



**Annual Report and Plan for Community Benefit  
Community Health System**

**Community Regional Medical Center (CRMC)  
Clovis Community Medical Center (CCMC)**

**Fiscal Year 2023 (September 1, 2022 - August 31, 2023)**

Submitted to:  
Department of Health Care Access and Information  
Accounting and Reporting Systems Section  
Sacramento, California

## Contents

Contact Information .....	2
About Community Health System .....	3
Mission, Vision and Values .....	7
Governance.....	9
Commitment to the Community .....	10
Service Area .....	10
Community Health Needs Assessment.....	11
Addressing Priority Health Needs - Community Regional Medical Center .....	13
Other Community Benefit Services - CRMC.....	17
Addressing Priority Health Needs - Clovis Community Medical Center.....	20
Other Community Benefit Services - CCMC.....	23
Financial Summary of Community Benefit - CRMC .....	25
Financial Summary of Community Benefit - CCMC .....	26
Financial Summary of Community Benefit – Consolidated CHS .....	27
Joint Community Benefit Plan FY24 .....	28
Significant Needs the Hospitals Intend to Address.....	28
Evaluation of Impact .....	31
Other Health Needs Identified in the CHNA Not Primarily Addressed.....	31

## Contact Information

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(559) 324-4769

[www.communitymedical.org](http://www.communitymedical.org)

## About Community Health System

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### **Community Health System**

Community Health System (CHS) is a locally owned, not-for-profit healthcare system based in Fresno, California. Established in 1897, CHS is the region's largest healthcare provider and private employer. With over 10,200 employees and 2,500 affiliated physicians, CHS serves a 15,000 square-mile area that includes Fresno, Kings, Madera and Tulare counties in California's Central Valley. CHS is made up of Community Medical Centers (hospitals and outpatient centers), Community Provider Network (our affiliated physicians) and Community Care Health (our health plan). For over 125 years, Community Health System has been investing in this region — growing a successful healthcare system that supports our community and serves Valley residents.

Community Medical Centers (CMC) operates its facilities under two hospital licenses: Community Regional Medical Center (CRMC) and Clovis Community Medical Center (CCMC). Fresno Heart & Surgical Hospital (FHS) and Community Behavioral Health Center (CBHC) operate under the CRMC license. CMC also operates a cancer institute and several long-term care, outpatient and other healthcare facilities. While Community's system of care works collaboratively to address the region's health needs, CRMC and CCMC activities and financial contributions for community benefit are reported separately in this report.

### **Community Regional Medical Center (CRMC)**

CRMC has 685 licensed beds and offers Central California's highest level of medical care. CRMC is a leader in comprehensive cardiovascular services, has a Level 3 neonatal intensive care unit and a full-service 58,000 square-foot Emergency Department. CRMC is home to the only Level I Trauma Center and Comprehensive Burn Center between Los Angeles and Sacramento. We serve as the area's "safety net" provider, caring for our region's most vulnerable populations.

### **Fresno Heart & Surgical Hospital (FHS)**

FHS is a small specialty hospital in Central California with 57-licensed beds. FHS is known for its excellent patient experience and exemplary cardiac, vascular and bariatric surgery services. FHS operates under the CRMC license.

### **Community Behavioral Health Center (CBHC)**

CBHC operates 73 beds under the CRMC license and is the only inpatient mental health facility in Fresno County for those in need of acute psychiatric care. CBHC provides 24-hour care to patients based on their individual level of need. The center accepts voluntary admittance and non-ambulatory patients capable of transferring themselves.

### **Clovis Community Medical Center (CCMC)**

CCMC has 352 licensed beds, an expansive Emergency Department (ED) and provides specialty care for patients, including comprehensive cardiac care, women's services and labor and delivery. CCMC is home to the Community Cancer Institute (CCI) and the Marjorie E. Radin Breast Care Center, part of Central California's premier comprehensive cancer care program, which offers a multi-disciplinary care team clinic, screenings and diagnostics, as well as cancer treatments using the most advanced technology available.

### **Community Health System**

Community Medical Centers

Community Provider Network including Community Health Partners, a medical foundation

