COMMUNITY BENEFIT PLAN

California Hospital · Annual Update

2025

DAMERON HOSPITAL

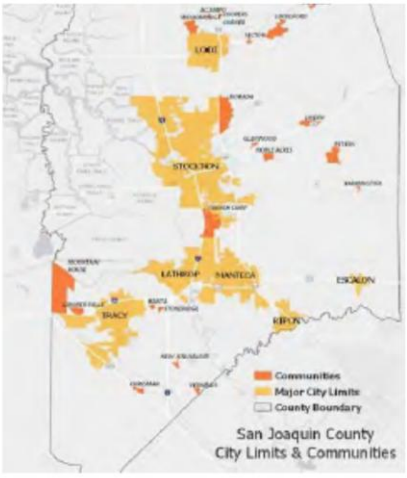
Contents

Purpose & Summary

This document presents the FY 2025 Community Benefit Plan in the format required for California hospital community benefit reporting. The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) is reported to the California Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204.

Definition of Community Served

Each hospital participating in our CHNA defines its hospital service area to include all individuals residing within a defined geographic area surrounding the hospital. Per the joint CHNA, the hospital partners chose San Joaquin County as the primary service area.



San Joaquin County — City Limits & Communities

Race/Ethnicity	
Total Population	**816,108**
Hispanic or Latino (any race)	**45.6%**
White (alone)	**27.5%**
Asian (alone)	**20.3%**
Black/African American (alone)	**6.9%**
Native Hawaiian/Pacific Islander (alone)	**0.7%**
Native American/Alaska Native (alone)	**0.2%**
Some Other Race (alone)	**0.5%**

Source: U.S. Census Bureau, American Community Survey (Table DP05, 2023), via San Joaquin County Data Compass. Race categories are shown "alone"; Hispanic or Latino is of any race, so categories overlap and do not total 100%.

Socioeconomic Data	
Living in poverty (all ages)	**12.3%**
Children (under 18) in poverty	**16.0%**
Older adults (ages 65+) in poverty	**11.6%**
Employed (ages 20–64 years)	**93.2%**
Insured (all residents)	**93.5%**
Adults with no high school diploma	**19.4%**
Bachelor's degree or higher	**25.4%**

Source: U.S. Census Bureau, American Community Survey, and San Joaquin County Data Compass (2022–2023 estimates). Insurance reflects all residents (2022). The employment rate pulled from the current CHNA / California EDD data source.

GEOGRAPHIC DESCRIPTION OF THE COMMUNITY SERVED

San Joaquin County, in the Central Valley of California, is roughly 60 miles east of San Francisco and 35 miles south of Sacramento, with a total population of approximately 816,000 (2024). Historically, agriculture has been a strong driver of our economy and many migrants and immigrants have settled here to work in the fields and help with agricultural processing or shipping. The County is mostly rural, with one large urban core (Stockton) and seven smaller cities, as well as many ranching and farming communities scattered across the County.

About Us

Dameron Hospital

Dameron Hospital is a fully accredited, non-profit, 200+ bed community hospital providing acute and tertiary level care to San Joaquin County residents. Now managed by American Advanced Management, our hospital remains committed to providing the high-quality care that has earned various state and national recognitions, as well as numerous awards and accolades. The hospital has also been designated by Blue Shield of California as a Blue Distinction® Center for Bariatric Surgery and for Knee and Hip Replacements as part of the Blue Distinction® Centers for Specialty Care program. In addition to being a top-rated joint replacement center in the Stockton area, and the county's leading orthopedic hospital, Dameron has also been recognized as a Top Performer for its Quality Metrics by The Joint Commission.

The San Joaquin County Emergency Medical Services Agency has also named Dameron as a designated STEMI (heart attack) receiving center and certified stroke center. Thanks to Dameron's Lifeline technology and cardiac-prepared ER staff, emergency responders have a local care partner that also is a Certified Cardiac Care Hospital and a Cardiothoracic Surgery Center with an active Cardiac Catheterization Lab.

