

2025 Community Benefit Report



Prepared April 2026

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Executive Summary

John Muir Health is committed to improving the health of its communities with quality and compassion. As a not-for-profit health system, addressing community needs is rooted in our values, and our Community Benefit investments strategically prioritize communities most in need.

We pride ourselves in partnering and collaborating with local nonprofit organizations, school districts, coalitions and others to help us achieve greater community impact. Every three years, we conduct a comprehensive Community Health Needs Assessment and Community Health Implementation Strategy that guides our Community Benefit activities, investments, collaborations and partnerships.

John Muir Health continues to be guided by our charitable mission, which serves as the foundation for directing the organization’s Community Benefit activities.



Community Benefit describes our health system activities and programs that respond to community needs, our Charity Care and Medi-Cal initiatives, and our partnership programs with nonprofit organizations, all with a goal of improving the health and wellness of our community.

Overall, in 2025, we contributed nearly \$207 million to our Community Benefit activities, with 96% going specifically towards vulnerable populations. Specifically for John Muir Health Behavioral Health Center, we contributed nearly \$8.5 million to our Community Benefit activities, with 94% going specifically towards vulnerable populations. We are continually assessing the effectiveness of our programs to ensure they are having the intended impact. For comprehensive details on our community programs for vulnerable populations, refer to Attachment D in the report.

John Muir Health is proud of the benefits we provide to the community. This report outlines the importance and impact of these efforts, which are consistent with our mission to improve the health of our community with quality and compassion.

For more information about John Muir Health’s Community Benefit, please visit: <https://www.johnmuirhealth.com/about-john-muir-health/community-commitment.html>

Please contact us with feedback regarding John Muir Health's Community Benefit programs and services by emailing Community.Benefit@johnmuirhealth.com

Who is John Muir Health?

About John Muir Health

John Muir Health is a tax-exempt organization that owns and operates John Muir Medical Center-Walnut Creek, John Muir Medical Center-Concord, and John Muir Health Behavioral Health Center. John Muir Health and affiliates collectively constitute an integrated health system.



John Muir Health is a private, nationally recognized, community-based, not-for-profit health care organization serving patients in Contra Costa, eastern and northern Alameda, and southern Solano counties. The health system comprises a network of over 1,000 primary care and specialty physicians, more than 6,000 employees, medical centers in Concord and Walnut Creek (including Contra Costa County's only trauma center), and a

behavioral health center. John Muir Health also has partnerships with San Ramon Regional Medical Center, Stanford Children's Health, and UCSF Medical Center to expand capabilities, increase access to services, and better serve patients.

The health system offers a full-range of medical services, including primary care, outpatient services, and imaging services. John Muir Health is widely recognized as a leader in many specialties, such as neuroscience, orthopedics, cancer, cardiovascular, trauma, emergency, pediatrics, and high-risk obstetrics care.

The John Muir Physician Network is a not-for-profit medical foundation with more than 1,000 primary care and specialist physicians. The physicians associated with the John Muir Physician Network belong to John Muir Medical Group, John Muir Health Multispecialty Medical Group, John Muir Health Cardiovascular Medical Group or are independent physicians practicing in our community. These physicians accept all HMO and most PPO insurance plans, as well as Medicare.

The Physician Network owns and operates practices staffed by foundation physicians in locations from Brentwood to Livermore to Oakland, including outpatient centers in Brentwood, Concord, Pleasanton, Tice Valley/Rossmoor and Walnut Creek. The Physician Network also provides hospitalists (in-patient medical services) at John Muir Health's two hospitals and partner hospital, San Ramon Regional Medical Center.

John Muir Health partners with other leading health care organizations, including UCSF Health, Tenet/San Ramon Regional Medical Center and Stanford Children’s Health to expand its capabilities, increase access to services and better serve patients. For more information, visit www.johnmuirhealth.com.

Mission, Vision, Values

John Muir Health is guided by our charitable mission, which serves as the foundation for directing the organization’s Community Benefit activities.

We are dedicated to improving the health of the communities we serve with quality and compassion.

John Muir Health’s vision is to exceed our patients’ expectations for seamless, consistently positive experiences with all aspects of John Muir Health. We will distinguish ourselves by:

- Providing quality health care services and an exceptional experience to our communities, and creating value- driven, regional centers of excellence.
- Delivering pre-eminent tertiary services and advanced medical technology.
- Delivering on our brand promise: *We listen. We explain. We work together as a team.*
- Providing highly reliable health care services that promote safety and the prevention of error.
- Attracting and retaining quality physicians and employees to deliver excellent medical care.
- Fostering an organizational culture that respects employees, supports them in developing their skills and talents, and encourages superior performance.
- Providing stewardship of resources and maintaining a strong financial position consistent with our mission.
- Partnering with physicians to strengthen both John Muir Health and physicians in our unified purpose to improve the delivery of care.
- Building alliances that create healthier communities.
- Ensuring locally-controlled health care.



