Profile			
		Age-Adjusted Mortality	Life Expectancy
		Infant Mortality	Health Care Professional Shortage
		Health Assets	

Identifying Vulnerable Communities

Socio-demographics were examined to identify neighborhoods in the hospital's service area with high vulnerability to chronic disease and mental health. Race/ethnicity, household make-up, income, and age variables were combined into a vulnerability index that described the level of vulnerability within each census tract. This index was then mapped for the entire service area. A tract was considered more vulnerable, or more likely to have poor health outcomes than others, if it had a higher: 1) percent Hispanic or non-White population; 2) percent single parent headed households; 3) percent below 125% of the poverty level; 4) percent under five years old; and 5) percent of individuals 65 years of age or older. This information helped identify areas that required a greater level of examination and discussion with key informants. The vulnerability index for the hospital's service area is shown below.



Focus Group Selection

Areas selected for focus groups were determined from key informant feedback and through the analysis of health outcome indicators (emergency department visits, hospitalization, and mortality rates). Key informants were asked to identify populations that were most at risk for health disparities and mental health issues. In addition, an analysis of health outcome indicators by zip code, race and ethnicity, age, and sex revealed communities with high rates that exceeded state and county benchmarks and Healthy People 2020 targets.

Communities of Concern

To identify communities of concern, primary data from key informant interviews, and detailed analysis of secondary data, health outcome indicators, and socio-demographics were examined, as well as rates within zip codes that exceeded county, state, or Healthy People 2020 benchmarks for emergency department utilization, hospitalization, or mortality.

Analysis of data revealed six communities of concern including Tahoe Park (95820); Meadowview (95822); Fruitridge (95823); Parkway (95824); Florin (95828); and Lower Meadowview (95832). These six areas of concern are home to more than 250,000 residents who are highly diverse, have high rates of poverty, low educational attainment, high levels of unemployment, and rent versus own their homes. There are more single female-headed households and elderly residents 65 years of age or older living in poverty in these areas than the national average. At least 73% of residents in all six zip codes reported to be non-Caucasian or Hispanic.

Priority Health Needs

The assessment identified significant priority health issues across the hospital's primary service area. These health issues were seen in greater magnitude within the communities of concern:

- Safety as a health issue
- Lack of housing/basic shelter (stress of living in poverty)
- Lack of access to primary health care services, including care coordination and case management
- Lack of access to healthy food
- Lack of access to mental health treatment and prevention services
- Lack of alcohol/drug abuse treatment programs and prevention programs
- Unhealthy food environment
- Limited opportunities for physical activity engagement
- Lack of access to health prevention programs and screening
- Lack of access to dental screenings and dental care services

In particular, lack of access to primary and mental health care, lack of access to preventative health services for chronic illness, and safety conditions were consistently mentioned in the qualitative phase of the assessment as conditions affecting many area residents. Area experts and community members repeatedly reported the immense struggle residents had in accessing treatment for mental health.

Communicating the Results

Results of the assessment have been widely disseminated. Forums to examine the findings were conducted within the hospital, and copies of the assessment were made available to local government officials and nonprofit community-based organizations across the region. The assessment is posted on the Dignity Health Website, www.DignityHealth.org (see Attachment 1 for the full report), and also available on the Healthy Living Website (www.healthylivingmap.com), a site developed and provided to the public by Methodist Hospital and other health system partners.

Assets Assessment

With the hospital's emphasis on collaborating with partners for more impactful health improvement efforts, gaining a more in-depth understanding of the available resources in the community was an important consideration in the assessment process. There were nearly 40 community resources identified

and evaluated. The hospital is currently working with a number of these resources; several others are now being targeted for future partnership initiatives.

Through financial support and partnership programs like the WEAVE Wellness Center, Patient Navigator Program and the Dignity Health Community Grants, Methodist Hospital has established strong relationships within the community. The hospital works with all of the local Federally Qualified Health Centers, including WellSpace Health, Elica Health Centers, HALO, Cares Community Health and Health for All. The hospital also works closely with numerous other providers and social service agencies such as iCAN, El Hogar, Sacramento Covered, Salvation Army, and Mercy Housing on initiatives that address mental health, homelessness, domestic violence, enrollment, and health education. New relationships and partnership initiatives are currently being forged with organizations identified through the assets assessment. Methodist Hospital will pilot several new programs in FY 2015; among them an innovative housing first model for homeless individuals in partnership with Lutheran Social Services, and a creative mental health navigation program with Turning Point for individuals in mental crisis. A complete listing of community assets within Methodist Hospital's primary service area can be found in the Community Health Needs Assessment in Attachment 1.

Implementation Plan Development

In participation with assessment partners, stakeholders and the Dignity Health Community Health Committee, Methodist Hospital used the following criteria to evaluate and prioritize community health issues:

1. Magnitude/scale of the problem. The health need emerged consistently through the assessment process as significant and important to a large diverse group of community stakeholders.
2. Severity of the problem. The health need leads to serious effects (co-morbid conditions, mortality and/or economic burden for those affected and the community).
3. Problem linked to high utilization rates. The health need is evidenced by high emergency department and inpatient admissions that could be prevented if adequate resources were available in the community.
4. Internal assets. Methodist Hospital has the ability to make a meaningful contribution to respond to the problem through clinical expertise and/or financial resources.
5. Disproportionate impact. The problem disproportionately impacts the health of underserved and vulnerable populations.
6. Evidence-based approaches. There are demonstrated evidence-based practices available that can be applied to effectively address the problem.
7. Assessment trends. The problem consistently emerges as a priority in past assessments.
8. Leveraging resources. There is consensus among stakeholders that the problem is a priority, and there is opportunity to collaborate with others to address the problem.

