

Mark Twain Medical Center

Hospital HCAI ID: 106050932

Community Benefit 2025 Report and 2026 Plan



January 2026



Dignity Health®
Mark Twain Medical Center

A message from

Doug Archer, President, and Kathy Northington, Chair of the Dignity Health Mark Twain Medical Center 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.

Mark Twain Medical Center 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), Mark Twain Medical Center provided \$8,935,898 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$11,921,886 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's board reviewed the Community Benefit 2025 Report and 2026 Plan on January 23, 2026.

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.

Doug Archer

Kathy Northington

President

Chairperson, Board of Directors

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At-a-Glance Summary

Hospital HCAI ID: 106050932

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

Community Served 	Mark Twain Medical Center (MTMC) is in San Andreas, CA and primarily serves the residents of Calaveras County. The population of the MTMC service area is 45,709.	
Economic Value of Community Benefit 	\$8,935,898 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits \$11,921,886 in unreimbursed costs of caring for patients covered by Medicare fee-for-service 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.	
Significant Community Health Needs Being Addressed 	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:	
	Access to health care (primary and specialty)	Behavioral Health (mental health and substance use)
FY25 Programs and Services 	The hospital delivered several programs and services to help address identified significant community health needs. These included: Access to health care • Financial assistance • Rural Health Clinics • Flu vaccines • Preventive screenings • Community Health Improvement Grants program Behavioral health (substance use and mental health) • Psychiatric telehealth • Substance Abuse Counseling Support Services • Behavioral health treatment and resource partnerships	

In addition to the hospital, Mark Twain Medical Center's Rural Health Clinics address these and other needs in an accessible way throughout the county.

Our goal is to enhance the integration of quality and safety efforts across the continuum of care, from community prevention, to outpatient, to inpatient and emergency care when necessary.

The hospital also engages with the local public health department, the schools and other community organizations on these and other initiatives to collaboratively address health needs.

FY26 Planned Programs and Services



The hospital intends to take several actions largely continuing FY25 activities, with a focus on the CHNA's significant needs, including:

Access to health care

- Financial assistance
- Rural Health Clinics
- Flu vaccines
- Preventive screenings
- Community Health Improvement Grants program

Behavioral health (substance use and mental health)

- Psychiatric telehealth
- Substance Abuse Counseling Support Services
- Behavioral health treatment and resource partnerships

This document is publicly available online at:

<https://www.dignityhealth.org/central-california/locations/marktwainmedical/about-us/community-benefits>

Written comments on this report can be submitted to Mark Twain Medical Center, c/o Charanjit Singh, 768 Mountain Ranch Road, San Andreas, CA 95249, or by e-mail to charanjit.singh@commonspirit.org.

Our Hospital and the Community Served

About Mark Twain Medical Center

Mark Twain Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health.

Mark Twain Medical Center (MTMC) is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America. MTMC is located at 768 Mountain Ranch Road, San Andreas, CA 95249. Founded in 1951, MTMC is a 25-bed, critical access hospital providing inpatient acute care, outpatient services and emergency services. The Medical Staff provides a broad range of specialties that ensure access to high quality medical care in a rural community. In addition to being a major provider of health services, MTMC is also one of the area's largest employers. More than 300 people are employed at the hospital, Specialty Care Centers, and four Family Medical Centers.

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

Mark Twain Medical Center serves 20 ZIP Code Tabulation Areas (ZCTA) located primarily in Calaveras County. A summary description of the community is below. Additional details can be found in the CHNA report online.

The population of the MTMC service area is 45,709. Children and youth, ages 0-17, make up 16.7% of the population, 55.3% are adults, ages 18-64, and 28% of the population are seniors, ages 65 and older. In the service area, 80.2% of the population are non-Hispanic White residents, 12.5% are Hispanic or Latino residents. 3.7% of the population are multiracial (two-or-more races) residents, 1.9% are Asian residents, and 1% are Black or African American residents. 0.6% of the area population are American Indian or Alaskan Native residents, 0.1% are a race and ethnicity not listed, and 0.04% are Native Hawaiian or Pacific Islander residents. 91.8% of the population, 5 years and older, speak only English at home. Among the area population, 5.3% speak Spanish, and 1.6% speak an Asian or Pacific Islander language in the home.