Dameron Hospital continues its leading-edge tradition, and we are continually enhancing our facilities and services to help fulfill our mission of delivering top-quality care to the community. Dameron services include cardiology and cardiac surgery, orthopedics, bariatric surgery, as well as general acute care, emergency, and intensive care services.

American Advanced Management

As of December 2024, Dameron Hospital is managed by American Advanced Management, a physician-managed integrated health system serving communities in California, Utah, Arizona, Texas and Louisiana. American Advanced Management, Inc. is a management company established in 2012, located at 700 17th Street, Modesto, CA 95354.

Our History

American Advanced Management originated in 2012 with the opening of its pilot hospital, Central Valley Specialty, a General Acute Care Specialty Hospital in Modesto, California. Since then:

- The first company in California to revive a rural hospital following bankruptcy and closure.
- Development of an innovative service model for Rural and Critical Access Hospitals.
- Ability to offer multiple medical specialties through our Rural Health Clinics.
- Development of a wider health system network providing patient-centered care to communities of every size.

Dameron Hospital's Approach to CHNA & CHIS

Dameron Hospital prioritizes well-being in the communities we serve across our system. We use an intentional, community-centered approach when creating our hospital CHNAs to understand the health needs of each community. After the completion of the community assessment process, we address health needs such as mental health, access to care, health risk behaviors, and others through the creation and execution of a Community Health Implementation Strategy (CHIS) for each of our hospitals and their communities.

The High Priority Needs identified in the CHNA are addressed in the implementation strategy and reported on a yearly basis through the Annual Community Health Plan Update.

Community Health Needs Assessment

Narrative responses required by the California Hospital Community Benefit Plan form.

1. **The web address where the Community Benefit Plan is published on the hospital's website:**

   Community Health Needs Assessment | Dameron Hospital

2. **The year the hospital last conducted a Community Health Needs Assessment (CHNA):**

   2022— the most recent triennial CHNA report was adopted and made widely available to the public in 2023.

3. **What community groups attended or engaged in the most recent CHNA process? Identify the vulnerable populations represented by these community groups:**

   The CHNA was developed jointly with the Dameron Hospital community benefit team, local public health officials (San Joaquin County Public Health Services), community-based organizations, medical providers, students, and parents, together with members of selected underserved, low-income, and minority populations. Vulnerable populations represented include underserved, low-income, and racial/ethnic minority residents of San Joaquin County.

4. **Does the Hospital make the CHNA report widely available to the public?**

   Yes.

5. **How the hospital made the Community Health Needs Assessment (CHNA) available to the public:**

   Posted on the hospital website and available free of charge upon request via Quality@dameronhospital.org.

6. **The web address where the CHNA is publicly accessible:**

   Community Health Needs Assessment | Dameron Hospital

7. **Other relevant information to the hospital's community benefit plan not otherwise captured:**

   As of December 2024, Dameron Hospital is managed by American Advanced Management. The hospital is implementing a three-year Community Health Implementation Strategy addressing Access to Care, Financial Stability, and Mental Health.

Addressing High Priority: Access to Care

The following pages describe the activities the hospital has undertaken to address the priority needs identified in the CHNA, as contemplated by California Health and Safety Code § 127340 et seq. Goals and strategies are carried forward from the multi-year Community Health Implementation Strategy.

GOAL Collaborate with partners to connect community members with health plan coverage to help ensure they have access to primary care and preventive health services.

Strategy 1

Action

- Effectively assist uninsured patients with guidance to appropriate services, such as Presumptive Eligibility for Medi-Cal.
- Refer uninsured and underinsured patients to community resources to help address their health and psychosocial needs.

FY 2023 — Year One

- Evaluated current processes for identifying and enrolling eligible patients in health coverage plans during the ED intake process at Dameron.
- Connected with internal stakeholders to determine benefits and identify barriers.
- Met with executive leadership for approval.