Through this process of evaluation, five priority health issues were selected from the broader list of priorities identified in the Community Health Needs Assessment as specific areas of focus for the hospital. These include: 1) access to primary health care services, including the need for care coordination and case management; 2) access to mental health treatment; 3) safety as a health issue; 4) access to preventative health services and education and; 5) access to housing/basic shelter. Initiatives that address these priorities will target vulnerable and at-risk populations, with emphasis on identified communities of concern and collaboration with other Dignity Health hospitals and community partners to maximize efforts and have a greater region-wide impact. Initiatives will also require methodologies be developed to

measure and demonstrate health improvement outcomes. Methodist Hospital will continue to work with its partners to refine goals and strategies over time to ensure they effectively address the needs identified.

Implementation Strategies/Actions

1. Access to Primary Health Care Services Including Care Coordination and Case Management The Community Health Needs Assessment found there were significant barriers that contribute to poor access to primary health care. While capacity remains a major concern, equally troublesome is the fragmentation that exists within the region's safety net and the lack of attention paid by providers to outreach, education, care coordination, and cultural competency. These issues came up numerous times in the Community Health Needs Assessment. As one respondent said, "The hospital is incredible about providing care, but when it comes to care transition, when you leave the hospital, it's like walking off a cliff." Confusion about Medi-Cal eligibility, long waits to see a doctor (weeks and often months), and a poor public transportation system present additional barriers to care. Initiatives by the hospital to address the need for increased access to care take these barriers, which are also identified as priority health needs, into consideration. A few of these initiatives are highlighted below.

Mercy Family Health Center

Operating as part of Methodist Hospital's Family Practice Residency Program, the Mercy Family Health Center provided care and treatment to nearly 17,000 underserved residents in 2014. The health center continues to increase capacity, and has expanded services at other locations in the community, including Sacramento Loaves & Fishes and community clinics. Residency physicians are also actively involved in the Elk Grove School District's Adopt a School program.

Patient Navigator Program

Patient navigators play a key role connecting patients seen and treated at the hospital to medical homes at community health centers and provider offices throughout the region. The Patient Navigator Program represents a unique collaboration between Methodist Hospital and other Dignity Health hospitals in Sacramento, Health Net, a Medi-Cal Managed Care insurance plan, Sacramento Covered, a community-based nonprofit organization, and community clinics in the region. The program targets the uninsured and Medi-Cal -insured who admit to the emergency department for non-urgent (primary care) needs, and aims to increase access to timely, appropriate care in the community, decrease reliance on emergency departments for non-urgent care, and lower cost. In addition to increasing access to care, the program begins to build a much needed system of care coordination within the safety net.

Under the program model, Sacramento Covered navigators are directly stationed in the emergency department and assist patients in a variety of ways that include:

- Scheduling timely follow-up appointments with providers and clinics
- Making connections to social support services
- Providing education on current health plan coverage and/or scheduling for enrollment assistance
- Making referrals into the hospital's chronic disease prevention programs
- Making appointment reminder calls and arranging for transportation if needed
- Following up after appointments to assess satisfaction

Navigators from Sacramento Covered bring special skills to the program, including experience working with the target population, knowledge of the region's clinics and social service agencies, an understanding of

the complex Managed Medi-Cal system, and cultural competency. They are also trained to use multiple systems at the hospital, including Mobile MD, a health information exchange system that enables them to communicate in real time with providers and clinics and securely exchange health data.

The program was launched in August 2013. As of August 2014, 4,000 patients have been assisted with a high level of success. Detail on outcomes can be found in the “Description of Key Programs and Initiatives - Program Digests” section of this report.

WellSpace Health Expansion for Women

Methodist Hospital was instrumental in enabling WellSpace Health to assume the Health Care for Women practice, during FY 2014. This robust private OB/GYN practice for pregnant women, located in offices on the hospital campus, was quickly becoming unsustainable due to Medi-Cal reimbursement reductions. With a more favorable Medi-Cal reimbursement rate as a Federally Qualified Health Center, WellSpace Health has been able to stabilize the practice, retain 45 employees, and transition patients seamlessly during the transition. Future plans for the new Community Health Center for Women include expansion into primary care services for both women and children.

Cancer Nurse Navigator

The Cancer Nurse Navigator program was introduced by the hospital in FY 2014, to increase access to care for patients with breast cancer. The program is designed to help patients navigate the maze of options related to breast cancer and to complement and enhance services provided by physicians. Nurses provide information, resources and referrals for follow-up biopsies and other treatments that low-income patients otherwise would not be able to access. They provide education, and support both patients and families in dealing with the stresses of being diagnosed with cancer. Nurse navigators also coordinate a peer support volunteer program.

Dignity Health Community Grants Program

Conducted annually by the hospital, the Dignity Health Community Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing access to care, and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.

