

Adventist Health Clear Lake

2019 Community Health Plan Annual Update





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Adventist Health Overview

Adventist Health Clear Lake is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.



OUR MISSION:

Living God's love by inspiring health, wholeness and hope.

OUR VISION:

We will transform the health experience of our communities by improving health, enhancing interactions and making care more accessible.

Adventist Health entities include:

- 20 hospitals with more than 3,200 beds
- More than 283 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, medical staff physicians, allied health professionals and volunteers

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.



Adventist Health Clear Lake's commitment to the communities of Lake County is rooted in a deep desire to help transform the health status of every resident. "Hope Starts Here" in our hospital and clinics by providing opportunities to live a long, healthy life for everyone.

Truly embodying our mission to live God's love by inspiring health, wholeness and hope is the inspiration that has resulted in Adventist Health Clear Lake's awards for highest quality among critical access hospitals in the western United States and 4-star certification from the Centers for Medicare and Medicaid Services. We are committed to the continued development and implementation of innovative, results driven initiatives that meet the needs of patients, consumers and community members striving for optimum health.

We believe that collaborating with all agencies countywide is the cornerstone of community transformation. Together with these agencies, our Community Integration team is aligned to continue addressing ongoing priorities and the new priorities of community outreach and increased cancer prevention and screening in the 2019 Health Needs Assessment.

In 2020, we see change happening in Lake County and we will continue to push through the barriers and see a new future for our friends and neighbors. Working to be a "Force for Good" in our community is a calling that every associate and care provider is dedicated to upholding. As we strive for excellence in every care interaction, every day, for everyone, we also envision a thriving, healthier community emerging.

Sincerely,

David Santos

President

Hospital Identifying Information



Adventist Health Clearlake

25-bed Critical Access hospital 15630 18th Avenue, Clearlake, CA 95422 Contact: David Santos, President & CEO (707) 995-5820

Existing healthcare facilities that can respond to the health needs of the community:

- •Adventist Hospital Clear Lake, 15630 18th Avenue, Clearlake, Ca 95422
- •Adventist Health Family Health Center, 15320 Lakeshore Drive, Clearlake, CA 95422
- •Adventist Health Live Well, 15320 Lakeshore Drive, Clearlake, CA 95422
- Adventist Health Hidden Valley Clinic, 18990 Coyote Valley Drive, Hidden Valley Lake, Ca 95467
- •Adventist Health Family Health Center, 487 S Main St., Lakeport CA 95453
- •Adventist Health Clinic, 11th street, Lakeport, CA 95453
- •Adventist Health Lucerne Clinic, 6300 E. Hwy 20, Lucerne CA 95458
- Adventist Health Family Health Center, 52960 State Street, Kelseyville, CA 95451
- Adventist Health Konocti Wellness Center, 9340 C Lake Street, Lower Lake, CA 95457
- Adventist Health Family Health Center, 21337 Bush Street, Middletown, CA 95461
- Adventist Health General Surgery, 15322 Lakeshore Drive, Suite 101, Clearlake, CA 95422
- Adventist Health Rehabilitation Services, 14855 Olympic Drive, Clearlake, CA 95422
- Family Health Center Arbuckle, 900 King Street, Arbuckle, CA 95912
- Family Health Center Williams, 501 E Street, Williams, CA 95987
- Family Health Center Colusa, 151 E. Webster Street, Colusa, CA 95932
- •Sutter Lakeside Hospital, 5176 Hill Road East, Lakeport, CA 95453
- •Lakeview Health Center, 5335 Lakeshore Drive, Lakeport, CA 95453
- •Lake County Tribal Health Consortium, 925 Bevins Street, Lakeport, Ca 95453
- Clearlake Veterans Affairs Medical Clinic, 15145 Lakeshore Drive, Clearlake, CA 95422

Community Integration Task Force



David Santos President, CEO



Marc Shapiro, MD Chief of Staff



Russ Perdock Director Community Integration



Angelique Cole Director **Outpatient Operations**



Colleen Assavapisitkul RN, BSPA, HACP Vice President of Patient Care



Carlton Jacobson Regional Vice President Finance



Brent Dupper Administrative Director Physician Outpatient Services

Justin Ammon



Conrad Colbrandt **Executive Director** Redbud Health Care District



MBA Project Coordinator/Associate Analyst Community Integration & Business Development



Marylin Wakefield PhD, MSW Care Management Manager Capitation Management



Shannon Kimbell-Auth MSW,MDiv Manager Restoration House Community Integration



William F. Murray EdD. RN Wellness Consultant

CHNA/CHP contact:

Russ Perdock: Director, Community Integration; PerdocRE@ah.org 15630 18th Avenue, P.O. Box 6710 Clearlake, CA 9542

To request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/about-us/community-benefit/



Invitation to a Healthier Community

Fulfilling Adventist Health's Mission

Where and how we live is vital to our health. We recognize that health status is a product of multiple factors. To comprehensively address the needs of our community, we must take into account health behaviors and risks, the physical environment, the health system, and social determinant of health. Each component influences the next and through strategic and collective action improved health can be achieved.