John Muir Health Mobile Health Clinic and Nurse Supervisor

John Muir Health’s ten core values that guide the Board of Directors, management and employees in their efforts are: *Excellence; High Reliability; Honesty and Integrity; Mutual Respect and Teamwork; Listening, Explaining and Working together as a team; Caring and Compassion; Commitment to Patient Safety; Continuous Improvement; Stewardship of Resources; and Access to Care.*

Community Commitment

John Muir Health's mission reflects our community health efforts as a corporate leader and community partner. John Muir Health's community health leadership role is rooted in our excellence as a health care provider and our commitment to building partnerships with organizations that also exemplify excellence.

John Muir Health views its commitment to community service initiatives as core to our mission. This commitment is seen through every facet of the organization from volunteers, staff, physicians, and leadership.

Most clinical service lines lead and operate a community service initiative. For example, our Trauma Department leads the hospital-based violence intervention program, Beyond Violence. John Muir Health's Magnet® recognized nurses, the highest recognition in nursing, are leaders in providing community service, for example nursing participation in Habitat for Humanity Women’s Leadership Build and as mentors for our Young Healers High School interns. Employees contribute when they participate in department programs and when they volunteer for John Muir Health-sponsored community events.



John Muir Health Young Healers High School Student Interns

Purpose of the Report

As a not-for-profit healthcare system, John Muir Health complies with the Community Benefit reporting regulations under California Health and Safety Code, Section 127340 et seq SB. John Muir Health annually submits to the California Department of Health Care Access and Information (HCAI), formerly Office of Statewide Health Planning and Development (OSHPD), a Consolidated Community Benefit Plan. The plan is commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by John Muir Health hospitals.

About Community Benefit at John Muir Health

The Community Health Improvement department serves as the steward for John Muir Health’s charitable purposes by assisting the community in achieving optimal health by providing essential community supports. Community Health Improvement works in partnership with local communities, other health systems, public health providers, community clinics, community-based organizations and school districts to support vulnerable populations. Community Health Improvement’s main roles are to coordinate the Community Benefit planning process and to act as the liaison to the community-at-large, which enables John Muir Health to align resources and strategies to better impact its goal of creating healthy communities.

The Community Benefit Oversight Committee (CBOC) provides governance for all Community Benefit activities. CBOC is chaired by a system Board of Directors member, comprised of executive leaders from across the health system and key community leaders. Additionally, John Muir Health executive leadership and the John Muir Health Board of Directors oversee Community Benefit through regular reporting. See committee and board lists in Attachment A.

How Do We Define Our Community?

John Muir Health’s primary and secondary service area extends from southern Solano County into eastern Contra Costa County and south to San Ramon in Contra Costa County. John Muir Health’s Trauma Center serves all of Contra Costa County, Solano County, and Marin County. It is also the backup trauma center for Alameda County. John Muir Health also serves eastern Alameda County in joint venture with San Ramon Regional Medical Center and serves northern Alameda County in joint venture with University of California, San Francisco. The map of the John Muir Health service area is included in Attachment B.



The primary focus of our Community Benefit programs is on the needs of vulnerable populations, as defined by California Health and Safety Code, Section 127340.

What Are the Needs of Our Community?

Community Health Needs Assessment



John Muir Health Family Medicine Residents

John Muir Health has long valued a systematic approach for identifying community health needs in order to guide thoughtful and effective Community Benefit investment. In 2022, John Muir Health conducted a triennial Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act, enacted on March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-exempt status. Regulations finalized December 31, 2014, also provide guidance related to section 501(r) of the Internal

Revenue Code. These regulations mandate that all nonprofit hospitals conduct a CHNA every three years. The 2022 CHNA is the fourth such assessment completed since the Affordable Care Act was enacted.

This 2022 CHNA guides our implementation strategy of programming from 2023-2025. The 2022 CHNA continues John Muir Health’s long-standing commitment to the communities we serve by understanding their needs and assets in order to define where and how John Muir Health community investments can have the greatest impact.

Community Benefit representatives from health systems in Alameda and Contra Costa counties contracted with Ad Lucem Consulting in 2021 to conduct the 2022 CHNA. The CHNA partners included:

<p>Alameda and Contra Costa Counties Hospital CHNA Group John Muir Health Sutter Health St. Rose Hospital Stanford Health Care ValleyCare UCSF Benioff Children’s Hospitals</p> <p>Partners Kaiser Permanente Alameda County Public Health Department Contra Costa Health Services</p>	
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The process included comprehensive review of secondary data on health outcomes, drivers, conditions and behaviors in addition to the collection and analysis of primary data through conversations with community members of our service area. We gathered

input on the identified community health needs and the relative priority among them, through a convening of public and community health leaders, advocates and experts.

The following criteria were employed to prioritize the list of health needs for the John Muir Health service area: (1) Community priority; (2) Magnitude/scale of need; (3) Severity of need; (4) Multiplier effect; (5) Clear disparities. The prioritized list of health needs can be found in the 2022 CHNA report.

The 2022 CHNA report and Implementation Strategy were approved by the Board of Directors in December 2022.

The 2022 CHNA and Implementation Strategy, are available to the public on John Muir Health's website: <https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-benefit-reports.html>

Ongoing Community Input

John Muir Health stays abreast of current health issues of importance to the community by active participation within regional coalitions, Dental Collaborative of Contra Costa, Mobile Health Clinic Association Northern California, local school district advisory committees, and other collaborations. These sources of information provide current information regarding community health status and help identify emerging needs in the population.

Where Is John Muir Health Focusing Its Efforts?