2. Access to Mental Health Treatment

Mental illness is perhaps the most pronounced health care problem in the region. Community participants in the Community Health Needs Assessment summarized the problem well: “...A lot of mental health services that were available are gone now...Something really bad has to happen before you can get any mental health treatment...” Overall care for people with mental illness in the region, rather than improve, has grown worse over the last half decade. Methodist Hospital, affiliate Dignity Health hospitals, and other health systems are working together to develop strategies and drive the system change that is needed to address this region’s mental health crisis. Partners began meeting monthly with Sacramento County leadership in FY 2014 to better understand County mental health care obligations, share utilization trends and play a role in shaping plans for future services that are considered critical to addressing the issue. The hospital also continues its leadership role on the Community Mental Health Partnership, convened by the Hospital Council of Northern & Central California, and continues to evaluate new internal initiatives and external partnerships to improve quality of care for the mentally ill.

ReferNet Intensive Outpatient Mental Health Partnership

ReferNet is a promising mental health initiative being conducted in partnership with community-based nonprofit mental health provider El Hogar. The program provides a seamless way for individuals admitting to the emergency department with mental illness to receive immediate and ongoing intensive outpatient treatment and other social services they need for a continuum of care when they leave the hospital. Emphasis is on the underserved who otherwise would not have access to mental health care. There were 243 individuals successfully linked to care through this partnership in FY 2014.

Navigation to Wellness Program

Starting in FY 2015, clinicians and peer support specialists from Turning Point will be working side by side with emergency department staff at Methodist Hospital to link mentally ill patients to appropriate public and community behavioral health services needed for wellness. The program targets underserved individuals who may be unaware of available services. Turning Point has provided a path to mental health for residents in the region since 1976, and can share with the hospital its best practice approaches to mental health care. Emergency department staff will be trained to better identify individuals who are in need of additional community support services, and to identify which services are most suitable for specific individuals.

Mental Health Consultations and Conservatorship Services

The hospital continues to provide psychiatric consultations at no cost for all patients who require evaluations while hospitalized, as well as patient conservatorship services to those who lack capacity or family help to make decisions. These services were provided to nearly 3,000 individuals in FY 2014.

3. Safety as a Health Issue

Of the 18,000 domestic violence and sexual assault calls for help in Sacramento County, nearly 30% are made from individuals living within Methodist Hospital's primary service area in south Sacramento. Statistics are similar for those residents in south Sacramento in need of safe shelter, counseling and legal assistance related to domestic violence and sexual assault. It is not surprising that domestic violence and sexual assault were identified in the Community Health Needs Assessment as key contributing factors impacting safety in south Sacramento, particularly among the poor and vulnerable populations. While Sacramento County recognizes domestic violence is a major public health concern, resources fall short of being able to address unmet needs, particularly in outlying south Sacramento communities. Methodist Hospital, in partnership with WEAVE (Women Escaping a Violent Environment) and law enforcement, is working to bridge this lack of services.

WEAVE Wellness Center

Over 300 south Sacramento clients received critical domestic violence and sexual assault services at the WEAVE Wellness Center in FY 2014. The center is the only local service providing access to care for victims in south Sacramento. Located on the campus of Methodist Hospital, the center offers triage, intake, mental health and counseling services, education, case management and other support services under one roof. Victims can also access a confidential safe house through the center. Financial and in-kind facilities support from the hospital enables the center to operate. The hospital also provides primary and preventative health care for victims at its Mercy Family Health Center, and a hospital-based domestic violence program in partnership with WEAVE that ensures quality health care interventions in the emergency department. Over 90% of all those served are low-income women and their children. Almost 50% of the center's clients are Hispanic.

4. Access to Preventative Health Services and Education

Chronic disease was consistently mentioned in the 2013 Community Health Needs Assessment as a condition affecting a large number of residents, and has been identified as such in all past assessments. Assessment participants described the lack of available education and support services as major barriers to staying healthy, leading normal lives, and keeping their costs for health care in check. An inability for individuals to manage their chronic disease is also a cause for high emergency department readmission rates. Methodist Hospital, in partnership with other Sacramento area Dignity Health hospitals, offers the only community-based chronic disease specific health prevention and education programs available.

Healthier Living

Methodist Hospital continues to expand its Chronic Disease Self-Management and Diabetes Self-Management Program, Healthier Living, which follows the evidence-based Stanford University School of Medicine model. The program is taught in both English and Spanish and designed to provide participants who have chronic diseases with the knowledge, tools and motivation needed to become proactive in their health. Healthier Living workshops target the underserved and are offered in both clinical and community settings, like low-income housing developments in partnership with Mercy Housing, at community clinics, and food banks, as well as at the hospital's skilled nursing facility, Bruceville Terrace, and other locations that provide easy access for participants. Consistently, more than 80% of all who complete the workshops are able to successfully increase their self-efficacy and avoid hospitalization. In FY 2014, 18 new community volunteers were trained as program "Master Trainers," which builds significant capacity in the community for carrying the program forward.

CHAMP®

CHAMP® (Congestive Heart Active Management Program) provides support and assistance to those who suffer from heart failure and disease. The program keeps individuals linked to the medical world once they leave the hospital through symptom and medication monitoring and education. Consistently, the program achieves an 80% or better reduction in hospital readmissions by participants each year. The hospital's CHAMP® team has moved into the community as well, partnering with Mercy Housing, community clinics and other organizations to provide education and health screenings to low-income residents.