The Community Health Plan (Implementation Strategy) marks the second phase in a collaborative effort to systematically investigate and identify our community's most pressing needs. After a thorough review of health status in our community through the Community Health Needs Assessment (CHNA), we identified areas that we could address through the use of our resources, expertise, and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission, "to share God's love by providing physical, mental and spiritual healing."

Identified Community Needs

The results of the CHNA guided the creation of this document and aided us in how we could best provide for our community and the most vulnerable among us. As a result, Adventist Health Clear Lake have adopted the following priority areas for our community health investments for 2017-2019:

- Healthy Behaviors
- Clinical Care
- Social & Economic Factors
- Physical Environment

Additionally, we engage in a process of continuous quality improvement, whereby we ask the following questions for each priority area:

- Do our interventions make a difference in improving health outcomes?
- Are we providing the appropriate resources in the appropriate locations?
- What changes or collaborations within our system need to be made?
- How are we using technology to track our health improvements and provide relevant feedback at the local level?
- Do we have the resources as a region to elevate the population's health status?

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly though, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities we all want for ourselves and our families.



2019 Community Benefit Update

In 2016 Adventist Health Clear Lake conducted a community health needs assessment and was followed by a 2017 Community Health Plan (Implementation Strategy) that identified the priority needs listed below. The prioritized needs were chosen based on community health data and the voices of our community. Working together with our community is key to achieving the necessary health improvements to create the communities that allow each member to have safe and healthy places to live, learn, work, play, and pray. Below you will find an inventory of additional interventions supporting the health of our communities.

Priority Need 1 – Healthy Behaviors (Access to Services, Housing and Homelessness, Substance Use Disorders)

Intervention: LIVING NICOTINE FREE with LIVE WELL is a primary intervention which targets high tobacco use in Lake County. This intensive offering lasts for three months and is geared for individuals having a desire to quit using tobacco products. On-on-one telephone support, group meetings, a targeted cell phone app, weekly reminders via text, the use of nicotine replacement products and a referral to the Live Well Program to implement a holistic approach to cessation are included.

Number of Community Members Served: 56

Intervention: LIVE WELL originated as a pain management program. Over the past decade, Live Well has become a fully integrated multi-disciplinary intervention that is designed to improve the quality of life for all patients enrolled. Program components include: behavioral health, addiction and pain management, dietary counseling, and health coaching. While pain and addiction management remain the primary focus of Live Well, services provided will aid the healing of many chronic diseases.

Number of Community Members Served: Over 3000 patients were enrolled in Live Well

Intervention: SAFE SLEEPING FOR BABY AND MOTHER is an infant safe sleeping campaign designed to reduce infant deaths and injuries related to suffocation and S.I.D.S. Any Lake County family who is expecting and completes the safe sleeping training will receive a baby bundle gift including a Pack n' Play and baby essentials that support safe infant care. The SAFE SLEEPING FOR BABY & MOTHER workshop launched fully on September 18, 2018 with 6 new mothers attending the first meeting.

o Number of Community Members Served: **106** (70 new mothers, 36 guests)

Partners

- **Health Leadership Network**
- Lake County Public Health
- First 5 Lake County
- Sutter Lakeside Hospital
- Medline Industries Inc.
- **Mother-Wise**



- Lake Family Resource Center
- Lake County Breastfeeding Coalition
- Redbud Health Care District
- North Cost Opportunities
- Easter Seals

Evaluation Metrics and Impact 2019

Objective	Baseline Measurement	Performance Targe	t Indicator	Data Source
Increase the number of Lake County residents that have access and engage in healthy behavior programming	Assess the number of members enrolled in healthy behavior programming in 2017 (e.g. smoking cessation; Live Well)	10% improvement	# attending classes: Live Nicotine Free enrollees grew to 56 people. # Attending support groups: 1181 Program Attendees with SUD	Clinic, hospital, and class records
			diagnosis in Live Well programs. Health Ranking in adult obesity dropped 1% from 26% in 2018 to 25% in 2019. Fewer teen births from 37 to 33, a 10% reduction. Improved # of Medicare enrollees receiving A1c monitoring, 221 patients	hrankings.org
Decrease substance abuse & adult smoking rate	2017 substance abuse & adult smoking rate	10% reduction ■	enrolled in diabetes track. No change in lung cancer death rate.	CDPH county health status profile 2019.