Community Health Improvement Plan

In 2022, John Muir Health adopted a triennial Community Health Improvement Plan in response to the health needs identified in the 2022 CHNA report. The Community Health Improvement Plan serves as the triennial implementation strategy for John Muir Health: John Muir Health Medical Center, Walnut Creek, John Muir Health Medical Center, Concord and John Muir Health Behavioral Health Center.

The Community Benefit Oversight Committee (Attachment A) is charged with overseeing the strategic direction of Community Benefit programming and activities. The Committee is composed of John Muir Health senior leaders and Board of Directors members. The Committee met on May 16, 2022 to review the list of community health needs identified and prioritized by the CHNA report and to select the community health needs that provide strategic direction for John Muir Health Community Benefit programming and activities from 2023 through 2025.

The following selection criteria were used as a method to prioritize and select the Community Benefit priorities. The selection criteria (see chart below) built on the CHNA prioritization criteria, which included (1) Community priority; (2) Magnitude/scale of need; (3) Severity of need; (4) Multiplier effect; (5) Clear disparities.

Selection Criteria	Definition
Leverage organizational assets	Opportunity to deploy JMH funding or engage current JMH programs and assets.
Leverage community assets	Opportunity to collaborate through existing community partnerships, or to build on current programs, emerging opportunities, or other community assets.
Successful solution solves multiple problems	One intervention effectively addresses multiple needs/facets of a need.
JMH thought leadership	JMH viewed as a leader making meaningful contribution to addressing the need through expertise, experience and/or innovation.

The Committee members first agreed upon the selection criteria, then engaged in thorough discussion about each of the nine prioritized health needs. After discussion by all members regarding rationale for selection, supporting data, key informant interview and focus group results, the Committee came to a consensus.

As a result, John Muir Health will focus Community Benefit 2023, 2024 and 2025 programming on the following:

1. Social Determinants of Health
2. Healthcare Access and Delivery
3. Behavioral Health
4. Housing and Homelessness Prevention

The Community Health Improvement Implementation Plan (Attachment D) includes long- and intermediate-term goals, strategies, anticipated impacts, and metrics associated with each John Muir Health selected community health need.



Photo: John Muir Health Mobile Health Clinic

The Board of Directors approved the Community Health Improvement Implementation Plan in December 2022.

The Community Health Improvement Implementation Plan is available on John Muir Health's website: <https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-benefit-reports.html> The Community Health Improvement Implementation Plan also serves as the foundation for annually evaluating the impact of our Community Benefit investments through measurable annual objectives and time frames. Please see the Community Health Improvement Plan annual update that includes 2025 program objectives and year-end results in Attachment D.

Community Benefit Guiding Principles

Community Benefit focus area selection is guided by the John Muir Health Community Benefit Oversight Committee. The Committee selects focus areas based on its clinical and organizational strengths, the availability and willingness of appropriate community organization partners, the incidence and prevalence of the need, the potential for making a positive impact and available financial and staff resources.

The Committee annually reviews community assessment data, program evaluations, and financials. Triennially, in alignment with the Community Health Needs Assessment cycle, the Committee makes recommendations for program funding and non-profit partnership opportunities.

The Community Benefit Oversight Committee has adopted *Community Benefit Guiding Principles* to inform Community Benefit investment:

1. Provide subsidized care to patients served at John Muir Health facilities according to the Patient Assistance/Charity Care Program Policy.
2. Engage in activities that align with John Muir Health Community Benefit focus areas as defined in the triennial Community Health Improvement Plan.
3. Focus investments in the John Muir Health Community Benefit service area.
4. Target activities on vulnerable populations, as defined by California Health and Safety Code, Section 127340.
5. Conduct long-term sustained activities with trusted partners.
6. Partner with organizations that have expertise and specific capabilities to better leverage John Muir Health resources.
7. Invest in activities with demonstrated outcomes in achieving community health improvement.
8. Invest in activities that emphasize quality and continuity of care.

Economic Valuation of Community Benefit

Community Benefit—What Does It Mean and How is It Calculated?

Community Benefit is a term used to describe the many health programs and medical services supported totally or in part by John Muir Health that provide tangible benefits to improve the health of the community.

John Muir Health follows the guidelines developed by the Catholic Healthcare Association for reporting the economic value of its Community Benefit contributions. John Muir Health uses a cost accounting methodology that aligns with Catholic Health Care Association guidelines for Community Benefit accounting and industry best practices. Program costs are tracked and reported using CBISA, a Community Benefit database. Indirect costs are applied based on data obtained through the cost accounting system.

The cost of charity care is calculated using annual charity care charges pursuant John Muir Health's financial assistance policy, patients eligible for presumptive charity care, and an annual cost to gross charge ratio that is based on total operating expenses divided by gross charges. The unpaid cost of Medi-Cal is calculated using the total cost of care, as determined by the cost to gross charge ratio, minus the total payment received from the Medi-Cal program.

2025 John Muir Health Community Benefit Contributions

The economic valuation of Community Benefit contributions includes Community Benefit activities provided by all John Muir Health entities. Overall health system contributions are listed below, as well as hospital-specific contributions. The overall health system includes: John Muir Medical Centers in Concord and Walnut Creek, the Behavioral Health Center, and John Muir Foundation Practices.