1. Access to Housing/Basic Shelter

Sacramento has been referred to as ground zero for California's homeless crisis². Although the size of its homeless population does not compare to larger cities in the State, its high foreclosure rates during the recession led hundreds of people to the streets or to live in their cars. In 2009, government officials revealed a long-term strategy to end homelessness involving new pathways to permanent housing, case management, job training and transitional safety net services. Since then, however, the numbers of homeless women and children has only increased. Today, the estimated number of homeless individuals in the region approaches 3,000, up by several hundred just since 2011³. With over 100 hospitalizations annually by homeless individuals who have acute medical needs, no family, no shelter and no means of support, Methodist Hospital experiences the urgency of this problem first hand. The hospital is working with community leaders and homeless advocates to build capacity in the community to ensure this population has access to resources and services. The hospital also began work on two homeless initiatives in FY 2014 that will be launched in FY 2015.

² Baram, M. (2/9/2013). *California Crisis Grows as State is Reluctant to Use Powerful Law*. Huffington Post.

³ Sacramento Steps Forward (2013). Sacramento County Homeless Count Report

Housing First Homeless Program

In partnership with Lutheran Social Services, Methodist Hospital will pilot a Housing First Homeless Program in FY 2015 that aims to assist homeless individuals with severe chronic health and mental health issues in obtaining and retaining housing, care and services designed to achieve stability in their lives. Hospital case managers will work directly with Lutheran social services staff to identify participants who will be housed in supportive living apartments and receive intensive case management and supportive services. Ongoing health care for these participants will be provided by Methodist Hospital's Mercy Family Health Center and Mercy Home Care, with the goal of transitioning participants into permanent housing. Lutheran Social Services has a strong track record of success in serving those that are hardest to serve because of the length of time that many individuals have been homeless and the severity of their disabilities. A hospital core team and Lutheran Social Services will meet quarterly and work together to monitor and track the progress of participants.

Homeless Outreach Project

Development also began in FY 2014 for a new Homeless Outreach project in partnership with Sacramento Steps Forward, Sacramento Loaves & Fishes, and the Downtown Sacramento Foundation. A network of navigators from the Downtown Sacramento Partnership will outreach to the most vulnerable chronically homeless individuals on the street or in the emergency department with the intent to connect them to supportive services, mental health care and appropriate housing placement options. The collaboration will pioneer the use of an integrated coordinated assessment tool and central intake center. The hospital emergency department will be linked to navigators as well as the central intake center.

Interim Care Program (ICP)

Methodist Hospital continues to support and take an active role in the Interim Care Program (ICP). This collaborative engages other Dignity Health hospitals and health systems in the region, the Salvation Army, Sacramento County and WellSpace Health, and provides a respite care shelter for homeless patients who are ready to be discharged from the hospital but have no family or means of support. In addition to safe shelter, the ICP offers follow-up physical health care, mental health care and substance abuse treatment, enrollment services for public programs, and case management services.

Needs Not Prioritized

Methodist Hospital responds to the health needs of its community in many ways, and in times that are critical for those in crisis. In addition to financial assistance, indigent care, and un-funded Medi-Cal care, a significant investment is being made to address the five priority health needs outlined in this report. While Methodist Hospital has focused on these priority areas, this report is not exhaustive of everything the hospital does to enhance the health of its community. However, the needs in Sacramento County are monumental and Methodist Hospital does not have the available resources to develop and/or duplicate efforts to meet them all. The hospital is not directly addressing dental care, or the need for healthy foods. First 5 Sacramento Commission, WellSpace Health, Health and Life Organization, and the Sacramento District Dental Society are providing dental care. Kaiser Permanente is addressing the need for healthy foods through its Healthy Eating Active Living (HEAL) Program. Methodist Hospital has, and will continue, to provide support to enhance these efforts. The hospital will also continue to seek collaboration opportunities that address needs that have not been selected where it can appropriately contribute to addressing those needs.

Planning for the Uninsured/Underinsured Patient Population

Methodist Hospital 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% 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 the hospital serves are posted in the emergency department, 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 providing prescription medications, transportation, mental health consultations and conservatorship services at no cost. For years, Methodist Hospital has provided enrollment assistance for the underserved. These efforts were enhanced in FY 2014 to support implementation of the Affordable Care Act. The hospital hosted numerous enrollment fairs in the community in partnership with community-based nonprofit Sacramento Covered to provide assistance during open enrollment to those seeking coverage through the Health Benefit Exchange and Medicaid expansion.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Summary of Key Programs and Initiatives

Key community benefit initiatives and community-based programs directly provided, or substantially supported, by Methodist Hospital in FY 2014 are summarized below. These initiatives and programs are mapped to align with the four priority health areas identified in the Community Health Needs Assessment and are guided by five core principles:

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

Initiative I: Access to Primary Health Care Services, Including the Need for Care Coordination and Case Management

