

Mercy Medical Center Mt. Shasta

Hospital HCAI ID: 106470871

Community Benefit 2025 Report and 2026 Plan



Adopted November 2025



A member of CommonSpirit

A message from

Rodger Page, President, and Amanda Hutchings, Chair of the Dignity Health Mercy Medical Center Mt. Shasta Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social drivers of health.

Mercy Medical Center Mt. Shasta shares a commitment with others to improve the health of our community and promote health equity, and delivers programs and services to help achieve that goal. The Community Benefit 2025 Report and 2026 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2025 (FY25), Mercy Medical Center Mt. Shasta provided \$8,954,037 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$11,969,349 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's board reviewed, approved and adopted the Community Benefit 2025 Report and 2026 Plan at its November 13, 2025 meeting.

Thank you for taking the time to review this report and plan. We welcome any questions or comments, which can be submitted using the contact information in the At-a-Glance section of this report.

Rodger Page
President

Amanda Hutchings
Chairperson, Board of Directors





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At-a-Glance Summary

Hospital HCAI ID: 106470871

Report Period Start Date: July 1, 2024 Report Period End Date: June 30, 2025

| | |
|--|--|
| Community Served  | <p>Mercy Medical Center Mt. Shasta is located in Siskiyou County. Siskiyou County is located in the northernmost part of California, situated along the U.S. Interstate 5 corridor bordering the State of Oregon. Siskiyou County is rural in nature covering 6,347 square miles with a total population of approximately 44,000 people. The majority of patients served by the hospital reside in one of the southern Siskiyou County ZIP codes, including: 96025, 96057, 96067, and 96094.</p> |
| Economic Value of Community Benefit  | <p>\$8,954,037 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$11,969,349 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.</p> <p>Community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report.</p> |
| Significant Community Health Needs Being Addressed  | <p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none">• Access to health care, including specialty care and dental care• Access to behavioral health, including substance use disorder treatment and navigation of services• Low-income and supportive humane housing• Unmet vital conditions, including transportation, education, food and economic stability• Violence prevention |
| FY25 Programs and Services  | <p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <ul style="list-style-type: none">• Community Health Improvement Grants• Community Health Education Outreach• Human Trafficking/Violence Prevention• Substance Use Navigation• Transportation Services |

FY26 Planned Programs and Services



Existing FY25 programs for Mercy Medical Center Mt. Shasta will continue into FY26 and the hospital will continue to seek opportunities with collaborative partners to further the health of the community.

This document is publicly available online at:

<https://www.dignityhealth.org/north-state/locations/mercy-mtshasta/about-us/community-benefit>

Written comments on this report can be submitted to the Mercy Medical Center Mt. Shasta's Community Health Office, 914 Pine St., Mt. Shasta, CA 96067 or by e-mail to alexis.ross@commonspirit.org.

Our Hospital and the Community Served

About Mercy Medical Center Mt. Shasta

Mercy Medical Center Mt. Shasta is a member of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

Mercy Medical Center Mt. Shasta is a 25-bed Critical Access Hospital situated on a 14-acre campus at 914 Pine Street in Mt. Shasta, California, near Interstate 5 and the base of Mount Shasta. Accredited by The Joint Commission and a member of the American Hospital Association, it serves as a Level III Trauma Center and Primary Stroke Center. The hospital provides a wide array of comprehensive inpatient and outpatient services, including orthopedics, imaging, nuclear medicine, laboratory, wound care, and a family birth center.

In addition to the main facility, Mercy Medical Center Mt. Shasta operates three Rural Health Clinics: Mercy Mt. Shasta Community Clinic, Mercy Lake Shastina Community Clinic, and Dignity Health Pine Street Clinic. With over 300 skilled professionals and support staff, approximately 45 active doctors, and more than 40 dedicated volunteers, Mercy Medical Center Mt. Shasta has been named in the Top 100 Critical Access Hospitals by the National Rural Health Association. The hospital has also received the following awards/recognitions:

- CMS 5 Star Rating for Nurse Communication
- Cal Hospital Compare Honor Roll recognition for maternal care and safe opioid care
- California Maternal Quality Care Collaborative - Maternal Safety Standards Implementation: Hemorrhage
- California Department of Public Health Honor Roll recognition for Hospital Acquired Infections Antimicrobial Stewardship Program
- American Heart Association Get with the Guidelines: Silver Award and Stroke Silver Plus
- American Heart Association Get with the Guidelines: Rural Stroke Gold Award
- LGBTQ+ Healthcare Equity Top Performer
- Environmental Excellence Award from Practice Greenhealth

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

The hospital serves approximately 44,000 individuals who reside in the rural and frontier communities of Siskiyou County. A summary description of the community is below, and additional details can be found in the CHNA report online.

The community served by the hospital encompasses all of Siskiyou County and includes the cities of Yreka, Weed, and Mt. Shasta, and multiple smaller communities such as Hornbrook, Montague, Grenada, Gazelle, Lake Shastina, Dunsmuir, and Mc Cloud. The hospital also serves the following zip codes, as geographically depicted in Figure 1:



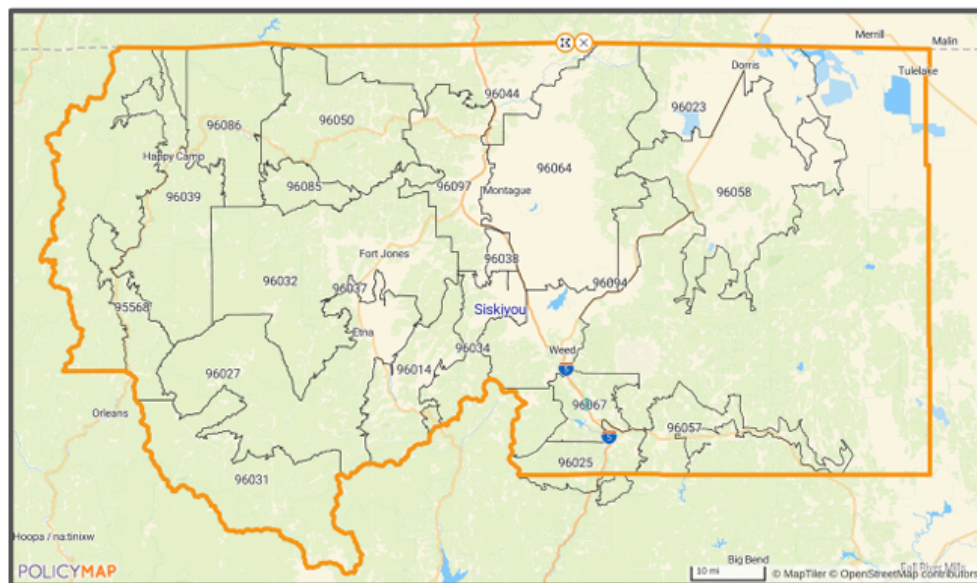
- 95568 (Somes Bar)
- 96014 (Callahan)
- 96023 (Dorris)
- 96025 (Dunsmuir)
- 96027 (Etna)
- 96031 (Forks of Salmon)
- 96032 (Fort Jones)
- 96034 (Gazelle)
- 96037 (Greenville)
- 96038 (Grenada)
- 96039 (Happy Camp)
- 96044 (Hornbrook)
- 96050 (Klamath River)
- 96057 (McCloud)
- 96058 (Macdoel)
- 96064 (Montague)
- 96067 (Mt. Shasta)
- 96085 (Scott Bar)
- 96086 (Seiad Valley)
- 96094 (Weed)
- 96097 (Yreka)
- 96134 (Tulelake)

The hospital does not exclude any low-income or underserved populations and includes all members of the community. Siskiyou County is served by one additional critical access acute care hospital, Fairchild Medical Center. The community is also supported by the Siskiyou County Health and Human Services Agency, Public Health Division.