Decrease in years of potential life lost before age 75	2017 years of potential life lost before age 75	10% reduction	life lost before age Rai	/J Foundation nkings & admaps.
			 Cancer Mortality Rate sta Heart Disease 	PH county health tus profile 2019. NA.
Improved Quality of Life	Poor or fair health days.	10% improvement	 No change, 18% RWJ of days reported. Rank 	Foundation ings & Roadmaps
	2019poor physical/mental health days rate	10% improvement	■ 2018 4.2Days - RWJ	Foundation ings & Roadmaps
	Poor mental Health Days	10% improvement	2040 4 50	Foundation ings & Roadmaps

Program highlight

AHCL is proud to offer safe sleeping workshops monthly for new mothers. Our program goal is to help reduce the number of Sudden Infant Deaths (SIDS) in lake county by offering informational workshops on safe sleeping. Our workshops are offered in both English and Spanish languages facilitated by expert OB staff who care deeply for our new mothers.

Adventist Health Clear Lake's Safe Sleeping courses for new mothers continues the relationship formed with our patients in their pregnancy, through delivery. The Safe Sleeping program helps connect new mothers and families to services at Adventist Health and in the county. Our partnership with First5, Lake County Family Service, and EasterSeals provides a network of support for new mothers and gives our patients needed support to grow in good health with each new baby. We are proud to offer services aimed at building health and safety into each child's life from the very start.

Priority Need 2- Clinical Care (Access to Services, Substance use Disorders, Housing and Homelessness and Mental Health)



Intervention: **SAFE RX** has already proven its success as an opioid reduction program. The program was established to support a healthier and safer community by improving the quality and functionality of life for individuals experiencing pain. SAFE RX has also shown the ability to reduce harm from prescription drug abuse through celebrative partnerships that focus on prevention, treatment, and recovery. Emphasis is placed on adhering to county-wide opioid prescribing guidelines.

Number of Community Members Served: 2627

Intervention: **PROJECT RESTORATION** plays a vital role with the entire population health strategy for Adventist Health Clear Lake Hospital. Its development is based on the evidence-based theories of the Camden Coalition. Its primary purpose is data analysis, solution identification, and countywide collaborative systems design. Project Restoration focuses on: high utilizer identification, readmission prevention, streamlined access to services for vulnerable populations, homelessness alternatives, intensive case management, mental health options, and substance abuse support.

Number of Community Members Served: 19

Intervention: **RESTORATION HOUSE RESPITE BEDS** provides an additional link to housing and healing for our most vulnerable clients. Patients ready for discharge without proper housing or without home care available can continue their medical healing in the confines of Restoration House until able to conduct self-care in a permanent housing situation.

o Number of Community Members Served: 8

Intervention: **LIVE WELL INTENSIVE (IOPCM)** is an enhanced version of Live Well. This intervention is geared to provide case management/disease management services to individuals who have been identified as being at high risk of becoming or are high utilizers of the system. Individuals who enroll in this program often have comorbidities and are frequent utilizers of the hospital's ED. This intervention also helps patients to gain access to provider appointments and provides broad support to improve the social determinants of health and effectively linking to the community resources.

Number of Community Members Served: 337

Intervention: **More Than Wheels** a patient shuttle & shuttle voucher program that provides supplemental transportation for patients who need a ride to Adventist Health Clearlake Hospital or our clinic to meet their scheduled appointment. Many residents of Lake County do not have adequate transportation and AHCL hospital shuttle program has shown to improve health outcomes by reducing missed appointments for patients by providing transportation for patents to our clinics and hospital.

 Number of Community Members Served: 6788 (3588 patients received bus vouchers, over 3200 patients received a ride from the AHCL shuttles).

Intervention: **Empathy in Action, 'in their shoes'** gives all AHCL hospital employees the tools and the freedom to bring their heart to work by encouraging all to show empathy for patients and for each other. The Empathy



in Auction program was developed by our sister hospital Adventist Health Castle in Hawaii and has shown to help create a happier more caring work environment and has positive effect on how patients feel about their hospital experience. In 2019 104 AHCL staff completed the Empathy in Auction workshop bringing the grand total number of course attendees to 434 AHCL employees.

o Number of Community Members Served: 104

Partners

- Lake County Public Health
- Lake Health Center Mendocino Community Health Clinic
- Partnership Health Plan of California
- Sutter Lakeside Hospital
- Clearlake Police Department
- North Coast Opportunities
- **Lake County Fire Protection District EMT**
- Lake Transit
- Hospice Services of Lake County
- Lake County Behavioral Health

Evaluation Metrics and Impact 2019.