Community Care Health

### **Outpatient Centers**

Advanced Medical Imaging – Clovis

Advanced Medical Imaging – Magnolia

Advanced Medical Imaging – Northpointe

California Imaging Institute

Community Cancer Institute

Deran Koligian Ambulatory Care Center

Marjorie E. Radin Breast Care Center

### **Long-Term Care Center**

Community Subacute & Transitional Care Center

### **Hospitality Home**

Terry's House

### **Specialty Centers**

Advanced Diagnostic Testing Center

Disease Management Center

Leon S. Peters Burn Center

Leon S. & Pete P. Peters Future Generations Center

Leon S. Peters Rehabilitation Center

Marjorie E. Radin Breast Care Center

Primary Stroke Center

Surabian Dental Care Center

Table Mountain Rancheria Trauma Center

## Wound Care Centers

### **Clinics**

Advanced Laparoscopic Surgery Associates, A member of Community Health Partners

California Urology North Fresno, A member of Community Health Partners

Community Diabetes & Endocrine Specialists

Community Gynecologic Oncology Specialists

Community Physician Hospitalist Group

Community Maternal Fetal Medicine – Clovis

Community Maternal Fetal Medicine – Visalia

Community Medical Anesthesiology Consultants

Community Medical Oncology Specialists

Community Neurosciences Institute – Clovis

Community Neurosciences Institute – Downtown

Community Neurosciences Institute – Fresno

Community Neurosciences Institute – Hospital Based

Community Neurosciences Institute – River Park

Community Neurosciences Institute – Visalia

Community Obstetrics and Gynecology Care

Community Pediatric Care

Community Pediatric Care - Halifax

Community Pediatric Specialists – Clovis

Community Pediatric Specialists – Fresno

Community Perinatology

Community Psychiatry and Rehab

Community Primary Care – Alluvial

Community Primary Care – Clovis Community Medical Center

Community Primary Care – Community Regional Medical Center

Community Primary Care – Fir South

Community Primary Care – Halifax

Community Primary Care – Herndon

Community Primary Care – Milburn

Community Primary Care – Shaw

Community Primary Care – Sussex Way

Community Radiation Oncology Specialists

Community Rheumatology Specialists

Community Specialty Surgery Associates

Community Urology Specialists

Copeland Medical Healthcare Partners, A member of Community Health Partners  
Dizon Medicine Copper, A member of Community Health Partners  
Dizon Medicine Maple, A member of Community Health Partners  
Fowler Packing Health & Wellness  
M2 Oncology, A member of Community Health Partners  
Sierra Endocrine Associates, A member of Community Health Partners  
Valley Surgical Specialists, A member of Community Health Partners

### **Affiliations**

California Health Sciences University  
California State University, Fresno  
Central California Faculty Medical Group  
Clovis Adult Education  
Family Healthcare Network  
Fresno Adult School  
Fresno City College  
Grand Canyon University  
Gurnick Academy of Medical Arts  
Institute of Technology  
Madera Community College  
National University  
Samuel Merritt College  
San Joaquin Valley College, Visalia  
University of California, San Francisco, School of Medicine  
University of the Pacific  
West Hills College Lemoore

### **Accreditation**

Every three years, The Joint Commission inspects participating hospitals to gauge the quality of care. CHS hospitals are fully accredited.

## Mission, Vision and Values

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### Mission

Community Health System exists to better the lives of all those we serve.

### Vision

We will be the trusted health leader, opening new doors to educate, innovate and expand our care and services across the Valley.

### Values

Humanity: to do right by all people

Duty: to care, teach and serve is our calling

Excellence: to reach beyond expectations in all we do

Ingenuity: to fearlessly forge new paths forward

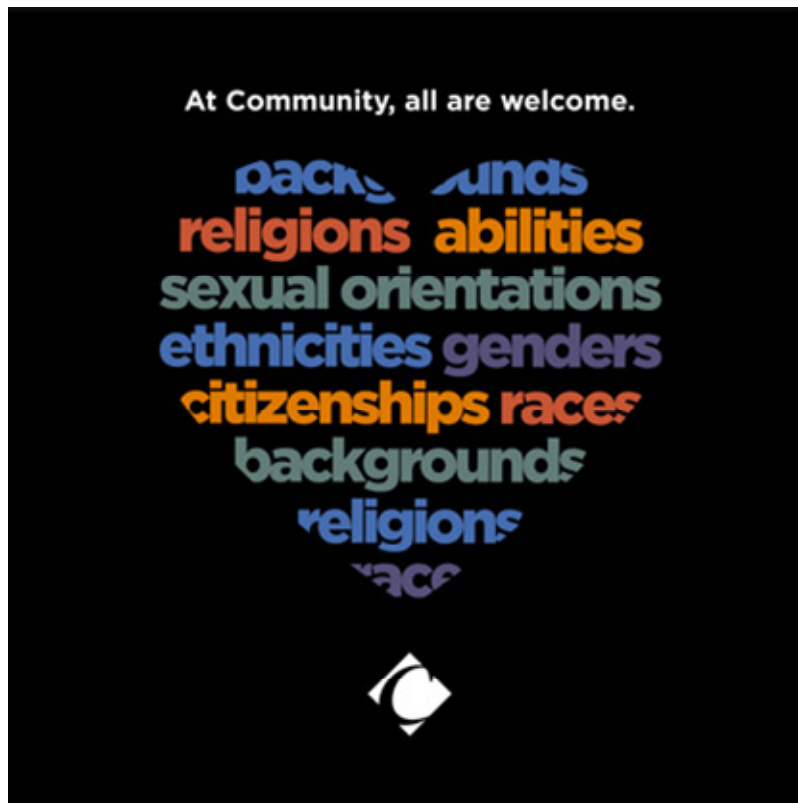
### Commitment to Diversity

As a locally owned and operated healthcare network, CHS respects and celebrates the Central Valley's rich and diverse heritage. Our commitment to diversity and inclusion is a cornerstone of



our patient care and work culture. All are welcome as valued members of our community whether employee, physician, student or visitor. We have mandatory education for all employees on respectful LGBTQ+ interactions and California laws against workplace bullying and discrimination.