- Financial assistance
- Mercy Family Health Center
- Patient Navigator Program
- Cancer Nurse Navigator
- WellSpace Health Expansion for Women
- SPIRIT Specialty Referral Program
- Dignity Health Community Grants Program
- Dignity Health Community Investment Program
- School Health Nurse Program
- Charity prescriptions
- Community health screenings
- Healthy Kids Day
- Participation in Sacramento Region Health Care Partnership
- Participation in Sacramento County Medi-Cal Managed Care Advisory Committee

Initiative II: Access to Mental Health Treatment

- ReferNet Intensive Outpatient Mental Health Partnership
- Navigate to Wellness (currently developing this new partnership program with Turning Point for implementation in FY 2015)
- Mental health consultations and conservatorship services
- Financial support to private psychiatric treatment facilities to cover cost of uninsured patients
- Mobile Crisis Team
- Participation in the Sacramento County/ Regional Hospital Collaborative
- Participation in Community Mental Health Partnership

Initiative III: Safety as a health issue

- WEAVE Wellness Center
- Chicks in Crisis
- Mack Road Partnership

Initiative IV: Access to Preventative Health Services and Education

- Healthier Living (Chronic Disease Self-Management/Diabetes Self-Management Programs)
- CHAMP® (Congestive Heart Active Management Program)
- Participation in American Diabetes Association
- Safe Kids Program
- Mercy Faith and Health Partnership

Initiative V: Access to Housing/ Basic Shelter

- Interim Care Program (ICP)
- Homeless Housing First Program (completed development in FY 2014 for start-up in FY 2015 in partnership with Lutheran Social Services)
- Homeless Outreach Project (development began in FY 2014; program will launch in FY 2015 in partnership with Sacramento Steps Forward, Sacramento Loaves & Fishes, and the Downtown Sacramento Foundation)

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Dignity Health Sacramento Service Area Community Board and Community Health Committee, hospital leadership, and Dignity Health receive updates on program activities and outcomes. The following pages include Program Digests for key programs that address one or more of the initiatives listed above.

DESCRIPTION OF KEY PROGRAMS AND INITIATIVES - PROGRAM DIGESTS

MERCY FAMILY HEALTH CENTER	
Hospital Priority Areas	<ul style="list-style-type: none"> ✓ Access to Primary Health Care Services, Including the Need for Care Coordination and Case Management ☐ Access to Mental Health Treatment ☐ Safety as a Health Issue ✓ Access to Preventative Health Services and Education ☐ Access to Housing/Basic Shelter
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	Access to primary care and health prevention programs are priority health needs identified in the CHNA, and evident through the high utilization of the hospital's Emergency Department by underserved populations who admit for non-urgent care.
Vulnerable Population	
Program Description	The Mercy Family Health Center is a part of Methodist Hospital's Family Practice Residency Program, and fills a major need to increase access to primary and preventative health care for the underserved.
FY 2014	
Goal FY 2014	Maintain high quality of care and increase primary care capacity for Medi-Cal and uninsured populations while providing a teaching environment for residents needed to build provider network capacity.
2014 Objective Measure/Indicator of Success	Continue to expand capacity of the center and ensure cultural competency among residents.
Baseline	Access to primary health care is a priority need, particularly with the Medi-Cal expansion under the Affordable Care Act. Despite insurance coverage, individuals remain challenged to find care due to limited capacity.
Intervention Strategy for Achieving Goal	Increased outreach regarding available services and linked center with community partners.
Result FY 2014	16,935 patient visits
Hospital's Contribution / Program Expense	\$3,728,836
FY 2015	
Goal 2015	Maintain high quality of care and increase primary care capacity for Medi-Cal and uninsured populations while providing a teaching environment for residents needed to build provider network capacity.
2015 Objective Measure/Indicator of Success	Continue to expand capacity of the center and ensure cultural competency among residents.
Baseline	Access to primary health care is a priority need, particularly with the Medi-Cal expansion under the Affordable Care Act. Despite insurance coverage, individuals remain challenged to find care due to limited capacity.
Intervention Strategy for Achieving Goal	Continue outreach and partnership efforts; provide opportunities to residents to serve the community in other capacities.
Community Benefit Category	C3-Hospital Outpatient Services

PATIENT NAVIGATOR PROGRAM

Hospital Priority Areas	<ul style="list-style-type: none"> ✓ Access to Primary Health Care Services, Including the Need for Care Coordination and Case Management ☐ Access to Mental Health Treatment ☐ Safety as a Health Issue ✓ Access to Preventative Health Services and Education ☐ Access to Housing/Basic Shelter
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 CHNA Vulnerable Population	Access to primary care and the difficulty in navigating the safety net system are priority issues. The need for patient navigation and case management is evident in the high Emergency Department (ED) utilization rates by Medi-Cal-insured and uninsured patients for non-urgent care (30% of all visits).
Program Description	The program is a collaborative initiative between the hospital, Health Net, Sacramento Covered and community health centers. It uses health information technology (MobileMD) and shared case management support to assist patients who rely on EDs for non-urgent needs because they are unable to navigate a fragmented safety net by connecting them to a medical home in an appropriate setting.