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Establish county- wide opioid prescribing guidelines	Guideline adoption	10% Reduction in new opioid prescriptions	2019 shows 18.7% reduction in new opioid prescriptions.	Partnership Health Plan, CURES data; Safe RX dashboard
Identify patients at risk for increased health issues	Live Well program enrollments	10% increase	enrolled in Live Well.	Live Well, Partnership Health Plan
Reduce opioid prescriptions and taper off patients on long term use	Opioid Prescriptions	10% reduction	Reduced opioid prescriptions by 18.7%.	Partnership Health Plan, CURES data; Safe RX dashboard





Reduce preventable E.D. visits post enrollment E.D. visits post enrollment in Project Restoration. E.D. visits post enrollment E.D. visits post enrolled patients. E. See er E.D. visits. E. See ever E.D. visits. E. Very manufaction by 2.25, a 28% improvement. E. Vears of life lost E						
E.D. wisits post enrollment in Project Restoration. Restoration. Diabetes monitoring monitoring monitoring monitoring adminishment beath Reduce Premature Death More Than Wheels Plan, AHCL Lonsoptial visits for enrolled patients. 10% reduction in diabetes ED visits, hospital admissions 10% reduction in diabetes ED visits, hospital admissions 10% reduction in diabetes ED visits, hospital admissions Reduce Premature Death Partnership Health plan Annual health Rankings CDPH 2019 Report Annual health Rankings CDPH 2019				•	related to	
monitoring monitoring diabetes ED visits/hospital admissions Partnership Health plan Annual health Rankings CDPH 2019 report Partnership Health plan Annual health Rankings CDPH 2019 report Partnership Health plan Annual health Rankings CDPH 2019 report Partnership Health plan Annual health Rankings CDPH 2019 report Pathor Lower Respiratory disease ranking 51/58. Back month access to medical treatment is improved for 17% of patients by taking AHCL provided shuttle service. 3588 patients received bus vouchers in 2019. More than Wheels Pattent Disease rank 45/58. Partnership Health plan Annual health Rankings CDPH 2019 report AHCL Clinic Data Cerner Data Self-Reporting Patients by taking AHCL provided shuttle service. 3588 patients received bus vouchers in 2019. More than 3200 patients received AHCL shuttle rides in 2019. Patient post visit interview response composite score dropped from 74.7 in Post discharge	E.D. visits post enrollment in Project	· ·	10% reduction	:	13 recurring ED visits for enrolled patients. 5 fewer ED visits. 89 fewer inpatient days by Restoratior House members. 168 more clinic visit	Plan, AHCL hospital records, Restoration
From 58/58. Heart Disease rank 45/58. Stroke ranking 51/58. Chronic Lower Respiratory disease ranking 51/58. Transportation/Acces s to care Patient Transportation/Acces s to care Reduce missed appointments by 5% Increase patient access for homebound patients without transportation Patients without transportation Trans		Diabetes monitoring	diabetes ED visits/hospital		in Diabetes Track Average A1C level was reduction by 2.25, a 28%	Partnership Health
Transportation/Acces s to care Transportation/Acces s to care appointments by 5% medical treatment is improved for 17% of patients by taking AHCL provided shuttle service. 3588 patients received bus vouchers in 2019. More than 3200 patients received AHCL shuttle rides in 2019. Empathy In Action Employee empathy training workshop Employee empathy training workshop Transportation/Acces appointments by 5% medical treatment is improved for 17% of patients by taking AHCL provided shuttle service. 3588 patients received bus vouchers in 2019. More than 3200 patients received AHCL shuttle rides in 2019. Patient post visit interview response composite score department data. Post discharge		Years of life lost	10% reduction		from 58/58. Heart Disease rank 45/58. Stroke ranking 51/58. Chronic Lower Respiratory disease	Rankings CDPH 2019
training workshop satisfaction by 10% interview response engagement composite score department data. dropped from 74.7 in Post discharge	More Than Wheels	Transportation/Acces	Increase patient access for homebound patients without	•	medical treatment is improved for 17% of patients by taking AHCL provided shuttle service. 3588 patients received bus vouchers in 2019. More than 3200 patients received AHCL shuttle rides in	Cerner Data
2010 to 00.2 iii 2019	Empathy In Action		•	•	interview response composite score	engagement department data.



(partially due to	interview data. Self-
PG&E power	reporting.
shutdowns that	
interrupted medica	
services).	

Program highlight: Project Restoration

Project Restoration is an initiative of Adventist Health uniting community partners through innovative case management to provide whole person care for our high utilizing neighbors to achieve health, wholeness and hope. Each client has a complex medical need that has not been effectively addressed due to lack of adequate housing and other social determinants of health.

Case Managers create a unique care plan with each client to address identified areas of need. Domains of care include, Shelter, Health Management, Substance Use, Transportation, Legal, Advocacy and Activism, Family, Personal and Peer Relationships, Reproductive Health, Official Vital Records, Education & Employment, Mental Health, Food and Nutrition, Provider Relationships, Benefits and Entitlements and "Other" selfidentified needs of the client. Project Restoration does not provide direct service in each of the domains but utilizes collaborative case conferencing to create care teams.

Residential clients stay at Restoration House, our ten-bed transitional respite house, where clients work closely with Case Managers to address social determinants to their health. This is done through weekly 1:1 meetings with case manager, support groups, leadership development and managed health care. We are guided by principles of Harm Reduction, Trauma Informed Care and Accompaniment. We also believe our patients will have the best chance of success when they play a pivotal role in their own care. Restoration House is community centered living that is based on three primary agreements:

- 1) to choose health
- 2) to live into your best self, and
- 3) to participate in community

Participation in Project Restoration is voluntary. By entering into Project Restoration each client agrees to these values and to support this agreement for their best health outcome.