CHS prides itself on being a diverse healthcare provider. This is reflected in our workforce with 39% of clinical and non-clinical staff identifying as Latino, 23% of Asian descent and 4% as Black. 71% of our workforce represents ethnicities other than white and 75% of our workforce identifies as female. 59% of Community's senior leadership are women and 43% of our leaders represent an ethnicity other than white.



## Governance

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CHS is governed by a volunteer Board of Trustees comprised of civic leaders and physicians. The Trustees set the vision and policy direction for the organization and approve the organization's strategic, business and financial plans. The Board of Trustees reviews and adopts the Community Health Needs Assessments, the annual community benefit reports and our impact on the areas of greatest need.

Senior management encourages initiatives to expand access to healthcare services in our community and is committed to investing in and partnering with local, nonprofit organizations working in socio-economically disadvantaged neighborhoods and rural populations. A multi-stakeholder committee ensures Board and senior management directives are fulfilled and approves financial allocations to community benefit programs, outreach and education. Community benefit and community service are at the heart of our healthcare system.

### **FY23 CHS Board of Trustees**

*(CHS Board of Trustees who served from September 1, 2022 through August 31, 2023)*

Roger Sturdevant, *Chair*

Greg Estep, *Chair-Elect*

Karen McCaffrey, *Secretary*

Susan Abundis

Lori Bennett, EdD

Ronald Bierma, MD

Keith Boone, MD

Mark Coelho

Gerardo Hernandez

Wagih Ibrahim, MD

Leland Parnagian

Joshua Peterson

Ruth Quinto

Chandrasekar Venugopal, MD

Farid Assemi, *Past-Chair*

Craig S. Castro, President & Chief Executive Officer

## Commitment to the Community

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We recognize our obligation to provide service above and beyond our role as a system of healing facilities. Community's hospitals provide financial assistance to those in the community who cannot afford services, or whose health insurance does not cover all services provided, and we invest in the community to increase access to healthcare services and improve health. This report demonstrates tangible ways we fulfill our mission to better the lives of all those we serve through humanity and ingenuity.

### Service Area

The hospital facilities are in the heart of California's San Joaquin Valley near major interstate highways and three popular national parks. The hospitals share a primary service area of Fresno, Kings, Madera and Tulare counties.

- Community Regional Medical Center is located at 2823 Fresno St., Fresno, CA 93721
- Clovis Community Medical Center is located at 2755 Herndon Ave., Clovis, CA 93611
- Fresno Heart & Surgical Hospital is located at 15 E. Audubon Dr., Fresno, CA 93720
- Community Behavioral Health Center is located at 7171 N. Cedar Ave., Fresno, CA 93720

### Community Health System's Service Area Snapshot

#### Population

- The population is 1,761,174.
- Children and youth, ages 0-17, make up 28.8% of the population, 59.2% are adults and 12% are seniors, ages 65 and older.

#### Race and Ethnicity

- More than half of the population (57.0%) identify as Hispanic or Latino.
- 29.1% of the service area population are White residents.
- Asian residents comprise 7.2% of the population and 3.6% of the population are Black or African American residents.

#### Languages

- Spanish is spoken in 38.5% of the homes, 54.1% of the residents speak English only and 4.3% speak an Asian or Pacific Islander language in the home.

#### Poverty

- Among area residents, 20.5% live at or below 100% of the federal poverty level (FPL), which is higher than the state rate (12.6%).
- 44.2% of the population live at 200% of FPL (low income).

## Community Health Needs Assessment

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CRMC and CCMC completed a joint Community Health Needs Assessment (CHNA) in 2022 as required by state and federal law. The CHNA is the primary tool used by the hospital facilities to determine their community benefit plans, which outline how they will give back to the community in the form of healthcare and other community services to address unmet community health needs. The assessment incorporated components of primary data collection and secondary data analysis that focused on the health and social needs of the service area.

Targeted interviews and focus groups were used to gather information and opinions from persons who represent the broad interests of the community served by the hospitals. Fifty (50) key informant interviews were completed during October and November 2021. Interviewees included leaders and/or representatives of medically underserved, low-income and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. In addition, 59 focus groups were held in the region, led by eight organizations. The focus groups included 473 community members and were held in-person or virtually. Focus groups were held in five languages to meet the needs of the participants. Finally, community-based organizations and other groups distributed a community survey in online and paper formats to area residents; 4,856 usable surveys were received. Input was also obtained from County Departments of Public Health and Departments of Behavioral Health.