FY 2014

Goal FY 2014	Assist underserved patients admitting to the EDs for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned Primary Care Provider (PCP) and other social support services to reduce their reliance on EDs, and improve their health.
2014 Objective Measure/Indicator of Success	Over 50% of all ED visits are for primary care and could be avoided if care was received in a physician's office or clinic. The program is measured by improved access for patients, reduced ED primary care visits, and reduced cost.
Baseline	Access to primary care is a priority CHNA health issue resulting in high utilization of the ED for basic care.
Intervention Strategy for Achieving Goal	Weekly/monthly meetings to trouble shoot, track progress, etc. with navigators, partners and ED program teams.
Result FY 2014	Assisted 931 patients in FY 2014 (scheduling follow up appointments at PCP for over 80%). Reduction of non-urgent usage by 52% and urgent care by 47% across all hospitals for population served.
Hospital's Contribution / Program Expense	\$127,128

FY 2015

Goal 2015	Assist underserved patients admitting to the EDs for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned PCP and other social support services to reduce their reliance on EDs, improve their health and lower cost.
2015 Objective Measure/Indicator of Success	Over 50% of all ED visits are for primary care and could be avoided if care were received in a physician's office or clinic. Program will be measured by improved access for patients; reduced ED primary care visits; and reduced cost.
Baseline	Access to primary care is a priority CHNA health issue resulting in high utilization of the ED for basic care.
Intervention Strategy for Achieving Goal	Weekly/monthly meetings to trouble shoot, track progress, etc. with navigators, partners and ED program teams.
Community Benefit Category	A3-e Health Care Support Services – Information & Referral.

WEAVE WELLNESS CENTER

Hospital Priority Areas	<ul style="list-style-type: none"> ✓ Access to Primary Health Care Services, Including the Need for Care Coordination and Case Management ✓ Access to Mental Health Treatment ✓ Safety as a Health Issue ✓ Access to Preventative Health Services and Education ✓ Access to Housing/Basic Shelter
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	Domestic violence and sexual assault is a priority health issue identified in both the CHNA and by The California Endowment as part of their research for the Building Healthy Communities initiative. The
Vulnerable Population	WEAVE Wellness Center addresses the lack of access to domestic violence and sexual assault services in south Sacramento.
Program Description	WEAVE and Methodist Hospital partnered to create a new model of comprehensive care for victims of domestic and sexual assault. The WEAVE Wellness Center is located on the hospital campus offering triage, crisis intervention, mental health counseling and social support, with an emphasis on culturally competent services to south Sacramento's large Hispanic community. Clients have access to primary care as well at Methodist Hospital's Mercy Family Health Center

FY 2014

Goal FY 2014	Improve access to care, quality interventions and social support services for victims of domestic violence and sexual assault in the south Sacramento community.
2014 Objective Measure/Indicator of Success	Outreach to vulnerable neighborhoods to expand services to 300 poor and at-risk individuals who lack services.
Baseline	The WEAVE Wellness Center fills a major gap in domestic violence and sexual assault services within the hospital's service area, which was identified in assessments.
Intervention Strategy for Achieving Goal	Significant outreach was conducted in the community to create awareness about services, and continued training was provided at the hospital to identify and provide quality interventions. A tracking and evaluation system was also created.
Result FY 2014	338 underserved women and children received domestic violence services and counseling. New outcomes measurement reflects the program is meeting a need for a large Hispanic population.
Hospital's Contribution / Program Expense	\$50,000

FY 2015

Goal 2015	Continue to grow the number of clients served through outreach, and further engage hospital staff.
2015 Objective Measure/Indicator of Success	Serve over 350 clients, including those residing within Communities of Concern.
Baseline	The WEAVE Wellness Center fills a major gap in domestic violence and sexual assault services within the hospital's service area, which was identified in assessments.
Intervention Strategy for Achieving Goal	Increase community outreach and ensure accountability of outcomes measurement.
Community Benefit Category	E1-a Financial Donations – General contributions to nonprofit organizations/Community Groups

HEALTHIER LIVING CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP)

Hospital Priority Areas	<ul style="list-style-type: none"> <input type="checkbox"/> Access to Primary Health Care Services, Including the Need for Care Coordination and Case Management <input type="checkbox"/> Access to Mental Health Treatment <input type="checkbox"/> Safety as a Health Issue <input checked="" type="checkbox"/> Access to Preventative Health Services and Education <input type="checkbox"/> Access to Housing/Basic Shelter
Program Emphasis	<ul style="list-style-type: none"> <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 CHNA Vulnerable Population	Chronic disease is identified as a priority health issue in the current and past CHNAs. The program specifically targets underserved residents who otherwise lack access to health prevention and education.
Program Description	Following the Stanford model, Healthier Living provides residents with chronic diseases (emphasis on Diabetes) knowledge, tools and motivation needed to become proactive with their health.