AN INTERVIEW WITH TERRY ANDREWS

What has Project Restoration meant to you?

Everything. It saved me. It gave me an opportunity to get back on my feet again.

What was the most helpful about your time at Restoration House?

The appointment minder sheets were important for me. It's more than just the doctor appointments it's the encouragement to keep moving forward on all the pathways.

What is the biggest change you made while here?



The opportunity to stabilize my life, not just my health but everything.

What has been the hardest here?

Physical therapy was the hardest. It was painful. But what kept me going back was the desire to not hurt anymore. And learning how to work through the pain without medications.

What was the best moment while you were here?

When I learned about a housing opportunity. I'm moving in today! Boo-yah!

What about the future?

The future is wide open. School work. And job! Taking care of myself. I couldn't do it if I was homeless. Project Restoration has made all the difference. That's the God's honest truth.



Priority Need 3 - Social and Economic (Access to Services, Substance use Disorders, Housing and **Homelessness and Mental Health)**

Intervention: Hope Rising (formerly Healthy Clear Lake Collaborative) Adventist Health Clear Lake Medical Center provides the backbone leadership and support to build and strengthen the community collaboration committed to mobilizing and inspiring community partnerships and actions that support individual, collective, and community health and wellness across Lake County. The Accountable Community For Health provides support and cohesive communication to the broad range of work throughout the community, supports leadership development in service providers & community members, shared data collection and analysis, and provides leadership for signature projects including SafeRx, and anchor activities including countywide wellness publications and resource guides, events, and evaluations.

o Number of Community Members Served: Entire County Population.

Intervention: HOPE CENTER FOR TRANSFORMATION provides a program of intensive case management for individual transformation. The program will augment the county's transitional housing and provide a range of support to facilitate access to and retention of permanent housing. The project, based on operational and successful housing models is embedded with services from county agencies, nonprofits, and health care systems, to create a powerful tool for individual and community transformation.

> Number of Community Members to be Served: Under Construction & due to open August 2020.

Partners:

- Sutter Lakeside Hospital
- Lake County Public Health
- Lake Health Center
- **Mendocino Community Health Clinic**
- Partnership Health Plan of California
- **Sutter Lakeside Hospital**
- **Clearlake Police Department**
- **North Coast Opportunities**
- **Lake County Fire Protection District (EMT)**
- Lake Transit
- **Hospice Services of Lake County**
- **Lake County Behavioral Health**
- County of Lake Board of Supervisors
- Woodland Community College
- Lake County Department of Social Services
- **Hospice Services of Lake County**



Evaluation Metrics 2019

Objective	Baseline Measurement	Performance Target		Indicator	Data Source
Create community partnerships	Collaboration to develop joint initiatives	Buy in of major county organizations	•	17 organizations partnered to form "Hope Rising Coalition". Hope Center transitional housing and community services facility due to open in August 2020.	Self-reporting
Community buy-in	Participation	10% improvement in health		17 partner agencies in Hope Rising help improve outcomes for Restoration House members. 2627 SafeRx members with reduced opioid prescriptions. 337 Live Well Intensive (IOPCM) patients with improved outcomes and reduced hospital visits. Partnerships helped to reduced cost, fewer hospitalizations and improved health outcomes for 19 Restoration House patients.	Hospital and clinic records
Long term indicators	Participation	10% improvement in health rankings	•	Total of 2833 program participants experienced improved health outcomes as a direct result of community partnerships, Hope Rising, and hospital programs.	Hospital Records



Hope House Program & Services

Residents will have shared dorm-style rooms with two individuals per room. People who have been homeless, like those who suffer from depression, have a self-protective tendency towards isolation. The communal nature of a dorm will offer a level of support that would not be possible with this particularly vulnerable population because of this tendency.

We will serve up to 26 residents at one time. Residents will not pay rent. However, if eligible for subsidies or benefits, these will be taken for the program. The option of sliding scale fees for residents as a best practice to support self-sufficiency will be revisited after the first 6 months of full capacity.

Tenants will not have time limits on their stay, but will assessed every 30 days for their eligibility and progress to independence. In order to ensure full client success, case managers will continue to stay in contact with clients for one year after program graduation with the first 6 months including monthly home visits and physical check-in.

Partnerships & Resource Alignment

Lake County Behavioral Health (LCBH), the Lake County Continuum of Care (LCCoC), Redwood Community Services (RCS) and North Coast Opportunities (NCO) have agreed to assist in the long-term planning and sustainability of the project, aligning current and future funding opportunities with this project. LCBH recently received \$75,000 in technical assistance to help prepare this community to compete for No Place Like Home funding. In addition, NCO's New Digs Rapid Rehousing program that is funded through LCCoC will provide financial support to graduates of the program.