FY 2024 — Year Two

- Admitting staff are trained to screen patients so they are offered options through Medi-Cal or the Charity Care / Discounted Payment program based on eligibility.
- Dameron is working closely with Centauri (an on-site liaison) to process Medi-Cal applications and follow up with patients to ensure applications are processed.

FY 2025 — Year Three

- Began tracking and reporting coverage-enrollment outcomes (e.g., number of patients screened at intake, Presumptive Eligibility/Medi-Cal applications submitted and approved, and charity-care enrollments) to establish a baseline for future years.
- Extended coverage screening beyond the ED to additional touchpoints such as outpatient registration and surgery scheduling.
- Added a follow-up step with the on-site Centauri liaison to confirm that approved coverage was activated.
- Formalized warm-handoff referrals to local FQHCs/community clinics so discharged uninsured patients have a primary-care home.

Community Impact Summary

- Admitting and case-management staff continue to screen patients for coverage at intake and connect them to Medi-Cal, charity care, and community resources.

Addressing High Priority: Financial Stability

GOAL Provide a supportive environment for members of vulnerable populations to gain exposure and skills for employability in allied health professions.

Strategy 1

Action

- Review existing training programs to determine opportunities to continue, enhance, or revise.
- Collaborate with community high school and post-secondary programs to identify eligible students.
- Review current learning partnerships in consultation with Health Force partners.
- Meet with executive leadership to discuss and approve changes or enhancements.

FY 2023 — Year One

- Reviewed current learning partnerships and healthcare training needs in the community.
- Reviewed eligibility and enrollment for inclusion of vulnerable populations in partnership with educational institutions.

FY 2024 — Year Two

- Marketed and enrolled students in the nursing and allied health education programs offered at the hospital.
- Continued partnerships with established organizations, including San Joaquin Delta College programs for EMT, Psych Tech, Radiology Tech, RN, and CNA.
- Worked to build a viable volunteer program giving students in under-served areas exposure to vital healthcare careers.

FY 2025 — Year Three

- Relaunched the Decision Medicine program with a defined cohort of local high school students and reported the number served.
- Formally launched the student volunteer program for under-served areas and reported volunteer hours and placements.
- Continued expanding clinical rotation capacity with San Joaquin Delta College and reported the year's nursing/allied-health student hours (continuing the ~11,490-hour trend).

Community Impact Summary

- **Internship and residency programs:** continued partnerships with educational institutions for nursing internships and residencies, providing a total of *11,490* nursing student hours in 2024.
- **Decision Medicine program:** rebuilding the relationship with this program, which gives high school students interested in medical careers volunteer opportunities to interact with and learn from medical professionals.

Strategy 2

GOAL Advocate for and collaborate with community partners to connect community members with services that reduce the burden of childcare and make them available to acquire skills for employability.

Action

- Determine whether case managers at Dameron would benefit from the Unite Us digital referral platform to connect eligible patients to service providers.
- Increase use of Unite Us overall for better connection of patients with community services.

FY 2023 — Year One

- Assessed feasibility, value, and cost of implementing Unite Us at Dameron, including incorporating it into the ED intake process, and presented recommendations to executive leadership.

FY 2025 — Year Three

- Completed and distributed the patient resource directory of available community services.
- Implemented an interim closed-loop referral workflow through Community Medical Centers'

Community Impact Summary

- The social work team partners with Community Medical Centers to improve patient follow-up, working directly with their Unite Us referral coordinator to assist patients needing social-work support or Medi-Cal enrollment.
- EMR integration of Unite Us was not yet feasible at Dameron pending the planned EMR conversion; implementation will be pursued once the conversion occurs. A resource book listing available patient services is also in development.

Addressing High Priority: Mental Health

GOAL Collaborate with community partners to address workplace-related stress and the mental health concerns employees may have in the workplace.

Strategy 1

Action

- Conduct semi-annual community workplace symposia on burnout prevention and available resources, with the goal of a healthy workforce and sustainable productivity.