FY 2014

Goal FY 2014	Provide education and skills to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission post intervention.
2014 Objective Measure/Indicator of Success	Continue to meet/exceed metric goal. Develop new lay leaders and community partners in order to expand workshop offerings and participants. Seek further collaboration to expand program throughout the community.
Baseline	Chronic disease, including, heart disease, diabetes, stroke, asthma and cancer plagues the region and accounts for high ED and inpatient admissions. Chronic disease is identified as a priority CHNA health issue.
Intervention Strategy for Achieving Goal	Outreach to the community clinics and other nonprofits. Continue to build community partnerships for expansions of workshops. Continue to identify community lay leaders. Develop partnerships for growth.
Result FY 2014	19 CDSMP and Diabetes workshops were conducted in both English and Spanish with a total of 191 participants completing the program. Less than 12% of the completers readmitted to the hospital within 3 months of completing the workshop. There are now 20 active lay leaders, 4 of which are Spanish speaking. 18 new Master Trainers were trained.
Hospital's Contribution / Program Expense	\$16,639

FY 2015

Goal 2015	Provide education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the Hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission post program intervention.
2015 Objective Measure/Indicator of Success	Continue to meet/exceed metric goal. Develop new lay leaders and community partners to expand workshop offerings at community clinics and other agencies; increase the number of participants.
Baseline	Chronic disease is identified as a priority health issue in the current and past CHNAs.
Intervention Strategy for Achieving Goal	Outreach to the community clinics and other nonprofits. Continue to build community partnerships for expansions of workshops. Continue to identify community lay leaders and partnerships for growth.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops.

REFERNET INTENSIVE OUTPATIENT MENTAL HEALTH CARE

Hospital Priority Areas	<input type="checkbox"/> Access to Primary Health Care Services, Including the Need for Care Coordination and Case Management <input checked="" type="checkbox"/> Access to Mental Health Treatment <input type="checkbox"/> Safety as a Health Issue <input checked="" type="checkbox"/> Access to Preventative Health Services and Education <input type="checkbox"/> Access to Housing/Basic Shelter
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input 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 Needs Assessment Vulnerable Population Mental health is a priority health issue identified in the CHNA. The hospital is experiencing alarming increases in patients admitting to the emergency departments in mental health crisis.

Program Description ReferNet is a promising mental health initiative being conducted in partnership with community-based nonprofit mental health provider El Hogar. The program provides a seamless way for individuals admitting to the emergency department with mental illness to receive immediate and ongoing intensive outpatient treatment and other social services they need for a continuum of care when they leave the hospital.

FY 2014

Goal FY 2014	Provide immediate access to intensive outpatient mental health care for those who suffer from this illness.
2014 Objective Measure/Indicator of Success	Increase number of clients accessing this care; create greater awareness of the program among case managers and social workers; refine process of outcomes measurement.
Baseline	Since the County cut services, lack of mental health care is a crisis issue. This is seen very clear in the CHNA and in the hospital's utilization rates for underserved patients in need of mental health treatment.
Intervention Strategy for Achieving Goal	Maintain and/or increase level of funding to build capacity. Evaluate partner options to add substance abuse treatment.
Result FY 2014	Almost 250 patients were referred to program through hospital social workers; 105 successfully received intensive outpatient treatment and were referred to other social service resources as needed.
Hospital's Contribution / Program Expense	\$96,015

FY 2015

Goal 2015	Provide immediate access to intensive outpatient mental health care for those who suffer from this illness.
2015 Objective Measure/Indicator of Success	Increase awareness of the program by emergency department staff, and work with El Hogar to reduce no-show rates.
Baseline	Since the County cut services, lack of mental health care is a crisis issue. This is seen very clear in the CHNA and in the hospital's utilization rates for underserved patients in need of mental health treatment.
Intervention Strategy for Achieving Goal	Maintain and/or increase level of funding to build capacity. Evaluate partner options to add substance abuse treatment. Work with partnering organization to assist with transportation as needed.
Community Benefit Category	E1-a Financial Donations - General contributions to nonprofit organizations/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

The following FY 2014 (for period from 7/1/2013 through 6/30/2014) Classified Summary of Un-sponsored Community Benefit Expense for Methodist Hospital was calculated using a cost accounting methodology.

Benefits for Those Living In Poverty	Persons Served	Total Expenses	Offsetting Revenue	Net Benefit	% of Organization Expenses	% of Organization Revenues
Financial Assistance	2,490	3,779,205	0	3,779,205	1.5	1.6
Medicaid Means-Tested Programs	42,991	121,344,472	85,603,158	35,741,314	14.1	14.8
Community Services	477	1,449,049	1,281,985	167,064	0.1	0.1
Community Benefit Operations	0	137,815	0	137,815	0.1	0.1
Community Building Activities	750	1,544	0	1,544	0	0
Community Health Improvement Services	5,283	461,847	0	461,847	0.2	0.2
Financial and In-Kind Contributions	870	653,179	0	653,179	0.3	0.3
Subsidized Health Services	19,789	5,971,476	1,310,361	4,661,115	1.8	1.9
Totals for Community Services	26,692	7,225,861	1,310,361	5,915,500	2.3	2.5
Totals for Those Living In Poverty	72,650	133,798,587	88,195,504	45,603,083	18	18.9

Benefits for the Broader Community	Persons	Total Expenses	Offsetting Revenue	Net Benefit	% of Organization Expenses	% of Organization Revenues
Community Services						
Community Building Activities	13	7,419	0	7,419	0	0
Community Health Improvement Services	2,769	18,610	0	18,610	0	0
Financial and In-Kind Contributions	4	421,787	0	421,787	0.2	0.2
Totals for Community Services	2,786	447,816	0	447,816	0.2	0.2
Totals for the Broader Community	2,786	447,816	0	447,816	0.2	0.2

Totals - Community Benefit	75,436	134,246,403	88,195,504	46,050,899	18.2	19.1
Unpaid Cost of Medicare	12,814	54,141,046	47,339,171	6,801,875	2.7	2.8
Totals with Medicare	88,250	188,387,449	135,534,675	52,852,774	20.8	21.9
Grand Totals	88,250	188,387,449	135,534,675	52,852,774	20.8	21.9

TELLING THE STORY

Effectively telling the community benefit story is essential to creating 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 Methodist Hospital. The 2014 Community Benefit Report and 2015 Community Benefit Implementation Plan will be distributed to hospital leadership, members of the Community Board and Community Health Committee, and widely to management and employees of the hospital. It serves as a valuable tool for ongoing community benefit awareness and training.