Historically, John Muir Health has submitted one HCAI (formerly OSHPD) report on behalf of the entire health system. Since 2022, John Muir Health has submitted three reports, one for each hospital, which includes: John Muir Health Concord Medical Center, John Muir Health Walnut Creek Medical Center and John Muir Health Behavioral Health Center. Annually, in compliance with HCAI requirements, the health system will continue to submit three reports on behalf of each hospital.

To determine Community Benefit costs associated with a particular hospital, we followed a cost accounting methodology. For costs associated solely with a particular hospital, we attributed 100% of costs with that hospital. For costs associated with Administrative Services and John Muir Foundation Practices, costs were split based on the following allocation methodology:

- Walnut Creek Medical Center: 65.6%
- Concord Medical Center: 31.4%
- Behavioral Health Center: 3%

Contributions are shown for Fiscal Year 2025 in total specified for a particular hospital, as well as for the overall health system. The two sections below outline Community Benefit contributions 1.) Aligned with IRS Form 990, Schedule H categories, and 2.) Aligned with HCAI State of California categories.

For more information on each of the categories, see Attachment C.

Section 1: Community Benefits by Activity Type – IRS Form 990, Schedule H

COMMUNITY BENEFIT CONTRIBUTIONS	John Muir Health – Behavioral Health Center Total	John Muir Health – Overall Health System Total
Community Health Improvement Services (A)	\$98,190	\$3,363,927
Health Professions Education (B)	\$363,656	\$5,429,272
Subsidized Health Services (C)	\$6,878,164	\$8,906,364
Research (D)	\$26,178	\$872,599
Cash and In-Kind Contributions (E)	\$139,730	\$4,029,874
Community Building Activities (F)	\$21,509	\$384,892
Community Benefit Operations (G)	\$33,634	\$1,121,145
Medi-Cal (unreimbursed costs - traditional)	\$494,769	\$22,454,170
Medi-Cal (unreimbursed costs - managed care)	\$259,564	\$154,578,485
Charity Care	\$158,701	\$5,762,338
TOTAL COMMUNITY BENEFIT	\$8,474,095	\$206,903,066
Medicare (unreimbursed costs)	\$6,309,354	\$435,399,846

*Total Community Benefit financial figure depicts exact amount; categories are rounded to nearest whole dollar figure.

Section 2: Community Benefits by Population – HCAI, reported to the State of CA**COMMUNITY BENEFIT CONTRIBUTIONS – John Muir Health Behavioral Health Center (BHC)**

	BHC Vulnerable Population	BHC Broader Population	John Muir Health – Behavioral Health Center Total	Total John Muir Health – Overall Health System
Financial Assistance and Means-Tested Government Programs				
Traditional Charity Care	\$158,701		\$158,701	\$5,762,338
Medi-Cal (unreimbursed costs)	\$754,333		\$754,333	\$177,032,655
Other Means Tested Government	\$-		\$-	\$-
Sum Financial Assistance	\$913,034		\$913,034	\$182,794,993
Other Benefits				
Community Health Improvement Services	\$71,545	\$26,645	\$98,190	\$3,363,927
Community Benefit Operations	\$33,634	\$-	\$33,634	\$1,121,145
Health Professions Education	\$-	\$363,656	\$363,656	\$5,429,272
Subsidized Health Services	\$6,824,760	\$53,404	\$6,878,164	\$8,906,364
Research	\$-	\$26,178	\$26,178	\$872,599
Cash and In-kind Contributions for Community Benefit	\$108,571	\$31,159	\$139,730	\$4,029,874
Other Community Benefits	\$-	\$21,509	\$21,509	\$384,892
Total Other Benefits	\$7,038,510*	\$522,550*	\$7,561,061	\$24,108,073
Community Benefits Spending				
Total Community Benefits	\$7,951,545*	\$522,550*	\$8,474,095	\$206,903,066
Medicare (unreimbursed costs)	\$6,309,354	\$-	\$6,309,354	\$435,399,846
Total Community Benefits with Medicare	\$14,260,899	\$522,550	\$14,783,449	\$642,302,912

*Total Community Benefit financial figure depicts exact amount; categories are rounded to nearest whole dollar figure.

Non-Quantifiable Benefits

John Muir Health contributes many non-quantifiable benefits at each of our facilities. The health system continually provides leadership in the community, assists with local capacity building, and participates in community-wide health planning. In addition, John Muir Health is committed to upholding the highest environmental standards and has invested in efforts for sustainability.