LCCoC will also assist with the setup of HUD-compliant best practices, such as the Coordinated Entry System and Homeless Management Information System (HMIS). The HMIS software, Clarity, will also be used for client case management software and meets all federal, state and HIPAA requirements.

Available resources that will help move participants into permanent housing include SOAR-certified case managers that can help expedite social security income for homeless clients, first and last month's rent through NCO's New Digs program and the "barrier buster" fund, USDA and HUD Section 8 vouchers, and Veterans housing vouchers through the VA. Additional resources will continue to be determined as the program grows and key funders like the LCCoC continue to seek new funding sources for Lake County.

Priority Need 4 – Physical Environment (Access to Services, Mental Health)

Intervention: RESTORATION HOUSE PROJECT plays a key role in addressing this priority. Housing for the homeless is wrapped under this initiative. While the ultimate goal is permanent housing for patients experiencing homelessness, the initial phase of this project is transitional housing. Individual who have the greatest need are identified by both IOPCM hospital staff & by Restoration House staff for entry into the program and granted this living arrangement. The Camden Coalition with their ability to assess county-wide data and services used by homeless assists and support this project.

Number of Community Members Served: 0 (previously counted in Need #2)



Intervention: WARMING CENTER & TEMPORARY SHELTER named "Hope Harbor" is on the front line of Lake County's effort to provide care and access for people experiencing homelessness. Volunteers operate the shelter and screenings, along with many other social services, are available during Hope Harbor's seasonal operation. Hope Harbor operates during the coldest months of the year and provides overnight sleeping arrangements for up to 26 homeless per night in the winter months, dinner and a packed breakfast in the morning.

Number of Community Members Served: 170

Intervention: Nutritional Services is seeking to impact the health and wellness attitudes of patients, employees, and community members through healthful food options at AHCL hospital. A comprehensive revitalization project was implemented which is focused on creating a vibrant and integral space focusing on health, wellness and healthy eating habits. This is accomplished through innovative menu offerings, added resources, and a visually appealing environment. Above all, emphasis is placed on fresh healthy food items. A community garden harvested produce used in menu option. Through this revitalization program Adventist Health Clear Lake Medical Center models healthy choices to patients, residents of our community, and hospital employees through the Nutritional Services department.

o Number of Community Members Served: 2500.

Partners

- **Sutter Lakeside Hospital**
- Lake County Public Health
- Lake Health Center
- **Mendocino Community Health Clinic**
- Partnership Health Plan of California
- **Sutter Lakeside Hospital**
- **Clearlake Police Department**
- **North Coast Opportunities**
- **Lake County Fire Protection District (EMT)**
- **Lake Transit**
- **Hospice Services of Lake County**
- **Lake County Behavioral Health**
- **County of Lake Board of Supervisors**
- **Woodland Community College**
- **Lake County Department of Social Services**
- **Hospice Services of Lake County**
- **Redwood Community Services**
- **Lake County Continuum of Care**
- **Donald Miller & Associates**



Evaluation Metrics 2019

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Room Service	Implementation	All patient rooms	25 rooms receiving room service daily.	Self-Reporting
Decrease in food waste	More fresh vegetable food consumption	20% reduction in waste	Improved patient experience scores. Increased employee engagement & satisfaction scores.	Self-Reporting

Program Highlight:



The mission of the Hope Harbor is to provide a warm and safe place to sleep for unsheltered individuals during intemperate weather. We aim to create a space that is physically and emotionally safe for all, regardless of race, ethnicity, nationality, religion, gender, gender identity, or sexual orientation.

Our service is not however, only overnight shelter. Last year we served 1,822 meals and we helped 19 people find sustainable housing. We help guests get ids if guests don't have them because it's difficult to find housing or even a job without proper id. We help make medical appointments, arrange for transportation to medical appointments and refer for needed services.

Adventist Health supports the Warming Center in three ways.

- 1) At the beginning of the season Adventist Health donates for overall operations.
- 2) Dr. Dhanda's team comes one time per month to provide basic medical check-ups for any guest wishing to see a doctor. Marylin's team also helped on Doctor Days at the shelter this year.
- 3) The Adventist Health shower trailer is at the Warming Center 3-4 times per week. It is operated by volunteers of the shelter (not AH staff) when it is at Hope Harbor.





Photo: when guests leave each morning, they receive a brunch bag. These were donated and decorated by school children from Konocti Christian Academy.

One guest commented, "The Warming Center saved my life, but these kids, that's special!"

Other Community Benefits

Intervention: Population Health Analysis and Strategy Development Project

o Number of Community Members Served: Will benefit the entire county population.

Intervention: ECAT Catastrophic Fund for assistance in case of disaster.

o Number of Community Members Served: 4

Intervention: CPR/First Aid/BLS/ACLS/PALS Courses.

o Number of Community Members Served: 278

Intervention: Economic Development Council Participation.