### Significant Health Needs

Secondary data collection resulted in identifying community health needs that were further assessed in the primary data collection — key informant interviews, focus groups and a community-wide survey. The identified significant needs included (in alphabetical order):

- Access to child care
- Access to healthcare (includes dental and mental healthcare)
- Adverse childhood experiences
- Chronic diseases
- COVID-19
- Crime and violence
- Economic stability
- Education
- Environmental conditions (includes water and air)
- Food insecurity

- Internet access
- HIV/AIDS and STIs
- Housing and homelessness
- Maternal and child health
- Mental health
- Nutrition and physical health (includes overweight and obesity)
- Preventive care and practices (includes screenings, immunizations/vaccines)
- Substance use (alcohol and drugs)
- Tobacco and nicotine
- Transportation

Community respondents were asked to rank the health outcomes and social determinants of health that contribute to disease in the region. The results of the responses from the priority ranking were compared to the secondary data collected for each health need and the primary data collected from a community survey, focus groups and key informant interviews. As a result, the top five prioritized health needs were identified:

- Mental health
- Maternal and child health
- Access to care (including dental care and mental health care)
- Chronic diseases
- Nutritional and physical health (including overweight and obesity)

The complete CHNA report can be accessed at: <https://www.communitymedical.org/about-us/community-benefit>. We welcome feedback on the CHNA and Implementation Strategy. Please send your feedback to Chelsea Aivazian, Project Manager, Community Benefit at [communications@communitymedical.org](mailto:communications@communitymedical.org).

## **Addressing Priority Health Needs - Community Regional Medical Center**

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In FY23, CRMC engaged in activities and programs that addressed the priority health needs identified in the 2023-2025 Implementation Strategy. CRMC committed to community benefit efforts that addressed access to healthcare, chronic diseases, economic stability, maternal and child health and mental health. Activities and programs that highlight CRMC's commitment to the community are detailed below.

### **Access to Healthcare**

#### ***Response to Need***

##### **Financial Assistance**

The hospital provided financial assistance through free and discounted care for healthcare services, consistent with CHS's financial assistance policy.

##### **Assistance with Insurance Coverage**

In partnership with Fresno's County Department of Social Services, CRMC provided enrollment for 2,028 uninsured persons who presumptively qualified for Medi-Cal.

##### **Fresno Medical Respite Center**

CRMC is a founding hospital partner in the Fresno Medical Respite Center, allowing for safe discharge for persons who are experiencing homelessness to continue their recovery. The Center provides eight beds for men and four beds for women at the Fresno Rescue Mission in downtown Fresno.

##### **Ryan White HIV/AIDS Program**

CHS partners with Family Health Care Network's Special Services Clinic to provide vital and timely healthcare and case management for patients with HIV/AIDS and their families. In FY23, the clinic provided care to patients under the federal Ryan White grant.

##### **Sexual Assault Forensic Exam Program (SAFE)**

CRMC's Emergency Department provided Fresno County's only in-hospital testing and examination for sexual assault and rape victims. Specially trained nurses collected, preserved and securely stored evidence collected from adult and child victims, and from suspects under police custody. Sexual Assault Forensic Exam Program nurses helped gather evidence of sexual violence and ensured patients were safely discharged. Nurses also provided follow-up evaluations for child victims of sexual abuse and helped connect victims and their families to counseling services. In FY23, 113 people were served.

### Trauma Prevention Program

CRMC provides the only Level I Trauma Center and comprehensive burn center in the area. An injury prevention specialist provided extensive injury prevention outreach in schools and other community-based venues, including car seat safety checks and education on topics like gun safety, fall prevention, bicycle and pedestrian safety, the dangers of distracted driving for teens and smarter driving tips for older adults.

### Community Support

Cash donations were provided to community organizations to increase access to healthcare and provide preventive care services.

- Bethesda Church received funding for back-to-school health and wellness checks.
- The hospital supported Every Neighborhood Partnership's Back to School Health Resource Fairs hosted by Assemblymember Esmeralda Soria.

## Chronic Diseases

### *Response to Need*

#### Community Diabetes Education

Community Diabetes Education provided care to persons who were otherwise unable to receive diabetes self-management education, including bilingual services to a high concentration of Spanish-speaking patients. As an accredited Sweet Success program affiliate, the Diabetes Education Center provided education targeted to women diagnosed with diabetes during pregnancy. Community members received education on healthy eating habits and controlling diabetes during pregnancy.

#### Pediatric Asthma Education

A CRMC respiratory care practitioner presented asthma education at a southcentral Fresno clinic, one of the city's most underserved areas. Parents received two, hour-long sessions with additional education as needed. Education was provided in English and Spanish. In FY23, 32 parents and caregivers participated in pediatric asthma education.

#### Dialysis

CRMC has an outpatient dialysis unit with 41 dialysis stations for three shifts of patients, six days a week — caring for adults needing dialysis. CRMC also offers a peritoneal dialysis home training program for patients who can do home treatment. The outpatient dialysis unit has on-site dietitians and social workers.

## **Economic Stability**

### ***Response to Need***

#### **Transportation Support**

Transportation vouchers were made available to patients and families having difficulty accessing care and services because of transportation challenges.

#### **Community Support**

Cash donations were provided to community organizations to support economic stability.