The document will also be broadly distributed externally to Community Health Needs Assessment partners, community leaders, government and public health officials, program partners and other agencies and businesses throughout the region. It can be found, along with the 2013 Community Health Needs Assessment, under “Community Health” in the “Who We Are” section on Dignity Health’s Website: www.DignityHealth.org. It will also be available on the Healthy Living Website (www.healthylivingmap.com), a site developed and provided to the public by Methodist Hospital and other health system partners.

APPENDIX A

Dignity Health Sacramento Service Area Community Board Roster

Sister Brenda O’Keeffe, Chair Vice President, Mission Integration Mercy Medical Center Redding	Sister Patricia Simpson, O.P.
Glennah Trochet, MD, Vice Chair Retired Sacramento County Public Health Officer Community Representative	Nancy Appelblatt, MD Chief of Staff Mercy General Hospital
Brian King, Secretary Los Rios College District Chancellor	Jeff Anderson, MD Chief of Staff Mercy Hospital of Folsom
Gil Albiani Real Estate Community Representative	Robert Kahle, MD Chief of Staff Mercy San Juan Medical Center
Julius Cherry Attorney Community Representative	Robert Kozel, MD Chief of Staff Methodist Hospital of Sacramento
Patrice Coyle Retired HR & Education Community Representative	Sister Gabrielle Marie Jones Vice President, Mission Integration Mercy San Juan Medical Center
Sister Patricia Manoli, RSM Director, Mission Integration St. Elizabeth Community Hospital	Linda Ubaldi Director, Risk Management Dignity Health Sacramento Service Area
Roger Neillo Sacramento Chamber of Commerce President; Former California State Assemblyman	Gena Koeberlein Director, Quality Mercy General Hospital
Margaret Thompson Director, Quality Mercy Hospital of Folsom	Wayne Soo Hoo Director, Quality Mercy San Juan Medical Center
Chasity Ware Sr. Director, Quality Methodist	Laurie Harting Sr. Vice President, Operations Dignity Health Sacramento Service Area
Thiru Rajagopal, MD Vice Chief of Staff Mercy General Hospital	Dwight (Brad) Stalker, MD Vice Chief of Staff Mercy Hospital of Folsom
Steven Polansky, MD Vice Chief of Staff Mercy San Juan Medical Center	Timothy Takagi, MD Vice Chief of Staff Methodist
Rae Lynn Stafford Board Coordinator Dignity Health Sacramento Service Area	Rod Winegarner Chief Financial Officer Dignity Health
Martina Evans-Harrison Chief Nurse Executive Methodist Hospital	Joshua Freilich Chief Nurse Executive Mercy Hospital of Folsom

Belva Snyder Chief Nurse Executive Mercy San Juan Medical Center	Mary Carol Todd Chief Nurse Executive Mercy General Hospital
Phyllis Baltz Chief Operating Officer Mercy San Juan Medical Center	Jill Dyer Vice President, Communications Dignity Health Sacramento Service Area
Ian Boase Legal Counsel, Dignity Health	Kelley Evans Legal Counsel, Dignity Health
Gene Bassett President, Methodist Hospital of Sacramento	Edmundo Castaneda President, Mercy General Hospital
Brian Ivie President, Mercy San Juan Medical Center	Michael Ricks President, Mercy Hospital of Folsom
Sister Bridget McCarthy Vice President, Mission Integration Dignity Health Sacramento Service Area	Michael Cox Vice President, Mission Integration Methodist Hospital of Sacramento
Sister Clare Marie Dalton Vice President, Mission Integration Mercy General Hospital	Sister Cornelius O'Conner Vice President, Mission Integration Mercy Hospital of Folsom

Dignity Health Sacramento Service Area Community Board Community Health Committee Roster

Sister Bridget McCarthy
Vice President, Mission Integration
Dignity Health Sacramento Service Area

Jill Dyer
Vice President, Communications
Dignity Health Sacramento Service Area

Sister Clare Marie Dalton
Vice President, Mission Integration
Mercy General Hospital

Patrice Coyle
Retired HR & Education
Community Representative

Sister Cornelius O'Conner
Vice President, Mission Integration
Mercy Hospital of Folsom

Kevin Duggan
President, Mercy Foundation

Sister Gabrielle Marie Jones, Chair
Vice President, Mission Integration
Mercy San Juan Medical Center

Marge Ginsburg
Executive Director
Center for Healthcare Decisions
Community Representative

Michael Cox
Vice President, Mission Integration
Methodist Hospital of Sacramento

Rosemary Younts
Director, Community Benefit

Ashley Brand
Manager, Community Benefit
Dignity Health Sacramento Service Area

Josh Clapper
Community Benefit Coordinator
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.