Number of Community Members Served: Population of Clearlake (15500).

Intervention: Education in Healthcare including Physical Therapy, Nursing education.

Number of Community Members Served: 1135.

Intervention: Training for Healthcare Professionals including PT/OT, Empathy, Medical Imaging Internship, Highschool Shadowing program, CEP & other training.

o Number of Community Members Served: 602.

Intervention: Workshops and Support for New & Growing Families:

o Number of Community Members Served: 80



Intervention: Fitness and Exercise, Annual Turkey Trot Fun Run:

o Number of Community Members Served: 165

Intervention: Use of Hospital Facilities for Community Groups:

Number of Community Members Served: 1200

Intervention: Leadership Training, Empathy in Action Cultural Sensitivity:

o Number of Community Members Served: 104

Intervention: Nutrition & Weight Management, Operation Christmas Joy:

Number of Community Members Served: 90

Intervention: Dental Screenings:

o Number of Community Members Served: 1597

Intervention: Weight Watchers meetings:

Number of Community Members Served: 80

Intervention: Support Group, Death in the Family "Circle of Life":

Number of Community Members Served: 164

Intervention: Mental Health Support Groups

 Number of Community Members Served: 724 Intervention: Women's and Children's services OB, classes and education including "Mommy to Be", "Bright Start", High Risk Management, Childbirth classes.

Number of Community Members Served: 70

Intervention: Workforce Development - Health Professional Recruitment for MUA's, Physician Recruitment:

Number of Community Members Served: Health service area 22,000 lives

Partners

- Lake Transit
- **Redwood Community Services**
- Pacific Union College
- North Coast Opportunities
- County of Lake Department of Social Services
- Partnership Health Plan of California



Challenges in 2019

In 2018 catastrophic fires devastated large areas of norther California. During the dry season of October & November 2019 PG&E implemented planned safety power shutdowns (PSPS) interrupting electrical power services in fire threatened county of norther California for many days at a time. The power outages meant that AH Clear Lake clinics could not operate safely and were closed for the duration of the PSPS event. In all 4 PSPS events stopped normal clinic operations causing 30,000 visits to Adventist Health Clear Lake clinics to be rescheduled.

Even without power our AH Clear Lake Hospital remained open to serve the needs of our community now without power. The hospital became a community hub as our cafeteria continued operations serving meals to staff and community alike who could not cook without power. The AHCL Shower Trailer provided 300 showers per day during the PSPS outages for anyone who needed shower services.

The Adventist Health Clear Lake associates were a beacon of hope and resilience for our community during the strange days without electricity in Lake County. Two articles below published around the time of the PSPS shutdowns highlight the character of service show at Adventist Health Clearlake Hospital during the PSPS events of 2019.

AHCL Power Updates

It came in the middle of the night, and while expected, it still challenged us to roll out our best and brightest team members to navigate power transfer to

generators, closed clinics and staffing coordination. AHCL has experienced incident command leaders and team members and they worked throughout the midnight-to-dawn hours (and beyond) making sure the hospital continued to run efficiently. We appreciate all the planning, preparation and execution that our associates are doing during this event.

Current AHCL Status

- All clinics are without power and closed Wednesday and Thursday. This includes primary and specialty care in Lakeport, Kelseyville, Lower Lake, Clearlake, Middletown, Hidden Valley, Clearlake and Lucerne.
- The hospital is open and caring for patients in ED, Med/Surg, WCU, and ICU. Outpatient/elective services are being rescheduled as necessary.
- Lab E and Building F are not on generator power and are closed.
- We are assessing walk-in patient needs and working to fill prescriptions. Clinic staff is on site and available to assist with writing prescriptions for patients.
- We are able to provide lab services and imaging at the hospital as necessary.



- A temporary call center was established at the hospital to field calls for appointments and questions.
- Additional staff is on-site and on-call for any influx of patients to the ED.

The power shutoff is scheduled until Thursday at noon. At that time, PG&E will begin to assess the power lines for re-energizing. This process will take from 1 to 3 days (or more) before all power is restored. We continue to monitor this process and will alert all associates as we know out power-up date/time.

PG&E has opened a Customer Resource Center in Clearlake at the Senior Center from 8 am - 6 pm daily. Customers are able to charge electronic devices, get water and cool off at the center.

Keeping Power On

County-wide the power was out this week but not here at AHCL. Our dedicated Facilities Team has been carrying the weight of getting us up and running and maintaining the generators to keep us running. This is in addition to their dedication to maintaining and providing a quality of care that promotes a safe and healthy environment for our patients and associates. We appreciate all that you do!