- Agricultural workers were assisted with funds to pay for utilities through Kings United Way.
- CRMC provided financial support to Every Neighborhood Partnership for the Summer Nutrition Program.
- The Fresno Metro Ministry received funds to support the St. Rest HUB and Food to Share program.
- Funding was provided to Fresno Mission to support food service for the Community Care and Family Center.
- CRMC invested in Birney Elementary School's technology and reading program, which is located in a low socioeconomic area of central Fresno. The funds were used in the Title 1 school to purchase STEM learning materials.
- Funds were provided to the Marjaree Mason Center's Domestic Violence Victim Safe House. This community refuge provides safe lodging for adults and children fleeing domestic violence.

## **Maternal and Child Health**

### ***Response to Need***

#### **Mother's Resource Center**

The Mother's Resource Center offered a variety of breastfeeding and parent education classes to new parents, regardless of where they delivered their babies. Classes included preparation for childbirth, breastfeeding support, Mommies Making Milk and Mama's Café Club, a postpartum resource and support network for all breastfeeding moms. Classes were offered in English and Spanish.

#### **Community Support**

A cash donation was provided to The BLACK Wellness and Prosperity Center to support maternal and child health. Funds supported the doula training program, which helps to improve maternal outcomes for Black and minority mothers and their babies by expanding the integration of doulas in the hospital setting.



## **Mental Health**

### ***Response to Need***

#### **Bridge Program**

CRMC provided 140 individuals with buprenorphine medication encounters to suppress cravings and withdrawal symptoms from opioid use. The treatment provided patients with immediate attention in the hospital setting, rather than being referred to a rehabilitation center, which may take weeks or months. Additionally, the Bridge Program provided educational information to the greater community about substance abuse.

#### **Community Behavioral Health Center**

The CBHC is a 73-bed acute psychiatric hospital, which is licensed under CRMC. CBHC is the largest psychiatric care facility in Fresno County providing 24-hour adult, inpatient psychiatric care. There are four separate units with levels of care appropriate to the functional levels of the patients. The services provided include psychiatric assessments, forensic (custody) services, recreation therapy, group and individual therapy, adult care, medication management, milieu management and other treatment modalities.

#### **Community Support**

Cash donations were provided to community organizations to support mental health care services.

- CASA Fresno and Madera Counties was provided funding for ACEs training and support.
- FCHIP received funds to host the Trauma and Resilience Network Mental Health event.

## Other Community Benefit Services - CRMC

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CRMC provided community benefit services in addition to those programs that focused on addressing priority health needs.

### Health Professional Education

*Definition: Education programs for physicians, nurses, nursing students and other health professionals.<sup>1</sup>*

#### Graduate Medical Education

CRMC trained residents and Fellows in partnership with UCSF Fresno. In addition, third- and fourth-year medical students are trained on a rotating basis. Rotating medical students include those in UCSF's San Joaquin Valley Program in Medical Education (SJV PRIME). SJV PRIME trains local students to provide culturally-competent, accessible care in the San Joaquin Valley. More than one-third of graduating residents stay in the Central Valley to practice medicine, making this program critical to addressing the region's access to care issues.

Through an agreement with the California Health Sciences University (CHSU), a private institution offering doctoral degrees through its College of Osteopathic Medicine, CHSU medical students rotated through the hospital as part of their training.

FHSH supports in the training of the Advanced GI MIS/Bariatrics Fellowship program, in partnership with Advanced Laparoscopic Surgical Associates. This program includes three Fellows annually.

#### Nursing

CRMC had 1,735 nursing students participate in precepted hospital clinical rotations.

#### Sonography Programs

Community offers two sonography programs at CRMC to help address the healthcare provider shortage throughout the region: the Diagnostic Medical Sonography Program and the Advanced Cardiac Sonography Program. The 18-month Diagnostic Medical Sonography Program is one of

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<sup>1</sup> Community benefit category definitions source: Catholic Health Association (2020) *A Guide for Planning and Reporting Community Benefit*. <https://www.chausa.org/communitybenefit/a-guide-for-planning-and-reporting-community-benefit>

California's few hospital-based sonography programs and is the Central Valley's only multidisciplinary Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited sonography program. The Advanced Cardiac Sonography Program is an 18-month hybrid program designed to create a career track for sonographers practicing at an advanced level in the echocardiography laboratory by providing a CAAHEP-accredited educational pathway for clinical and administrative advancement.

#### Other Health Professional Education

Health professions students were educated and performed their clinical hours and/or internship rotations at CRMC. Clinical rotations were provided for pharmacy students, dental residents and UCSF Fresno provided training in three physician assistant residency programs, including acute care/trauma surgery, emergency medicine and orthopedic surgery.

#### Clinical Pastoral Education of Community Health System

The Clinical Pastoral Education (CPE) Program at CRMC provided professional training for spiritual care providers to improve their professional ministry skills. The CPE program is a multi-faith and inter-faith environment that respects diversity.

The program is fully accredited to offer Association of Clinical Pastoral Education's (ACPE) Certified CPE™ programs of Level I/II and Certified Educator CPE. The program trained 5 chaplains to work with underserved, rural populations like farmworkers, providing spiritual and emotional support.