Demographics within Mercy Medical Center Mt. Shasta's service area as derived from the U.S. Census include:

- Total population: 43,834
- Median age (years): 47.4
- Percent Hispanic or Latino(a): 13.1%
- Percent White alone, not Hispanic or Latino(a): 74.2%
- Median household income range: \$55,499
- Percent of families living in poverty (below 100% federal poverty level): 16.6%
- Unemployment rate: 8.2%
- Percent with less than a high school diploma, 25 years and over: 8.9%
- Percent, age 5 and older who speak English less than "very well": 3.3%
- Percent without health insurance: 6.4%
- No. of Partnership HealthPlan of California Members (Medi-Cal administrator): 19,100

Figure 1 - Mercy Medical Center Mt. Shasta Communities Served



Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited to, conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in June, 2025. The hospital makes the CHNA report widely available to the public online and a written copy is available upon request. Additionally, the Market Director of Community Health has presented the CHNA to community-based organizations and coalitions upon request.

CHNA web address:

<https://www.dignityhealth.org/north-state/locations/mercy-mtshasta/about-us/community-benefit>

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Community Groups that Attended or Engaged with the CHNA:

- Fairchild Medical Center Healthcare Providers
- Fairchild Visiting Nurses
- Foster and Homeless Youth Program
- Happy Camp Community Center
- Healthy Siskiyou Team
- Mercy Mt. Shasta Healthcare Providers
- Siskiyou County Community Schools Coordinators
- Siskiyou County Health and Human Services Housing Coordinator
- Siskiyou County Office of Education
- Siskiyou County Sheriff
- Siskiyou Domestic Violence & Crisis Center
- Siskiyou OUTreach

- Siskiyou Resource Collaborative
- Weed Senior Luncheon

Vulnerable Populations Represented by These Groups:

- Hmong community
- Individuals identifying as lesbian, gay, bisexual, transgender or queer
- Individuals with limited English proficiency
- Native American community
- People with disabilities
- Seniors
- Unhoused adults
- Youth

This community benefit report also includes programs delivered during fiscal year 2025 that were responsive to needs prioritized in the hospital's previous CHNA report.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

| Significant Health Need | Description | Intend to Address? |
|--|---|-------------------------------------|
| Access to health care, including specialty care and dental care | Siskiyou County faces a critical healthcare access crisis, leading to the highest crude mortality rate in California and significant rates of liver disease and breast cancer deaths. This limited access is severely compounded by a severe shortage of healthcare providers, making primary care appointments difficult to secure and necessitating travel outside the county, often even out of state, for specialized services. | <input checked="" type="checkbox"/> |
| Access to behavioral health, including substance use disorder treatment and navigation of services | Siskiyou County has a severe behavioral health crisis, with high rates of suicide and overdose deaths, including opioid-related fatalities, nearly double the state average. This pervasive issue is deeply intertwined with generational trauma, poverty, and social isolation, affecting all ages and socioeconomic groups. | <input checked="" type="checkbox"/> |
| Low-income and supportive humane housing | Siskiyou County faces a severe housing insecurity crisis, with many families forced into precarious living situations like trailers, tents, or vehicles lacking | <input checked="" type="checkbox"/> |

| Significant Health Need | Description | Intend to Address? |
|--|--|-------------------------------------|
| | utilities, and a significant unhoused population. The county lacks sufficient affordable housing, particularly for low-income individuals and seniors. | |
| Unmet vital conditions, including transportation, education, food and economic stability | Siskiyou County is deeply impacted by poverty, with a significant portion of its residents, including children, living below the poverty line. This widespread poverty creates a detrimental cycle, hindering families' access to essential resources like transportation, healthy food, education, and healthcare, perpetuating generational poverty and trauma. | <input checked="" type="checkbox"/> |
| Violence prevention | Focus group participants shared many stories of the need for violence prevention in the County. Siskiyou County has one of the highest rates of firearm-related deaths as compared to other California counties. Teen dating violence and sexual exploitation were identified as growing threats in the county, with service providers noting that at-risk youth, particularly those experiencing housing instability or coming from abusive homes, are at an elevated risk of being groomed for exploitation. | <input checked="" type="checkbox"/> |

2025 Report and 2026 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY25 and planned activities for FY26, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its staff, clinicians and board, and in collaboration with community partners. Hospital and health system participants include the Community Board which is composed of community members who provide stewardship and direction for the hospital as a community resource. These parties

review community benefit plans and program updates prepared by the hospital's community health director and other staff.