Just a quick glimpse of the additional duties they are seeing to this week: Fueling and output of the 750kw generator, transporting fuel and re-fueling the 50kw the emergency generator for the MRI, managing air scrubbers to keep our breathing environment safe, supporting hospital functions as the work on generator power, checking power loads on the generator, and working extended hours during generator power up and down. The full team is showing up as scheduled with no call-offs during the power events.



Changes in 2019

The Robert Wood Johnson Foundation and The CDPH Health Rankings continue to rank Lake County in last place, 58/58 counties in California for health and years of potential life lost before age 75. Despite the ranked and weighted outcomes, the county wide collaboration and AHCL CHP initiatives are beginning to drive changes that will begin to improve the health rankings for Lake County. Our work and collaboration with agencies around Lake County is driving positive change. The best example of that change is the collaboration and contribution of 17 agencies including healthcare systems to form the Hope Rising Accountable Community for Health coalition and appoint a director charged with managing the creation of the new 2019 CHNA for Lake County.

Shower Trailer Operation Shifted to Complex Care Team & Combined with Backpack Nursing

A simple shower can restore self-worth, improve hygiene, bolster dignity, and for those visiting

the AHCL shower trailer much more.

The Integrated Care program at Adventist Health Clear Lake is providing support and referrals, along with operating the shower trailer. We have two Community Health Workers who staff the shower trailer at each of 4 sites around Lake County. Our vision is to further AHCL's mission to provide health, wholeness and hope to those who are unhoused in Lake County.



We see the shower project as a low-barrier way to develop authentic, trusting relationships with those we are serving. As the trust level builds, more of each person's story is told, allowing our staff to provide intensive care management and referrals to needed community services. The shower trailer offers an important opportunity to partner with community agencies to offer additional services to our neighbors living outdoors.

Moving forward, an RN will be on at each shower trailer location for 2 hours per week to assess people for any medical concerns and provide physician ordered treatment and/or referrals. We envision the shower trailer becoming the "health home" for those who are homeless and have unmet medical needs. We will soon be entering information into the county-wide Homeless Information Management System for all who are utilizing the shower or other onsite services. This will assist our county in learning more about the needs of our homeless neighbors.



SAM'S STORY

Sam came to the shower trailer the first time we set up in Clearlake Oaks. He was chatty but did not give a lot of details about his life. Over the course of 4 weeks, he disclosed more and more of his story to Anna, our Shower Trailer Coordinator. Up until 2 years ago, Sam had lived with his sister in rural Washington state but when he badly needed a hip replacement, he found out that his Medicaid had never been transferred from Mendocino County. In order to have the surgery, Sam needed to return to Mendocino County, which he did in 2018. After his surgery and recovery, he attempted to find a job to earn enough money to return to live with his sister. Over the course of the past two years, Sam has mostly been homeless. He came to Lake County to try and find work but lost all of his belongings and had no ID to be able to verify his ability to be employed in the United States.

Two weeks ago, Sam was tired of being cold and hungry and was ready to give up. He came to the shower trailer and approached Anna in tears and said if he couldn't return to Washington, he was planning to end his life. Anna listened to Sam and asked him to stay there at the shower trailer with her for the next 2 hours while she worked on a plan. Sam agreed so Anna called me, and we discussed what options existed. I had enough money to buy Sam a bus ticket to Washington and then to take a ferry to his sister's location. This money was a gift from the local Judges Breakfast Group intended to help people, like Sam, relocate to family who promise to support them until while they stabilize their lives. My team took up a collection to give him money for food and water for the trip. We also gave Sam a bus ticket to get to the Warming Center for the night.

The next morning, Anna met Sam at the bus stop with his ticket and the cash. He again was in tears as he thanked her for believing in him and for the gift of help when he most needed it. Sam called Anna when he got off the ferry to let her know he had arrived. He continues to call about once a week to check in and to express his gratitude. (As told by Marylin Wakefield, Director of Integrated Care, AHCL)

Opioid Recovery, Detox & Rehab project planning begun.

AHCL integration team is leading the work to fill the gaps in opioid recovery and help address Drug/Alcohol addiction treatment gaps in Clearlake and Lake County. Partner agencies are being identified and relationships growing to help bring needed addiction treatment services and increased capacity to Lake County. The new 2019 CHNA lists "Substance Use/Drug Abuse" as the #1 need in our community. The AHCL integration team is working to align services within the county to best address this top need and build up capacity to meet the needs of all our population.

Safe Sleeping for Baby & new mothers in Spanish.



Starting in October 2019 AHCL began offering the Safe Sleeping for New Mothers & Baby monthly workshop in Spanish. In the last 5 months before the COVID-19 pandemic 19 new mothers have attended the Spanish language class. AHCL is committed to the wellbeing of all our patients. We are proud to meet to provide classes in Spanish & English.

Connecting Strategy and Community Health

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety and
- 3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing and we believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.



OUR MISSION: To share God's love by providing physical, mental and spiritual healing

Community Benefit

Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

We have also incorporated our community benefit work to be an extension of our care continuum. Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low-income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.