Photo: JMH Leadership Team contributed Toiletry Kits to Monument Crisis Center

The following are examples of non-quantifiable benefits provided in 2025:

- John Muir Health encourages nursing volunteerism through Magnet® recognition status where nurses build partnerships with the community. For example, our nurses participate as volunteers in our Mobile Health Clinic, Habitat for Humanity Women’s Leadership Build, and the annual Backpack Drive, to name a few.
- John Muir Health leadership actively participates on community boards, some of which include California Hospital Association, Family Justice Center of Contra Costa, Monument Impact, Trinity Center, Hope Solutions and Contra Costa County Work Force Development, among others.
- John Muir Health leadership actively participates on government and city advisory councils and task forces, some of which include City of Concord, City of Walnut Creek, and East Bay Leadership Council.
- John Muir Health’s commitment to environmental sustainability is evident through many initiatives, some of which include:
 - Nursing, EVS, Materials partnership of a medical supply donation program that benefits developing countries
 - Watering of outdoor landscaping two days per week
 - Equipped with low-flow toilets, showers, sinks
 - 51 Car Charging Stations
 - LED lighting fixtures in patient and employee parking lots
 - Energy efficient chillers & boilers to cool and heat the hospital buildings
 - Energy efficient air handlers on hospital buildings
 - High efficiency windows
 - Use of solar panels on administrative buildings or new medical office buildings and Walnut Creek Medical Center Parking Garage
 - Reusable cafeteria plates and Tupperware to reduce landfill

How to Contact Us

Please contact us with feedback regarding John Muir Health's Community Benefit programs and services by emailing Community.Benefit@johnmuirhealth.com.

Attachments

Attachment A – Board Lists

John Muir Health
John Muir Health Physician Network
John Muir Health Behavioral Health
Board of Directors

Effective January 1, 2025

Officers & Board Members

Roger Bailey, Chair
Laura Markstein, Vice Chair
Fatima Angeles
Jay Harris
Craig Leach
Tracy Porter
John Sayres
Jack Thompson
Pete Wilson
Niren Angle, M.D.
Chinnavuth De Monteiro, M.D.
Steven Green, M.D.
Carolyn Lacey, M.D.
Vivian Wing, M.D.
Steven Young, M.D.
Michael Thomas

Ex-Officio non-voting

Taejoon Ahn, M.D., Foundation Practice Leader
Jorge Bernett, M.D., Chief of Staff, Walnut Creek Medical Center
Negar Salehomoum, M.D., Chief of Staff, Concord Medical Center
Ameek Mundi, D.O., Chief of Staff, Behavioral Health Center

John Muir Health 2025 Community Benefit Oversight Committee (CBOC)

CBOC Chair and Community Health Improvement CBOC Staff
Fatima Angeles, CBOC Chair, JMH Board of Directors & Executive Director, Levi Strauss Foundation
Jamie Elmasu, Director, Community Health Improvement
Ashley Jackson, Business Data Analyst, Community Health Improvement
Huda Assaf, Coordinator, Community Health Improvement
Membership
Anh Thang Dao-Shah, Executive Director, Belonging and Equity
Ann Orders, Executive Director, Population Health, Care Management & Continuum Services
Anne Grodin, Community Member
Ben Drew, Communications Chief
Elizabeth Iten, MD, John Muir Medical Group, Family Medicine
Jack Thompson, JMH Board of Directors
Jeremy Fish, MD, Director, Family Medicine Residency Program
Jesse Tamplen, Vice President – Care Coordination, Continuous Improvement and Executive Administrator of Behavioral Health
Kathleen Odne, Community Member
Lisa Foust, Senior Vice President, Chief People and Engagement Officer
Michael Levine, MD, JMH Association
Michelle Lopes, MSN, RN, NEA-BC, Chief Administrative Officer - Clinical Integration and Performance and System Chief Nurse Executive
Mike Thomas, President & Chief Executive Officer
Paul Deeringer, Senior Vice President - Chief Strategy Officer
Russell Rodriguez, MD, Senior Vice President and Chief Medical Officer
Sharon Quesada Jenkins, Director, Government Affairs and External Relations
Steve Cain, Chief Executive Officer, California, United Healthcare
Tamal Roy, MD, JMH Emergency Medicine Provider
Ted Wang, Senior Vice President - Chief Financial Officer