#### **Cash Donations**

*Definition: Funds and in-kind services donated to community groups and nonprofit organizations.*

#### Cash Donations

Funds were donated to nonprofit community groups and local organizations. The support of these organizations furthered the health system's mission and addressed the community health needs identified through the CHNA. In FY23, CRMC provided funds to 15 organizations.

#### **Community Benefit Operations**

*Definition: Direct and indirect costs associated with assigned staff, community health needs assessments, community benefit planning, tracking, reporting, evaluating and operations.*

In FY23, community benefit operations included:

- Community benefit staff salary, benefits and expenses
- Administrative support for community benefit
- Community benefit consultants

## **Community Building Activities**

*Definition: Activities that support community assets by offering the expertise and resources of the hospital organization. These activities may address the root causes of health problems or the determinants of health, such as education, homelessness, poverty and the environment.*

### Workforce Development

Project SEARCH is a dedicated program focused on providing education and training to young adults with intellectual and developmental disabilities. Since 2017, CRMC has served as a vocational training site for disabled adults through Project SEARCH. Participants receive experience necessary to find and maintain employment. In FY23, 28 students worked alongside hospital staff in clinical and nonclinical areas including NICU, antepartum, postpartum, environmental services, materials management, kitchen and plant operations at CRMC and CCMC.

## Addressing Priority Health Needs - Clovis Community Medical Center

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In FY23, CCMC engaged in activities and programs that addressed the priority health needs identified in the 2023-2025 Implementation Strategy. CCMC committed to community benefit efforts that addressed access to healthcare, chronic diseases, economic stability, maternal and child health, and mental health. Activities and programs that highlight CCMC's commitment to the community are detailed below.

### Access to Care

#### *Response to Need*

##### Financial Assistance

The hospital provided financial assistance through free and discounted care for healthcare services, consistent with CHS's financial assistance policy.

##### Community Support

A cash donation was provided to Every Neighborhood Partnership's Beat the Heat event to support access to health information and resources, hosted by Councilmember Tyler Maxwell and Every Neighborhood Partnership.

### Chronic Disease

#### *Response to Need*

##### Support Groups and Education Classes

Community Cancer Institute (CCI) hosted support groups and classes for 383 cancer survivors and their families. The support groups, held in English and Spanish, were open to all persons touched by cancer, regardless of where they received cancer care. Support groups included:

- Breast cancer
- Head and neck cancer
- Hope Matters oncology support services
- Nutrition survivorship and wellness
- Spanish oncology support services

##### HealthQuest Seminars

Live, online health education featured health professionals during seminars discussing topics related to identified health needs, including nutrition and chronic disease awareness and treatment. 494 health education encounters were provided. Specific topics included:

- Sports safety injury prevention

- Men’s health
- Stroke prevention
- Wellness
- COVID-19
- Women’s heart health
- Arthritis
- Knee pain

### Community Support

Cash donations were provided to community organizations to prevent and manage chronic diseases.

- Support for the American Cancer Society’s Road to Recovery program
- The Leukemia & Lymphoma Society was funded for the local patient financial assistance program.
- Funding was provided for the Valley Caregiver Resource Center Caregiver Respite Program.

## Economic Stability

### *Response to Need*

#### Transportation Services

Transportation vouchers were made available to patients and families having difficulty accessing care because of transportation challenges.

## Maternal and Infant Health

### *Response to Need*

#### Community Support

A cash donation was provided to Kings Community Action Organization to support access to maternal and infant health. Funds were used to support the Summer Food Program, which served youth, ages 0-18.

## Mental Health

### *Response to Need*

#### Bridge Program

CCMC provided 100 individuals with buprenorphine medication encounters to suppress cravings and withdrawal symptoms from opioid use. The treatment provided patients with immediate attention in the hospital setting, rather than being referred to a rehabilitation center, which may take weeks or months. Additionally, the Bridge Program provided educational information to the greater community about substance abuse.

**Community Support**

A cash donation was provided to Clovis Unified School District to support access to mental health services by providing mental health grants and suicide prevention training.

## Other Community Benefit Services - CCMC

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CCMC provided community benefit services in addition to those programs that focused on addressing priority health needs.

### **Health Professional Education**

*Definition: Education programs for physicians, nurses, nursing students and other health professionals.<sup>2</sup>*

#### Graduate Medical Education

Through an agreement with the California Health Sciences University (CHSU), a private institution offering doctoral degrees through its College of Osteopathic Medicine, CHSU medical students rotated through the hospital as part of their training.

#### Nursing

CCMC had 582 nursing students participate in precepted hospital clinical rotations.

#### Other Health Professional Education

Pharmacy students were educated and performed their clinical hours and/or internship rotations at CCMC.

### **Cash Donations**

*Definition: Funds and in-kind services donated to community groups and nonprofit organizations.*

#### Cash Donations

Funds were donated to nonprofit community groups and local organizations. The support of these organizations furthered the health system's mission and addressed the community health needs identified through the CHNA. In FY23, CCMC provided funds to 9 organizations.