FY 2023 — Year One

- Co-created employer workshops and symposia with the American Heart Association (AHA).
- Identified subject-matter experts at Dameron and the most effective venue (virtual, in-person, or hybrid), and implemented program evaluation processes and tools.

FY 2024 — Year Two

- Developing “Wellness Wednesdays,” encouraging physical and mental health through small, manageable actions employees can fit into busy schedules.
- Implementing “Code Lavender,” a crisis-intervention tool that supports patients, families, volunteers, and staff when a stressful event occurs.

FY 2025 — Year Three

- Reported progress on the County CHIP park-enhancement project (e.g., site selected, contributions made) and the Community Health Leadership Council's youth behavioral-health pilot (SJCOE grant).
- Continued the ED Substance Use Navigator program and reported the updated annual counts, with any expansion of buprenorphine/MAT follow-up or warm handoffs to County Behavioral Health
- Held event for National overdose awareness

Community Impact Summary

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- Through the Dameron Hospital partnership with the American Heart Association, delivered educational outreach to the San Joaquin County workforce via employers. A first webinar (“Happy Half Hour”) reached more than *18* employer organizations and *1,000+* employees, and an on-site seminar on substance abuse reached more than *1,000* employees.
- **San Joaquin County CHIP Committee:** a collaborative of local healthcare organizations is advancing a public-park enhancement project to support family activity and physical and mental well-being, facilitated by San Joaquin County Public Health Services.
- **Community Health Leadership Council:** executive leaders from healthcare, government, and community organizations are collaborating to improve access to and use of resources promoting youth wellness and resilience, including a planned school-based pilot under the CA Children and Youth Behavioral Health Initiative.

Mental / Behavioral Health Including Substance Use

Using Behavioral Health Pilot Project (BHPP) funds, Dameron supports a Substance Use Navigator (SUN) in the emergency department who evaluates patients with possible substance use disorder, builds a community referral network, and coordinates outpatient treatment with ED providers and case managers.

In 2025, the SUN at Dameron Hospital recorded:

- *821* patients seen for any reason
- *267* encounters where the patient was diagnosed with Opioid Use Disorder (OUD)
- *485* patients discharged with a follow-up appointment
- *174* encounters where the SUN facilitated referral to follow-up mental health treatment
- *182* encounters where a patient was treated with buprenorphine

- 37 encounters where a patient was diagnosed with an overdose

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Community Benefits

For the reporting period, enter whole-dollar (numeric only) amounts.

Category	Vulnerable Population	Broader Community	Total
Financial Assistance and Means-Tested Government Programs			
Traditional Charity Care	*$2,422,172*	—	$2,422,172
Medi-Cal	*$23,900,324*	—	$23,900,324
Other Means-Tested Government (Indigent Care)	*0*	—	*0*
Sum Financial Assistance and Means-Tested Government Programs		**—**	**$26,322,496**
Other Benefits			
Community Health Improvement Services	*0*	*0*	*0*
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 Benefits	*0*	*0*	*0*
Other Community Benefits	*0*	*0*	*0*
Total Other Benefits	*0*	*0*	*0*
Community Benefits Spending			
Total Community Benefits*	*$26,322,496*	*0*	**$26,322,496**
Medicare	*$31,702,157*	—	$31,702,157
Total Community Benefits with Medicare	*$58,024,653*	*0*	**$58,024,653**

Financial Assistance for Medically Necessary Care

The hospital understands that community members may experience barriers in paying for the care they need, and is committed to providing financial assistance to those who need support in paying their medical expenses. Community members can find out if they qualify by completing a financial assistance application, which may be submitted at the time care is received or after the bill has been issued.

Financial assistance policy:
https://www.dameronhospital.org/patients-visitors/billing-information/financial-assistance/

To provide feedback on this community benefit report, or to request a free copy, email community.benefit@dameronhospital.org.