

Sutter Health

Sutter Solano Medical Center (SSMC)

2019 – 2021 Community Benefit Plan

Responding to the 2019 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2022

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Note: This community benefit plan is based on the hospital’s implementation strategy, which is written in accordance with Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document format has been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.

Introduction

The Implementation Strategy Plan describes how Sutter Solano Medical Center (SSMC) a Sutter Health affiliate, plans to address significant health needs identified in the 2019 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2019 through 2021.

The 2019 CHNA and the 2019 - 2021 Implementation Strategy Plan were undertaken by the hospital to understand and address community health needs, and in accordance with state law and the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

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

SSMC welcomes comments from the public on the 2019 Community Health Needs Assessment and 2019 - 2021 Implementation Strategy Plan. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org;
- Through the mail using the hospital's address at 2700 Gateway Oaks, Suite 2200, Sacramento, CA 95833 ATTN: Community Benefit; and
- In-person at the hospital's Information Desk.

About Sutter Health

Sutter Health is the not-for-profit parent of not-for-profit and for-profit companies that together form an integrated healthcare system located in Northern California. The system is committed to health equity, community partnerships and innovative, high-quality patient care. Our over 65,000 employees and associated clinicians serve more than 3 million patients through our hospitals, clinics and home health services.

Learn more about how we're transforming healthcare at sutterhealth.org and vitals.sutterhealth.org

Sutter Health's total investment in community benefit in 2021 was \$872 million. This amount includes traditional charity care and unreimbursed costs of providing care to Medi-Cal patients. This amount also includes investments in community health programs to address prioritized health needs as identified by regional community health needs assessments.

As part of Sutter Health's commitment to fulfill its not-for-profit mission and help serve some of the most vulnerable in its communities, the Sutter Health network has implemented charity care policies to help provide access to medically necessary care for all patients, regardless of their ability to pay. In 2021, Sutter Health invested \$91 million in charity care. Sutter's charity care policies for hospital services include, but are not limited to, the following:

1. Uninsured patients are eligible for full charity care for medically necessary hospital services if their family income is at or below 400% of the Federal Poverty Level ("FPL").
2. Insured patients are eligible for High Medical Cost Charity Care for medically necessary hospital services if their family income is at or below 400% of the FPL and they incurred or paid medical expenses amounting to more than 10% of their family income over the last 12 months. (Sutter Health's Financial Assistance Policy determines the calculation of a patient's family income.)

Overall, since the implementation of the Affordable Care Act, greater numbers of previously uninsured people now have more access to healthcare coverage through the Medi-Cal and Medicare programs. The payments for patients who are covered by Medi-Cal and Medicare do not cover the full costs of providing care. In 2021, Sutter Health invested \$557 million more than the state paid to care for Medi-Cal patients.

Through community benefit investments, Sutter helped local communities access primary, mental health and addiction care, and basic needs such as housing, jobs and food. See more about how Sutter Health reinvests into the community by visiting sutterpartners.org.

Through the 2019 Community Health Needs Assessment process the following significant community health needs were identified:

1. Access to basic needs, such as housing, jobs, and food
2. Access to mental/behavioral/substance-abuse services
3. Injury and disease prevention and management
4. Access to quality primary care health services
5. Increasing community connection
6. Active living and healthy eating
7. Access and functional needs
8. Safe and violence-free environment
9. Pollution-free living environment

The 2019 Community Healthy Needs Assessment conducted by SSMC is publicly available at www.sutterhealth.org.

2019 Community Health Needs Assessment Summary

The purpose of this community health needs assessment (CHNA) was to identify and prioritize significant health needs of the Sutter Solano Medical Center (SSMC) service area. The priorities identified in this report help to guide nonprofit hospitals' community health improvement programs and community benefit activities as well as their collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act (and in California, Senate Bill 697) that nonprofit hospitals conduct a community health needs assessment at least once every three years. The CHNA was conducted by Community Health Insights (www.communityhealthinsights.com), and part of the assessment was conducted in collaboration with Harder+Company, a consulting firm conducting another CHNA on behalf of Kaiser Permanente in portions of the same service area.

The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model. This model of population health includes many factors that impact and account for individual health and well-being. Further, to guide the overall process of conducting the assessment, a defined set of data-collection and analytic stages were developed. These included the collection and analysis of both primary (qualitative) and secondary (quantitative) data. Qualitative data included one-on-one and group interviews with 28 community health experts, social-service providers, and medical personnel. Further, 90 community residents participated in seven focus groups across the service area.

Focusing on social determinants of health to identify and organize secondary data, datasets included measures to describe mortality and morbidity and social and economic factors such as income, educational attainment, and employment. Further, the measures also included indicators to describe health behaviors, clinical care (both quality and access), and the physical environment.