Community Health Fund

John Muir Health Building Bridges to Better Health

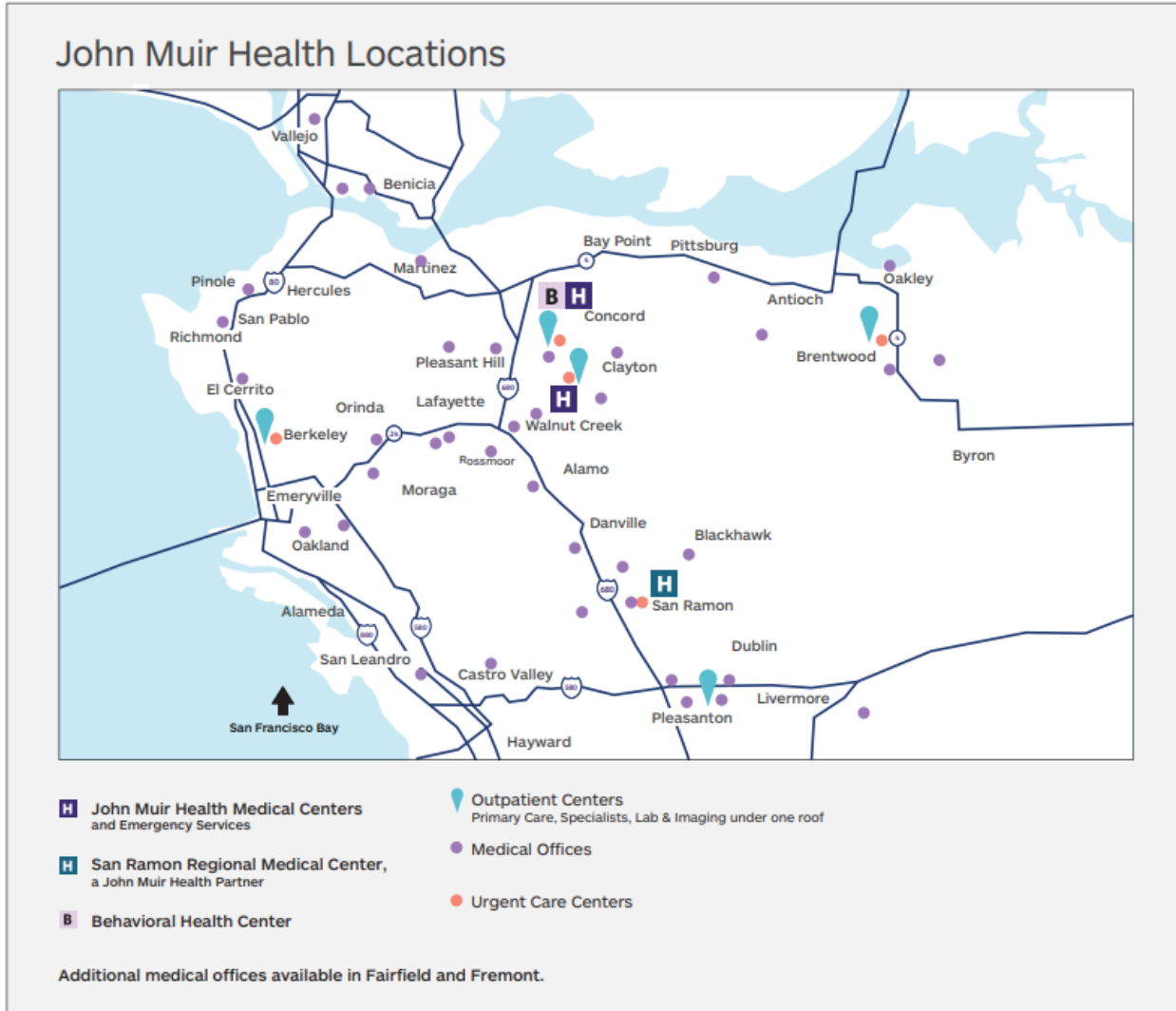
John Muir/Mt. Diablo Community Health Fund 2023 Board of Directors

Officers & Directors

Ruja Manghani, MD, Chair
Ray Barbour, Vice Chair
Aeysha Corio, Treasurer
An (Joseph) Vu, Secretary

Anh Thang Dao-Shah
Sharon Jenkins
Tasha Johnson
Laura Nakamura
Andrei Obolenskiy

Attachment B – Map of Community Benefit Service Area



Attachment C – Economic Valuation of Community Benefit – Detailed

John Muir Health Behavioral Health Center Community Benefit Contributions

COMMUNITY BENEFIT CONTRIBUTIONS		DESCRIPTION	Vulnerable Populations	Broader Populations	Total – Behavioral Health Center	Total John Muir Health – Overall Health System
<u>IRS Form 990, Schedule H Categories</u>	<u>HCAI Categories</u>					
Charity Care	Traditional Charity Care	Charity care is providing health care services to uninsured community members. John Muir Health provides charity care through its Concord and Walnut Creek Medical Centers for people regardless of their ability to pay. This includes critical emergency and trauma services. The amount listed are costs not charges.	\$158,701	\$-	\$158,701	\$5,762,338
Medi-Cal (unreimbursed costs) <i>traditional & managed care combined</i>	Medi-Cal (unreimbursed costs) <i>traditional & managed care combined</i>	John Muir Health provides care for patients who participate in government-sponsored programs such as Medi-Cal. The payment received from these programs rarely covers the full cost of services provided. As a Community Benefit, John Muir Health absorbs the difference between the cost (not charges) and the payment.	\$754,333	\$-	\$754,333	\$177,032,655
	Other Means Tested Government Programs	Also known as Indigent Care, if not counted in any previously listed category.	\$-	\$-		\$-
		SUBTOTAL	\$913,034	\$-	\$913,034	\$182,794,993
Community Health Improvement Services (A)	Community Health Improvement Services	Activities and resources that promote health and wellness, including mobile health services for uninsured community members, health education, a medical library, and support groups.	\$71,545	\$26,645	\$98,190	\$3,363,927
Community Benefit Operations (G)	Community Benefit Operations	To coordinate our Community Benefit planning, direct service programs to vulnerable community members, and	\$33,634	\$-	\$33,634	\$1,121,145