Additionally, the Community Health and Outreach staff engage a core internal team that may include clinical staff, care coordinators and social workers, members of the hospital leadership team, and Dignity Health leaders at the regional and local levels from Mission Integration, IT, Legal, Administration, and Finance. These core teams help shape initiatives, provide internal perspective on issues and help define appropriate processes, procedures and methodologies for measuring outcomes.



The programs and initiatives described in this report were selected on the basis of a comprehensive set of criteria, aiming for strategic and impactful community health improvement. These criteria include:

- Alignment with Mission: Ensuring the initiatives support the hospital's core purpose.
- Best Practices Research: Incorporating evidence-based approaches.
- Community Readiness: Considering the community's capacity and willingness to act on the issue.
- Equity Focus: Prioritizing needs that disproportionately affect vulnerable populations and contribute to health disparities.
- Leveraging Existing Strengths: Identifying issues where existing infrastructure (programs, systems, staff) and established relationships with community partners are already in place.
- Measurability: Selecting issues where there is a clear ability to have a measurable impact.
- Problem Assessment: Evaluating the magnitude and severity of the health issues.
- Resource Availability: Assessing the availability of both hospital and external community resources.
- Sustainability: Ensuring there is ongoing investment and commitment of resources (staff time and financial) for the chosen initiatives.

Furthermore, selection involves research on best practices, alignment with local, state, or national health priorities, and a strong emphasis on collaboration with community stakeholders. Where possible, initiatives are designed to employ

upstream prevention models to address the social determinants of health, with a critical focus on building and strengthening relationships with community-based providers to ensure long-term success and sustainability.

Community Health Core Strategies


The hospital intends that program activities to help address significant community health needs reflect a strategic use of resources. CommonSpirit Health has established three community health improvement core strategies to help ensure that program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Implement and sustain evidence-based health improvement program initiatives.
- Strengthen community capacity to achieve equitable health and well-being.





Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment. They are organized by health need and include statements of goals and anticipated impact, and any collaboration with other organizations in their delivery.


|  Health Need: Access to health care, including specialty care and dental care | | | |
|--|--|--------------------------|--------------|
| Strategy or Program | Summary Description | Active FY25 | Planned FY26 |
| Financial Assistance | The hospital provides financial assistance for uninsured/underinsured and low-income residents. Rural health clinics offer sliding fee scale for patients who do not qualify for insurance. | X | X |
| Build community resiliency/Creating Healthy Communities | The hospital will partner with Siskiyou County Health and Human Services Public Health Division to coordinate whole person care systems in Siskiyou County which are culturally appropriate. | X | X |
| Workforce Development | Identify and partner with community organizations who are leading workforce development efforts to increase access to a diverse and inclusive health care workforce—both in clinical and nonclinical/corporate settings and improve health equity. | X | X |
| Health Education Outreach | Provide health education and outreach at community events throughout the year. | X | X |
| Dental Care | Explore opportunities to partner with Siskiyou County Health and Human Services - Public Health Branch and other community partners to improve access to dental services. | <input type="checkbox"/> | X |
| Goal and Impact: These programs will increase timely access to care by improving health literacy, addressing social determinants of health, and taking healthcare into the community. | | | |

Collaborators: The hospital will partner with local medical clinics and local community based organizations to improve access to quality primary care health services.