### **Community Benefit Operations**

*Definition: Direct and indirect costs associated with assigned staff, community health needs assessments, community benefit planning, tracking, reporting, evaluating and operations.*

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<sup>2</sup> Community benefit category definitions source: Catholic Health Association (2020) *A Guide for Planning and Reporting Community Benefit*. <https://www.chausa.org/communitybenefit/a-guide-for-planning-and-reporting-community-benefit>



In FY23, community benefit operations included:

- Community benefit staff salary, benefits and expenses
- Administrative support for community benefit
- Community benefit consultants

### **Community Building Activities**

*Definition: Activities that support community assets by offering the expertise and resources of the hospital organization. These activities may address the root causes of health problems or the determinants of health, such as education, homelessness, poverty and the environment.*

#### Workforce Development

Project SEARCH is a dedicated program focused on providing education and training to young adults with intellectual and developmental disabilities. Since 2017, CCMC has served as a vocational training site for disabled adults through Project SEARCH. Participants receive experience necessary to find and maintain employment. In FY23, 28 students worked alongside hospital staff in clinical and nonclinical areas including NICU, antepartum, postpartum, environmental services, materials management, kitchen and plant operations at CRMC and CCMC.

## Financial Summary of Community Benefit - CRMC

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The CRMC financial summary of community benefit for FY23 (September 1, 2022, to August 31, 2023) is summarized in the table below. The community benefit costs comply with Internal Revenue Service instructions for Form 990 Schedule H. The methodology for calculating shortfalls in Medi-Cal is based on the allowable cost-to-charge ratio.

Community Benefit Categories	Net Benefit
Charity Care/Financial Assistance <sup>1</sup>	\$13,033,000
Unpaid Costs of Public Programs <sup>2</sup>	\$79,900,000
Education and Research <sup>3</sup>	\$41,958,596
Other for the Broader Community <sup>4</sup>	\$613,404
<b>Total Quantifiable Community Benefit</b>	<b>\$135,505,000</b>

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<sup>1</sup> Financial Assistance includes traditional charity care write-offs to eligible patients at reduced or no cost based on the individual patient's financial situation.

<sup>2</sup> Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospitals are reimbursed.

<sup>3</sup> Costs related to the health professions education programs and medical research that the hospitals sponsor.

<sup>4</sup> Includes non-billed programs such as community health education, screenings, support groups, support services, cash and in-kind donations and community benefit operations.

## Financial Summary of Community Benefit - CCMC

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The CCMC financial summary of community benefit for FY23 (September 1, 2022, to August 31, 2023) is summarized in the table below. The community benefit costs comply with Internal Revenue Service instructions for Form 990 Schedule H. The methodology for calculating shortfalls in Medi-Cal is based on the allowable cost-to-charge ratio.

Community Benefit Categories	Net Benefit
Charity Care/Financial Assistance <sup>1</sup>	\$4,223,000
Unpaid Costs of Public Programs <sup>2</sup>	\$25,690,000
Education and Research <sup>3</sup>	\$1,541,658
Other for the Broader Community <sup>4</sup>	\$226,342
<b>Total Quantifiable Community Benefit</b>	<b>\$31,681,000</b>

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<sup>1</sup> Financial Assistance includes traditional charity care write-offs to eligible patients at reduced or no cost based on the individual patient's financial situation.

<sup>2</sup> Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospitals are reimbursed.

<sup>3</sup> Costs related to the health professions education programs and medical research that the hospitals sponsor.

<sup>4</sup> Includes non-billed programs such as community health education, screenings, support groups, support services, cash and in-kind donations and community benefit operations.

## Financial Summary of Community Benefit – Consolidated CHS

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The consolidated CHS financial summary of community benefit for FY23 (September 1, 2022, to August 31, 2023) is summarized in the table below. The consolidated CHS financial summary includes community benefit investments attributed to CRMC, CCMC and CHS' nonprofit medical foundation. Collectively, all CHS community benefit investments are included in the table listed below.

Community Benefit Categories	Net Benefit
Charity Care/Financial Assistance	\$17,175,000
Unpaid Costs of Public Programs	\$107,031,000
Education and Research	\$43,500,254
Other for the Broader Community	\$839,716
<b>Total Quantifiable Community Benefit</b>	<b>\$168,545,970</b>

The FY23 community benefit investments totaled almost \$100 million less than the FY22 community benefit investment. This is attributed to a change in how CHS recorded the Hospital Quality Assurance Fee Program (Provider Fee) funds in FY23. The accounting change helped reduce discrepancies in the timing of the financial statements. However, this change resulted in higher-than-normal Provider Fee payments in FY23. With the one-time Provider Fee increase in FY23, higher than normal revenue for serving Medi-Cal patients was reported, thereby decreasing the overall community benefit investments.