		nonprofit grant management, John Muir Health supports a dedicated staff and their office operations.				
Health Professions Education (B)	Health Professions Education	Health professions education programs for nursing, physical therapy, ultrasound technology, radiologic technology, rehabilitation, clinical pastoral care, family medicine, nursing residency, and others.	\$-	\$363,656	\$363,656	\$5,429,272
Subsidized Health Services (C)	Subsidized Health Services	In some cases, John Muir Health provides services at a loss because the service is the only available resource in the community. Subsidized services are costs incurred beyond Charity Care and Unpaid Costs of Medi-Cal, including Emergency Medical Services, Behavioral Health Services, and an ambulance base station for the County.	\$6,824,760	\$53,404	\$6,878,164	\$8,906,364
Research (D)	Research	Research includes clinical research funded by government agency or tax-exempt organizations where findings are available to the public.	\$-	\$26,178	\$26,178	\$872,599
Financial and In-Kind Contributions (E)	Cash and In-Kind Contributions	Grant contributions to community based-organizations and in-kind donations of supplies, facilities, and staff time.	\$108,571	\$31,159	\$139,730	\$4,029,874
Community Building Activities (F)	Other Community Benefit	Workforce development activities and community coalition development.	\$-	\$21,509	\$21,509	\$384,892
		SUBTOTAL	\$7,038,510*	\$522,550*	\$7,561,061	\$24,108,073
TOTAL COMMUNITY BENEFIT SPENDING			\$7,951,545*	\$522,550*	\$8,474,095	\$206,903,066
Medicare (unreimbursed costs)	Medicare (unreimbursed costs)	The payment received to care for Medicare-covered patients does not cover the full cost to provide care. John Muir Health absorbs the difference between the cost (not charges) and the payment. This value is not counted toward the total Community Benefit calculation, but is reported here for transparency.	\$6,309,354	\$-	\$6,309,354	\$435,399,846
Total with Medicare	Total Community Benefits with Medicare		\$14,260,899	\$522,550	\$14,783,449	\$642,302,912

*Total Community Benefit financial figure depicts exact amount; categories are rounded to nearest whole dollar figure.

Attachment D – John Muir Health Community Health Improvement Plan: 2025 Year-End Program Outcomes

The Community Health Improvement Plan includes initiatives and community-based programs operated or substantially supported by John Muir Health, including John Muir Medical Center, Walnut Creek, John Muir Medical Center, Concord, John Muir Behavioral Health Center, and John Muir Foundation Practices. Programs were developed in response to the 2022 Community Health Needs Assessment, internal data and community partner input.

The following needs were selected as Community Benefit priorities for programming in 2023, 2024 and 2025:

1. **Social Determinants of Health**
2. **Healthcare Access and Delivery**
3. **Behavioral Health**
4. **Housing and Homelessness**

The following 2025 year-end program outcomes are outlined by each identified community health needs, their associated long-term and intermediate goals. All program partnerships are listed and select, high-impact program outcomes are highlighted in the tables to follow.

John Muir health complies with all federal and state anti-discrimination laws. All training and other support noted in the goals within this report are applied and will be applied to all individuals based on need, regardless of protected characteristics.



Community Health Need: Healthcare Access and Delivery

Long Term Goal: Improving access to healthcare support services that are delivered with quality and compassion.

- Intermediate Goals:
1. Increase access to linguistic services for vulnerable populations.
 2. Increase access to subsidized care and financial assistance for low-income and uninsured individuals.
 3. Increase access to comprehensive primary care, specialty care services, support services, and prevention programming for low-income, vulnerable, and uninsured individuals.

John Muir Health - Led Programs

- Community School Nurse
- Lung Cancer Screening
- Mobile Health Clinic
- Specialty Care Program
- Every Woman Counts

Community Partnerships and Grantees

- Contra Costa Health Services (Healthcare for the Homeless and Oral Health Program)
- Inspiring Communities
- Monument Impact
- RotaCare Bay Area (Alamo, Concord, Pittsburg, Richmond)
- Independent Living Resources
- Junior Achievement of Northern California
- Operation Access
- St. Vincent de Paul
- La Clínica de la Raza
- Order of Malta Clinic of Northern California
- Meals on Wheels Diablo Region

Select High-Impact Program Outcomes

Mobile Health Clinic: Provide comprehensive no-cost primary care for vulnerable adults who are unable to access care due to inadequate insurance coverage, availability of services, appointment timeliness or accessibility.

2025 Outcomes

- Mobile Health Clinic served 457 unique individuals for 846 encounters during Saturday Volunteer Physician Clinics and Wednesday/Thursday Residency Clinics.
- 84% of patients were non-English speaking and 100% of services met their linguistic needs (primarily Spanish).
- 99.9% of patients served were uninsured

- Medi-Cal Enrollment services were offered alongside Mobile Health Clinic on Wednesdays and Saturdays.

Mobile Dental Clinic: Provide health care support services for children in schools that serve low-income families through partnership with La Clínica de la Raza.

2025 Outcomes

- 1,435 unduplicated children served on the Mobile Dental Clinic totaling 1,717 dental visits delivered.
- 922 dental services provided, including 704 preventive and 218 restorative services
- Services delivered across 52 community locations, including 32 schools and 20 community centers

La Clínica Specialty Care Program: Provide specialty care services through the La Clínica Specialty Care program for vulnerable adults who are unable to access care due to lack of coverage.

2025 Outcomes

- Providers were recruited to meet the needs of referred patients, which included gynecological oncologist, gynecologist, medical oncologist, diagnostic imaging, gastroenterologist, surgeon, cancer geneticist, and urologist.
- 100% of patients were uninsured.
- 63% of patients referred indicated a non-English language preference and 67% identified as Hispanic/Latino.
- In total, 156 patients were referred from La Clínica and among them, 150 were accepted into the Specialty Care Program (acceptance rate of 96%).
- A total of 5 cancer diagnoses were made. In addition, 516 procedures and interventions were provided throughout the year. The majority of interventions were consultations/follow-up with specialist, diagnostic tests and imaging.
- 94% of patients completed treatment or received/scheduled for follow-up.