|  Health Need: Access to behavioral health, including substance use disorder treatment and navigation of services | | | |
|---|---|-------------|--------------|
| Strategy or Program | Summary Description | Active FY25 | Planned FY26 |
| Financial Assistance | The hospital provides financial assistance for uninsured/underinsured and low-income residents. Rural health clinics offer sliding fee scale for patients who do not qualify for insurance. | X | X |
| Education and Awareness | Provide education and awareness and reduce stigma in the community | X | X |
| Help Me Grow Siskiyou Parent Support | The program provides social connections, reduces stress and helps parents identify and become educated regarding their children's developmental stages, provide resources and parenting tools. | X | X |
| Substance Use Navigation | The Substance Use Navigation program provides high-quality care for individuals with substance use disorder. The program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. | X | X |
| Goal and Impact: These programs will provide patient linkages to outpatient behavioral health services; provide a seamless transition of care, reduce mental health stigma and increase in resources in the community. | | | |
| Collaborators: The hospital currently partners with Partnership HealthPlan, Mt. Shasta Community Clinic, Lake Shastina Community Clinic, Dignity Health Pine Street Clinic, Disability Action Center, Siskiyou County Behavioral Health and other local community based organizations. | | | |

|  Health Need: Low-income and supportive humane housing and Unmet vital conditions, including transportation, education, food and economic stability | |
|---|--|
|---|--|

| Strategy or Program | Summary Description | Active FY25 | Planned FY26 |
|---|--|-------------|--------------|
| Summer Food Program and Nutritional Education | Provide nutritious lunches daily for up to 100 at-risk K-8 children and provide nutrition education to help 220 youth learn about healthy eating. | X | X |
| Transportation Assistance | Provide transportation services such as: van service, taxi vouchers or bus tokens to patients who need assistance with returning to their home after receiving services at the hospital. | X | X |
| Community Engagement | Strengthen trust and relationships with key stakeholders to improve overall well-being by supporting and expanding existing successful projects and activities that support regional wellness. | X | X |
| Goal and Impact: These programs will focus on improving the social determinants of health in the community ultimately improving the communities' opportunity for healthy and productive lives. | | | |
| Collaborators: The hospital will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority for the hospital and will continue to drive community benefit efforts. | | | |

|  Health Need: Violence prevention Community Health Need | | | |
|---|--|-------------|--------------|
| Strategy or Program | Summary Description | Active FY25 | Planned FY26 |
| Mission and Ministry Fund, United Against Violence Grant | Facilitate strategy sessions and the development of a violence prevention/human trafficking coalition in Siskiyou County. This plan will build upon and align existing work identified during planned activities | X | X |
| Prevent violence and intervene when it is suspected | Increase health system and community capacity to identify victims of human trafficking and respond appropriately. | X | X |
| Siskiyou Domestic Violence and Crisis Center | A Dignity Health Community Grants program, this program will provide 24-hour/7-day shelter staffing at the Siskiyou Domestic Violence and | X | X |

| | | | |
|---|---|---|---|
| | Crisis Center and motels for domestic violence victims that do not fit the shelter criteria. | | |
| Provide trauma-informed care for patients | Explore ongoing opportunities to promote Trauma Informed Care practices within the behavioral health service line. | X | X |
| Human Trafficking Taskforce | A Human Trafficking Taskforce made up of multidisciplinary leaders with a victim- centered approach on strategies, interventions and policies. | X | X |
| Training led by the International Rescue Committee (IRC) | Anti-Trafficking Outreach and Training Specialist from IRC will provide trainings to bring awareness around human trafficking and its various forms and resources available at local and national level. Physicians, Physicians Assistants, Nurse Practitioners, Nurses, Social Workers, Pharmacists, Police, Fire, Hospitality, Government, and other Community Members will be invited. | X | X |
| <p>Goal and Impact: These programs prevent future traumatization once violence has occurred by increasing healthcare workforce capacity to provide trauma informed care for victims of violence. They also support community capacity to reduce future violence.</p> <p>Collaborators: The hospital will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.</p> | | | |

Community Health Improvement Grants Program


One important way the hospital helps to address community health needs is by awarding restricted financial grants to non-profit organizations working to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY25, the hospital awarded the grants below totaling \$36,000. Some projects also may be described elsewhere in this report.

| Grant Recipient | Project Name | Health Needs Addressed | Amount |
|--|--|---|----------|
| Great Northern Services | South Siskiyou School Mini Pantries and Snack Bags | Access to Basic Needs Such as Housing, Jobs, and Food | \$10,000 |
| Siskiyou Community Resource Collaborative | Case Management Services | Access to Care, Access to Behavioral Health | \$11,000 |
| Siskiyou Domestic Violence & Crisis Center | Domestic Violence Emergency Shelter | Safe and Violence-Free Environment | \$15,000 |