Among the residents in the service area, 11.4% are at or below 100% of the federal poverty level (FPL) and 29% are at 200% of FPL or below. Among children in Calaveras County, 18.7% lived in households that experienced food insecurity. Educational attainment is a key driver of health. In the hospital service area, 10.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (16.7%). 20% of area adults have a bachelor's or higher degree. Calaveras County has areas designated as Health Professional Shortage Areas (HPSAs) for primary care, dental health and mental health.

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 November 2024. The hospital makes the CHNA report widely available to the public online and a written copy is available upon request. In addition, the CHNA report is shared with organizations that consider applying for a Community Health Improvement Grant.

CHNA web address:

<https://www.dignityhealth.org/central-california/locations/marktwainmedical/about-us/community-benefits>

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:

- Area 12 on Aging
- Calaveras County Health and Human Services
- Calaveras County Sheriff's Office
- Calaveras Unified School District
- Calaveras Crisis Center
- First Five Calaveras
- Mark Twain Health Care District
- The Resource Connection Food Bank

Vulnerable Populations Represented by These Groups:

- Unhoused people
- Those with mental health disorders

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	Access to health care refers to the availability of primary care and specialty care services. Health insurance coverage is considered a key component to ensure access to health care. Barriers to care can include lack of transportation, language and cultural issues.	☒
Chronic diseases	A chronic disease or condition usually lasts for three months or longer and may get worse over time. Chronic diseases can usually be controlled but not always cured. The most common types of chronic diseases are cancer, heart disease, stroke, diabetes, and arthritis.	☐
Economic insecurity	Economic insecurity is correlated with poor health outcomes. Persons with low incomes are more likely to have difficulty accessing health care, have poor-quality health care, and seek health care less often.	☐
Food insecurity	The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or an uncertain ability to acquire foods in socially acceptable ways.	☐
Housing and homelessness	Homelessness is known as a state of being unhoused or unsheltered and is the condition of lacking stable, safe, and adequate housing.	☐
Mental health	Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, and act.	☒
Overweight and obesity	Overweight and obesity are common conditions that are defined as the increase in size and amount of fat cells in the body. Obesity is a chronic health condition that raises the risk for heart disease and is linked to many other health problems, including type 2 diabetes and cancer.	☐
Preventive practices	Preventive practices refer to health maintenance activities that help to prevent disease. For example, vaccines, routine health screenings (mammogram, colonoscopy, Pap smear) and injury prevention are preventive practices.	☐
Substance use	Substance use is the use of tobacco products, illegal drugs or prescription or over-the-counter drugs or alcohol. Excessive use of these substances or use for purposes other than those for which they are meant to be used, can lead to physical, social or emotional harm.	☒

Significant Needs the Hospital Does Not Intend to Address

Taking existing hospital and community resources into consideration, MTMC will not directly address chronic disease, economic insecurity, food insecurity, housing and homelessness, overweight and obesity, and preventive practices as priority health needs. Knowing that there are not sufficient resources to address all the community health needs, MTMC chose to concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise. The hospital has insufficient resources to effectively address all the identified needs and, in some cases, the needs are currently addressed by others in the community.

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 management team, board, clinicians and staff, and in collaboration with community partners.

MTMC engaged hospital leaders in Marketing, Communications and Philanthropy and Executive Leadership, to examine the identified health needs according to these criteria. The CHNA served as the resource document for the review of health needs as it provided statistical data on the severity



of issues and also included community input on the health needs. As well, the community's prioritization of the CHNA needs was taken into consideration.

The following criteria were used by the hospital to determine the significant health needs MTMC will address in the Implementation Strategy:

- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners to address the issue.
- Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus Area: The hospital has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

As a result of the review of needs and application of the above criteria, MTMC chose to focus on: access to care and behavioral health (mental health and substance use). For each health need the hospital plans to address, the Implementation Strategy describes: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and other organizations.

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 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			
Strategy or Program	Summary Description	Active FY25	Planned FY26
Financial assistance for the uninsured or underinsured	Provides financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay.	☐	☐
Rural health clinics	Expands primary and specialty care services in rural health clinics.	☐	☐
Flu vaccines	Distributes flu shots in partnership with the Public Health Department.	☒	☒
Screening	Provides free lipid panel screening to identify persons with high cholesterol levels.	☒	☒
Goal and Impact: The hospital's initiatives to address access to care are anticipated to result in increased access to primary and specialty health care for the medically underserved and reduced barriers to care.			
Collaborators: Key partners include Calaveras County Public Health Department, Rural Health Clinics, and community-based organizations.			