The full 2019 Community Health Needs Assessment conducted by Sutter Solano Medical Center (SSMC) is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

The definition of the community served included the primary service area of the hospital, the City of Vallejo, California, and surrounding communities as defined by six ZIP Codes—94503, 94510, 94589, 94590, 94591, and 94592. This is the designated service area because the majority of patients served by SSMC resided in these ZIP Codes. Considered a North San Francisco Bay community, Vallejo is an incorporated city in Solano County. The service area included one ZIP Code, 94503 (American Canyon), located in Napa County. The total population of the service area was 170,925.

Significant Health Needs Identified in the 2019 CHNA

The following significant health needs were identified in the 2019 CHNA:

1. Access to basic needs, such as housing, jobs, and food
2. Access to mental/behavioral/substance-abuse services
3. Injury and disease prevention and management
4. Access to quality primary care health services
5. Increasing community connection
6. Active living and healthy eating
7. Access and functional needs
8. Safe and violence-free environment
9. Pollution-free living environment

Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 10 potential health needs (PHNs). These PHNs were those identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the service area. After these were identified, PHNs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs beyond those 10 PHNs identified in previous CHNAs. In all, 217 resources were identified in the service area that were potentially available to meet the identified significant health needs. The identification method included starting with the list of resources from the 2016 CHNA, verifying that the resources still existed, and then adding newly identified resources into the 2019 CHNA report.

2019 – 2021 Implementation Strategy Plan

The implementation strategy plan describes how SSMC plans to address significant health needs identified in the 2019 Community Health Needs Assessment and is aligned with the hospital's charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2019 CHNA.

Prioritized Significant Health Needs the Hospital will Address: The Implementation Strategy Plan serves as a foundation for further alignment and connection of other SSMC initiatives that may not be described herein, but which together advance the hospital's commitment to improving the health of the communities it serves. Each year, programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change to continue focus on the health needs listed below.

1. Access to mental/behavioral/substance-abuse services
2. Injury and disease prevention and management
3. Access to quality primary care health services
4. Access to basic needs, such as housing, jobs, and food
5. Active living and healthy eating

ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE-ABUSE SERVICES

Name of program/activity/initiative	Area Wide Mental Health Strategy
Description	The need for mental health services and resources, especially for the underserved, has reached a breaking point across the Sutter Health Valley Operating Unit. Therefore, we are focused on building a comprehensive mental health strategy that integrates key elements such as policy and advocacy, county specific investments, stigma reduction, increased awareness, and education, with tangible outreach such as expanded mental health resources to professionals in the workplace and telepsych options to the underserved.
Goals	By linking these various strategies and efforts through engaging in statewide partnerships, replicating best practices, and securing innovation grants and award opportunities, we can create a seamless network of mental health care resources so desperately needed in the communities we serve.
Outcomes	<p>In 2021, the mental health strategy helped with the following initiatives:</p> <ul style="list-style-type: none"> • Launch the 988-crisis line going live on July 26, 2022 • Pass SB803 for peer certification. • Secure funding for SB71/Bring CA Home in amount of \$2 billion over two years and an unspecified amount future funding. • Advocate for funding for board and care with the County Behavioral Health Directors Association and other organizations serving people living with severe mental illness and/or substance use disorder. Resulting in securing \$803 million, with program details still to be fleshed out. • Propose Children and Youth Initiative and assist Secretary Ghaly to develop what became one of the Governor's signature budget achievements: \$4.5 billion over five years to meet the behavioral health needs of children.

INJURY AND DISEASE PREVENTION AND MANAGEMENT

Name of program/activity/initiative	Mobile Diabetes Education
Description	The Mobile Diabetes Education Center will deliver care to the most vulnerable residents of Solano County and provide direct diabetes prevention programs and diabetes education services. The mobile diabetes clinic will provide not only diabetes screening for members of the community who may not otherwise have adequate access to healthcare but also education to the public about their risk factors, thus aiming to prevent diabetes and prediabetes in their lives.
Goals	Delivering primary health services to the underserved and connecting them to resources for ongoing care, as well as providing diabetes testing

	and education.
Outcomes	In 2021, MOBEC served 4,119 individuals and provided 1,744 individuals with service referrals to community resources. Due to COVID-19, MOBEC met community needs by using our investment to support Touro's efforts to administer the flu and COVID-19 vaccination in Solano County.
Name of program/activity/initiative	Pharmacist-Led Post Hospitalization Surveillance Initiative
Description	Extend health professional reach into the daily lives where health behaviors drive disease management by providing pharmacist-based interventions to improve safety, improve adherence, reduce utilization of rescue therapies and services, and better inform public on chronic disease and treatment.
Goals	Delivering primary health services to the underserved and connecting them to resources for ongoing care.
Outcomes	In 2021, 63 individuals were served and provided 171 referral services.

ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES

Name of program/activity/initiative	Emergency Department Navigator (ED Navigator)
Description	The ED Navigator serves as a visible ED-based staff member. Upon referral from a Sutter employee (and after patient agreement), ED Navigators attend to patients in the ED and determines the type of resources and support this patient needs. Upon assessment, the ED Navigator identifies patient needs for community-based resources and/or case-management services, such as providing a patient linkage to a primary care provider and establishing a medical home.
Goals	The goal of the ED Navigator is to connect patients with health and social services, and ultimately a medical home, as well as other community programs when appropriate.
Outcomes	In 2021, 1,366 individuals were served and provided 1,111 service referrals to community resources.

Name of program/activity/initiative	Triage, Treatment, and Transport Plus (T3+)
Description	T3+ patients are identified in an inpatient setting and are often battle complex health and social issues. The T3+ navigator follows patients after discharge and works with Sutter Health staff to provide a follow-up health plan, tele-health, pain management, etc. All of this occurs while the T3+ navigators address the patient's other needs (including housing, insurance enrollment, etc.) and ensure a connection is made to primary and preventive care to reduce further hospitalization.
Goals	The goal of T3+ is to wrap patients with health and social services, and ultimately a medical home.
Outcomes	In 2021, 234 individuals were served and provided 393 services provided.

ACCESS TO BASIC NEEDS, SUCH AS HOUSING, JOBS, AND FOOD

Name of program/activity/initiative	Solano Economic Development Corporation
Description	The Solano Economic Development Corporation (EDC) is a public-

	private, nonprofit, dedicated to the economic growth of Solano County – scaling local traded sector industries, attracting new jobs and investment, and maintaining competitive advantages for both existing and new businesses.
	The EDC provides confidential site location assistance to new businesses seeking to locate in Solano County. Pulling from the large and diverse portfolio of buildings and sites throughout the county, the EDC will prepare a comprehensive package of space opportunities, workforce and other resources that will assist the business in their decision process. The EDC will connect businesses to key contacts at the cities. The cities will facilitate location and permitting assistance, workforce development and education, financing, and incentive programs, such as energy savings.
Goals	Solano EDC’s positively impact the economic growth of Solano County by maintaining and enhancing a competitive location for businesses to expand and locate, providing direct service to scale local traded sector industries, attracting new jobs and investment, and connecting businesses with resources to meet their needs. The EDC collaborates with the cities, county, workforce development, utilities, and education to deliver all resources.
Outcomes	In 2021, the Solano EDC reached 200,000 individuals by events/outreach providing direct service to work with Solano business to access resources, programs and services and identify specific business needs.

Name of program/activity/initiative	Homeless Navigation Center
Description	This center will be a temporary stay for people looking to find a permanent place to live. The “Path to Dignity” navigation shelter will be developed using a sustainable model where basic services are provided to people working to find housing and overcome issues contributing to their homelessness. This homeless navigation shelter will be the first in the region to provide the homeless with short term shelter (up to 3 months that can be extended based on a person’s lease start date). The shelter will make use of referrals for intake of homeless individuals, couples, and military veterans who will complete an orientation, sign a shelter agreement, and immediately exit the street, receive access to a bed, access three meals per day, receive mental health support, case management, and other services.
Goals	To support low-barrier housing programs to help reduce the root causes and effects of homelessness.
Outcomes	The Center is not currently running due to Covid-19 and financial barriers. The City of Vallejo is working with investors, the community and health systems to begin groundbreaking in 2022.

ACTIVE LIVING AND HEALTHY EATING

Name of program/activity/initiative	Healthy Food Access Programs
Description	Work with organizations to provide a collective effort to promote healthy eating and active living to low-income Solano County residents through advocacy, environmental change, collaboration, resource sharing, and education.
Goals	Increase access to fresh fruits and vegetables and improves beverage choices in Solano County to promote food security and equity by marketing and promoting healthier living.
Outcomes	In 2021, MOBEC launched Zoom into Wellness, a series of webinars with the goal of facilitating conversations regarding health and wellness with

community members during this challenging year, and to raise awareness about chronic condition management and focus on healthy eating and nutrition. The series served 74 individuals.

Needs SMCS Plans Not to Address

No hospital can address all of the health needs present in its community. SSMC is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. The implementation strategy plan does not include specific plans to address the following significant health needs that were identified in the 2019 Community Health Needs Assessment for the following reasons:

1. Increasing community connection: While this is an important issue, SSMC is currently focusing its resources in other areas; however, we'll continue to look for opportunities to increase community connection.
2. Access and functional needs: While this is an important issue, SSMC is currently focusing its resources in other areas; however, we'll continue to look for opportunities to increase access to transportation.
3. Safe and violence-free environment: While this is an important issue, SSMC is currently focusing its resources in other areas; however, we'll continue to look for opportunities to increase safe and violence-free environments.
4. Pollution-free living environment: While this is an important issue, SSMC is currently focusing its resources in other areas; however, we'll continue to look for opportunities to increase pollution-free living environments.