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

|  Community Health Education | |
|--|--|
| Significant Health Needs Addressed | <ul style="list-style-type: none"> Access to behavioral health, including substance use disorder treatment and navigation of services Access to Health Care including specialty care and dental care |
| Program Description | Provide needed community education and outreach programs to improve the communities' health literacy and improve access to care. |

| | |
|---|--|
| Population Served | Greater Siskiyou County community, including low-income and vulnerable populations |
| Program Goal / Anticipated Impact | The anticipated result of offering these activities is to improve the health and quality of life for those who suffer from chronic disease, enable participants to better manage their disease, and create a supportive environment for individuals to learn critical skills and enhance their knowledge on self-management. |
| FY 2025 Report | |
| Activities Summary | In addition to the programs already ongoing, a Diabetes Education and Empowerment Program and Chronic Disease Self-Management Program will be added in FY25 |
| Performance / Impact | In FY25, 100 persons were served through a variety of community health education and outreach events, including but not limited to: bereavement support groups, hospice education, senior nutrition, first aid stations for events, etc. Additionally, during FY25, Community Health staff received certification to teach the Diabetes Education and Empowerment Program. |
| Hospital's Contribution / Program Expense | \$3,100 |
| FY 2026 Plan | |
| Program Goal / Anticipated Impact | Continue educating the community to improve their health literacy and take health education and outreach programs to the community. |
| Planned Activities | FY2026 plans include continuing current community health education and outreach programs and launching at least one Diabetes Empowerment Education Program workshop. |



Transportation System

| | |
|---|---|
| Significant Health Needs Addressed | <ul style="list-style-type: none"> • Access to behavioral health, including substance use disorder treatment and navigation of services • Access to Health Care including specialty care and dental care • Unmet vital conditions, including housing, transportation, education, food and economic stability |
| Program Description | Address transportation barriers to accessing health care services. |
| Population Served | Low-income and vulnerable populations |
| Program Goal / Anticipated Impact | Improve and eliminate barriers to transportation in the most vulnerable communities in Siskiyou County, especially the low-income and underserved to decrease barriers to access health care |
| FY 2025 Report | |
| Activities Summary | Provide van service, taxi vouchers or bus tokens to patients who need assistance with access to facilities. |
| Performance / Impact | 33 people served |
| Hospital's Contribution / Program Expense | \$1,361 |
| FY 2026 Plan | |
| The hospital will continue to support this service; however, due to revised health priority needs identified in the 2025 Community Health Needs Assessment, it will no longer be reported on in future community benefit reports. | |



Siskiyou Domestic Violence & Crisis Center

| | |
|------------------------------------|--|
| Significant Health Needs Addressed | Violence Prevention |
| Program Description | Funded through the Dignity Health Community Grants Program, the Siskiyou Domestic Violence & Crisis Center will provide 24-hour/7-day staffing to deliver comprehensive services and emergency motel shelter for domestic violence victims who fall outside of the organization's existing shelter criteria. |
| Population Served | Vulnerable populations the reside in a rural area |



Siskiyou Domestic Violence & Crisis Center

| | |
|------------------------------------|---------------------|
| Significant Health Needs Addressed | Violence Prevention |
|------------------------------------|---------------------|

| | |
|-----------------------------------|--|
| Program Goal / Anticipated Impact | Provide emergency shelter for victims of domestic violence and/or sexual assault and their children. |
|-----------------------------------|--|

FY 2025 Report

Activities Summary

No activities are reportable for FY2025. Violence prevention activities have been added in response to the updated significant health needs identified in the 2025 Community Health Needs Assessment.