## Joint Community Benefit Plan FY24

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### Significant Needs the Hospitals Intend to Address

CRMC and CCMC will take actions to address the following health needs that were identified in the FY22 CHNA and detailed in the joint FY23-FY25 Implementation Strategy:

- Access to Healthcare
- Chronic Diseases
- Economic Stability
- Maternal and Child Health
- Mental Health

### Access to Healthcare

**Goal:** Increase access to healthcare services, including primary care, preventive care and specialty care services, including HIV/AIDS/STIs, for medically underserved residents.

### Strategies

1. Provide health insurance enrollment assistance for persons who are uninsured or underinsured.
2. Provide transportation support to increase access related to healthcare services.
3. Partner with Family Health Care Network's Special Services Clinic to administer the federal Ryan White HIV/AIDS Program and provide healthcare and case management services for patients and their families.
4. Provide in-hospital testing and examinations for those who have experienced sexual assault and rape through the Sexual Assault Forensic Examiners (SAFE) Program.
5. Offer education and environmental modifications to reduce the incidence of injury, disability and death due to trauma through the Trauma Prevention Program.
6. Work in collaboration with community agencies to increase access to healthcare services, including primary care, specialty care and mental health services.
7. Provide cash and in-kind support to nonprofit community organizations that provide programs and services to expand healthcare access.

### Chronic Diseases

**Goal:** Reduce the impact of chronic diseases on health and increase the focus on chronic disease prevention and treatment education, including through nutrition and physical health.

### Strategies

1. Provide diabetes self-management education through the Community Diabetes Education

(CDE) program. Host the Sweet Success program, which supports women diagnosed with diabetes during pregnancy.

2. Facilitate health education workshops and presentations on chronic disease prevention, treatment and management, including physical activity, exercise and nutrition.
3. Participate in health and wellness fairs and offer preventive screenings.
4. Provide public health education in the media and at community health awareness events to encourage healthy behaviors and prevent chronic diseases.
5. Provide support groups to assist those with chronic diseases.
6. Work in collaboration with community agencies to address the causes and management of chronic diseases.
7. Provide cash and in-kind support to nonprofit community organizations that provide chronic disease-focused programs and services.

### **Economic Stability**

**Goal:** Increase access to resources to address homelessness, crime and violence, food insecurity and access to the Internet.

#### **Strategies**

1. Connect residents to linguistically and culturally appropriate services, including internet access resources, housing resources and food availability.
2. Facilitate violence prevention and family stabilization initiatives.
3. Work in collaboration with community organizations and agencies to address the impact that economic stability has on health and wellness.
4. Provide cash and in-kind support to nonprofit community organizations that provide programs and services that address food insecurity, crime and violence, homelessness and internet access.

### **Maternal and Child Health**

**Goal:** Improve the health of new mothers, infants, adolescents and teens through preventive and postpartum practices.

#### **Strategies**

1. Provide community health promotion and education programs targeting maternal, adolescent and teen health issues.
2. Support breastfeeding initiatives.
3. Facilitate increasing access to HPV vaccinations and HPV vaccination training.
4. Encourage screenings for developmental milestones and for prenatal and postpartum depression.

5. Offer education and support for parents through Community's Mother's Resource Center.
6. Work in collaboration with community agencies and healthcare providers to increase access to prenatal care, safe birthing options and comprehensive child healthcare.
7. Provide cash and in-kind support to nonprofit community organizations that provide programs and services to improve maternal and child health.

## **Mental Health**

**Goal:** Increase access to mental health services, including Adverse Childhood Experiences (ACEs) and substance use, in the community.

### **Strategies**

1. Help individuals and families connect to needed resources (food, housing, navigating parenting, relationships, etc.) to reduce mental health crises.
2. Provide appropriate medications in the emergency departments to support patients experiencing withdrawal symptoms from substance abuse through the Bridge Program.
3. Offer community health education, lectures, presentations and workshops focused on mental health topics, including ACEs, relational health and positive coping skills.
4. Increase access to mental health screening, including ACEs screening and psychosocial distress screening.
5. Work in collaboration with community agencies to increase access to mental healthcare services, address trauma and build resilience.
6. Provide cash and in-kind support to nonprofit community organizations that provide mental health services, programs and resources.

### **Evaluation of Impact**

CRMC and CCMC are committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Community Benefit Plan. We collect, document and track measures, such as the number of people reached or served, and collaborative efforts to address health needs. An evaluation of the impact of hospital actions to address these significant health needs will be reported in the next scheduled CHNA in 2025.

### **Other Health Needs Identified in the CHNA Not Primarily Addressed**

CRMC and CCMC are dedicated to ensuring the region's identified health needs are addressed whenever possible. Taking into consideration our existing health system and community resources, the hospitals will not primarily address the other needs identified in the CHNA including child care, education, tobacco and nicotine use, environmental conditions, and transportation. The hospitals do not intend to specifically emphasize COVID-19 interventions but will continue to deliver acute medical care and be a community resource for COVID-19. The hospitals will strive to impact the other identified health needs as they fall within our areas of focus and expertise and as resources allow. We will continue to look for opportunities to partner with other organizations that are addressing these needs where we can make a meaningful contribution.