 Health Need: Behavioral Health (Mental Health and Substance Use)			
Strategy or Program	Summary Description	Active FY25	Planned FY26
Psychiatric telehealth	Utilizes telehealth for psychiatric assessments and provides medication prescriptions and recommendations for treatment and suggestions for appropriate disposition.	☒	☒
Substance use counseling support services	Partners with Health and Human Services to refer patients in need of substance use support services.	☐	☒
Community health education and resources	Addresses a variety of behavioral health care topics and provides local resources.	☒	☒
Goal and Impact: The hospital's initiatives to address behavioral health are anticipated to result in increased access to mental health and substance use services in the community, and improved screening and identification of mental health and substance use needs.			
Collaborators: Key partners include behavioral health providers, Calaveras County Public Health Department, schools and school districts, community-based organizations, Professional Mental Health Countywide task force.			

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.

In FY25, the hospital awarded the grant below totaling \$40,500.

Grant Recipient	Project Name	Health Needs Addressed	Amount
Habitat for Humanity Calaveras	Critical Home Repair Program	Housing and homelessness	\$40,500

These grant funds enabled Habitat for Humanity Calaveras to assist elderly, veteran, and disabled homeowners in Calaveras County who are low to very low income and unable to afford necessary home repairs. Through the Critical Home Repair program, the agency provided ADA modifications such as wheelchair ramps, grab bars, widened doorways, lowered countertops, walk-in tubs, and other essential improvements.

Beneficiaries' key demographics are elderly, veteran, and disabled homeowners in the economically disadvantaged areas of Calaveras County, with a focus on those who earn less than 80% of the area's median income.

This helped to address a significant 2023 CHNA need not otherwise addressed by the hospital.

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.

Calaveras County Fair – MTMC staffs the first aid station with registered nurses and additional support staff during the four day event for 12 hour shifts. We also are a major sponsor of the Fair.

Community Leadership - MTMC's hospital leadership oversees community benefit activities for the hospital as it strives to meet the health and wellness needs of the local community. Several members of Mark Twain's senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such Homeless Task Force, Habitat for Humanity, Soroptimist International, Economic Development Corporation, local Churches and Chamber of Commerce, to name a few.

Community Health Education Center - Calaveras County suffers from a scarcity of meeting rooms. MTMC provides meeting room space in the Community Health Education Center at no cost to health- and community-related groups as our schedule permits.

Sponsorships and Donations - As a member of the community, Mark Twain Medical Center responds to requests for direct funding and goods and services to support community organizations and activities such as Grad Night, Door of Hope, Youth Programs, Gardens to Grow in, and Habitat for Humanity, Cancer Support Group, High School Medical Sciences Project, etc.

Economic Value of Community Benefit

The economic value of all community benefits 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	\$1,055,025		\$1,055,025
Medi-Cal	\$7,713,580		\$7,713,580
Other Means-Tested Government (Indigent Care)	\$0		\$0
Sum Financial Assistance and Means-Tested Government Programs	\$8,768,605		\$8,768,605
Other Benefits			
Community Health Improvement Services	\$0	\$17,060	\$17,060
Community Benefit Operations	\$0	\$0	\$0
Health Professions Education	\$0	\$0	\$0
Subsidized Health Services	\$0	\$0	\$0
Research	\$0	\$0	\$0
Cash and In-Kind Contributions for Community Benefit	\$136,088	\$14,145	\$150,233
Other Community Benefits	\$0	\$0	\$0
Total Other Benefits	\$136,088	\$31,205	\$167,293
Community Benefits Spending			
Total Community Benefits	\$8,904,693	\$31,205	\$8,935,898
Medicare	\$11,921,886		\$11,921,886
Total Community Benefits with Medicare	\$20,826,579	\$31,205	\$20,857,784

Hospital Board Roster

MTMC CEO – Doug Archer

MTMC Chief of Staff - Dr. Dean Kelaita

District Nominee – Debbie Sellick (VICE CHAIR)

Community Board Liaison - Kathy Kohrman

At Large – Kathy Northington (CHAIRPERSON)

At Large - Nick Baptista

At Large – Kathy Dodge

At Large – Scott Blevins

At Large – Tim Oskey (SECRETARY)

At Large – Larry Smith