FY 2026 Plan

| | |
|-----------------------------------|---|
| Program Goal / Anticipated Impact | Providing emergency shelter to victims of domestic violence and/or sexual assault and their dependent children will significantly contribute to their physical and psychological well-being, fostering an environment conducive to recovery and future stability. |
|-----------------------------------|---|

| | |
|--------------------|--|
| Planned Activities | Provide comprehensive services and emergency shelter to approximately 120 individuals with 1,409 bed nights. |
|--------------------|--|

Other Community Health and Community Building Programs

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

- Community Vision (formerly Northern California Community Loan Fund) – In 2017 and 2023 CommonSpirit approved two 7-year loans totaling \$7,000,000 respectively—the first as lending capital in a “FreshWorks” Fund for \$1,000,000 supporting the bringing of grocery stores and other innovative forms of healthy food retail to underserved communities (“food deserts”), and the second \$6,000,000 for lending capital for Community Vision’s many projects.
- Dignity Health North State Hospitals sponsorship program supports health and wellness initiatives, programs serving the poor and disenfranchised, education programs, community based and events of organizations among them, include; Mt. Shasta Mountain Bike Association, St. Anthony Catholic Church, McCloud Fireman’s Association, Siskiyou Outdoor Recreation Alliance, and Mt. Shasta Community Concerts.
- Professional Scholarships awarded to South Siskiyou County students to support and encourage study in the health professions.
- Low-cost flu-shots, drug screenings, and sports physicals are provided to community members.
- Mercy Mt. Shasta Medical Center holds an annual Thanksgiving Food Drive for distribution in South Siskiyou County as well as a Winter Coat and Boot Drive for Siskiyou County Schools Children.

Members of the hospital's leadership and management teams provide significant in-kind support and expertise to nonprofit health care organizations, civic, and service agencies such as Partnership HealthPlan, North State Market Community Economic Resilience Fund Program and Mount Shasta Trail Association.

Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid, other means-tested programs and Medicare is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

| Financial Assistance and Means-Tested Government Programs | Vulnerable Population | Broader Community | Total |
|--|------------------------------|--------------------------|---------------------|
| Traditional Charity Care | \$1,607,533 | | \$1,607,533 |
| Medi-Cal | \$7,170,289 | | \$7,170,289 |
| Other Means-Tested Government (Indigent Care) | \$0 | | \$0 |
| Sum Financial Assistance and Means-Tested Government Programs | \$8,777,822 | | \$8,777,822 |
| | | | |
| Other Benefits | | | |
| Community Health Improvement Services | \$777 | \$9,336 | \$10,113 |
| Community Benefit Operations | \$15,845 | \$17,387 | \$33,232 |
| Health Professions Education | \$0 | \$0 | \$0 |
| Subsidized Health Services | \$0 | \$0 | \$0 |
| Research | \$0 | \$0 | \$0 |
| Cash and In-Kind Contributions for Community Benefit | \$132,870 | | \$132,870 |
| Other Community Benefits | \$0 | \$0 | \$0 |
| Total Other Benefits | \$149,492 | \$26,723 | \$176,215 |
| | | | |
| Community Benefits Spending | | | |
| Total Community Benefits | \$8,927,314 | \$26,723 | \$8,954,037 |
| Medicare | \$11,969,349 | | \$11,969,349 |
| Total Community Benefits with Medicare | \$20,896,663 | \$26,723 | \$20,923,386 |

Hospital Board and Committee Rosters

FY 2026
MT. SHASTA – RED BLUFF - REDDING
BOARD OF COMMUNITY ADVISORS
Effective: October 1, 2025

Rodger Page, North State Market President

Amanda Hutchings, Board Chair

Keith Cool, Vice-Chair

Riico Dotson, M.D., Secretary

Irene DeLao

Mary Rushka

Michael Staszal, M.D.

Nikita Gill, M.D.

Russ Porterfield

Sister Bridget McCarthy

Sister Sheila Browne

Ron Lagro, M.D., Chief of Staff, Mercy Medical Center Mt. Shasta

Matthew Miles, M.D., Chief of Staff, Mercy Medical Center Redding

Meghan Leininger, D.O., Chief of Staff, St. Elizabeth Community Hospital

Any communications to Board Members should be made in writing and directed to:

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