Approval by Governing Board

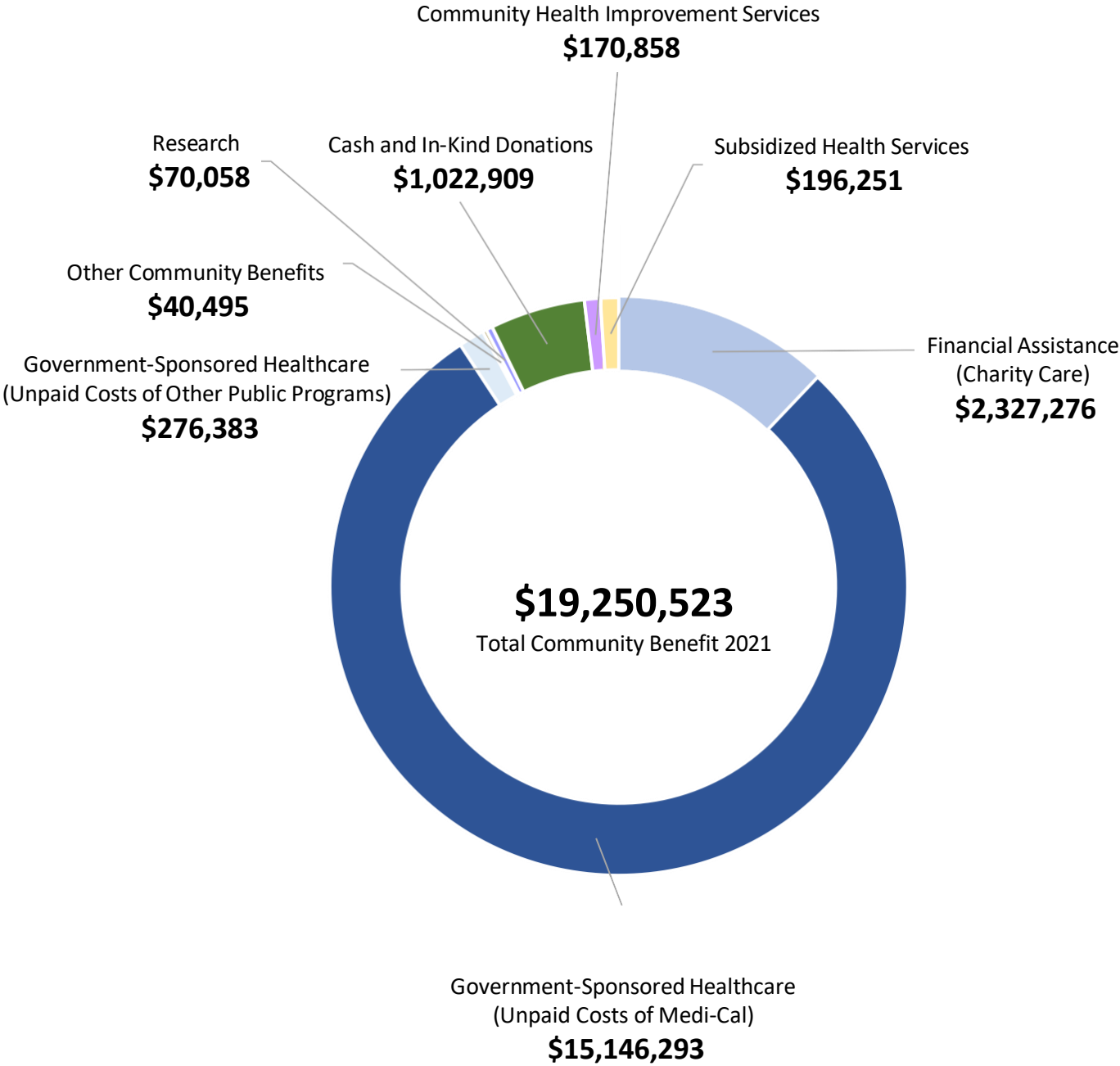
The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Valley Hospitals Board on November 21, 2019.

Appendix: 2021 Community Benefit Financials

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

Community benefit programs include traditional charity care which covers healthcare services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Additional community benefit programs include the cost of other services provided to persons who cannot afford healthcare because of inadequate resources and are uninsured or underinsured, cash donations on behalf of the poor and needy as well as contributions made to community agencies to fund charitable activities, training health professionals, the cost of performing medical research, and other services including health screenings and educating the community with various seminars and classes, and the costs associated with providing free clinics and community services. Sutter Health affiliates provide some or all of these community benefit activities

Sutter Solano Medical Center 2021 Total Community Benefit & Unpaid Costs of Medicare



2021 unpaid costs of Medicare were \$22,572,464