Operation Access: Provide specialty care services through Operation Access for vulnerable adults who are unable to access care due to lack of coverage.

2025 Outcomes

- 100% of Operation Access patients were uninsured.
- The linguistic needs were met for 100% of patients, including Spanish, English, Portuguese, Tagalog, Tigrinya, and Punjabi.
- 58% of all OA services provided in CCC were provided by John Muir Health.
- A total of 153 surgical procedures were provided in a John Muir Health operating room, up 31% from the previous year.
- Average wait time from referral to first appointment was 71 days and the average wait time from referral to surgery was 94 days, both of which decreased from the previous year.
- 51% of patient referrals had to travel to counties other than Contra Costa County.
- In total, there were 35 active volunteer physicians from John Muir Health who provided at least one surgical service.
- 37% of volunteers were “high volume” providers, who provided at least 4 services during the year.
- In 2025, 5 new physicians were recruited.
- 100% of patients reported high levels of satisfaction with their OA experience.
- All patient quality of life improvement measures remained high. Resulting from OA services, 100% of patients reported improved health, 100% reported improved quality of life, 100% improved work ability, 92% experienced a relief of symptoms and 100% improved ability to care for home and/or family.
- Prior to utilizing OA services, 10% of patients reported that they visited the Emergency Room. After utilizing OA services, 0% of patients reported that they visit the Emergency Room.

Social Determinants of Health Intervention

Goal: To develop an organization-wide understanding of the barriers that limit access and opportunity by increasing awareness, engagement, and dialogue through inclusive trainings and workshops. All levels of the organization are impacted, including employees, Board members, interns, and volunteers.

Year 3 Outcomes

- Implemented rotating leadership roles across internal meetings, expanding opportunities for shared facilitation, planning, and decision-making supported by clear expectations and tools.
- Assessed staff experiences of shared leadership through a 2025 survey, with respondents reporting strong feelings of connection and leadership growth.
- Strengthened mentorship and professional development practices, including structured goal-setting for interns and monthly in-office days to support relationship-building and skill development.
- Expanded staff connection groups and evaluated their impact through a staff survey, with participants reporting strong contributions to personal growth, belonging, and influence on organizational culture.

Every Woman Counts Program: Provide free breast cancer screening for low-income women who are unable to access care due to lack of coverage.

2025 Outcomes

- In 2025, there were 40 Breast Cancer Screening Clinics.
- 100% of eligible patients were accepted to care. There were 187 breast cancer patients served in the clinics for a total of 237 encounters.
- Nearly half of women served at the breast cancer clinics (49%) were between ages 40-49. 83% identified as Hispanic and 75% indicated a non-English language preference.
- In 2025, 100% of patients were uninsured.
- 98% of breast cancer patients were provided with same day, “one stop” services, including: breast exams, diagnostic mammograms, ultrasounds and biopsies.
- The program provided 17 breast biopsies and 94% received biopsy results within 2 weeks. 4 women were diagnosed with Breast Cancer and 100% were provided with appropriate follow-up to monitor their diagnosis.
- 100% of diagnoses were enrolled in the Breast and Cervical Cancer Treatment Program.
- 100% of patients received health education materials.

Meals on Wheels Diablo Region Fall Prevention Program (FPP): Provide access to health care support and care coordination services for vulnerable adults and seniors that address poor health outcomes, quality and satisfaction while improving efficiency through fall prevention safety trainings, home assessments and modifications, and education.

2025 Outcomes

- In 2025, 56% of individuals served had incomes at or below 200% FPL.
- 30% of older adults who received Home Safety Modification services reported a language other than English as their primary language. The majority of these are Spanish speaking. Other languages included Cantonese, Mandarin, Tagalog, and Punjabi.
- FPP received 309 referrals and conducted 169 home safety assessments and 228 modifications to the homes of older adults. Among these referrals, 127 either declined services, moved to a different service or did not qualify for services.
- FPP conducted 169 home assessments and completed home modifications in 100% of those assessed.
- 95% of seniors who received a home modification reported positive changes in their lives.
- 97% of seniors reported increased access to fall prevention services.
- FPP conducted 10 education presentations, reaching 150 participants.
- On average 93% of seniors reported increased knowledge about fall prevention, risk factors, and fall reduction strategies.
- 5 exercise sessions were offered with 69 participants attending.

Social Determinants of Health Intervention

Goal: Promote access across all levels and departments. Uncover gaps that may be present in the organization’s policies, practices, norms, and any other relevant areas that create barriers to staff success and inclusion. Create opportunities for staff retention and advancement. Get recommendations on how to foster an environment where staff feel comfortable sharing.

Year 3 Outcomes

- Hosted an organization-wide, facilitator-led team-building experience, creating space for open dialogue, shared learning, and stronger staff connection.

- Increased staff confidence in communication and collaboration, with participants reporting greater comfort sharing needs with supervisors and colleagues.
- Strengthened cross-team relationships and workplace culture, helping reduce barriers to collaboration and support staff retention and success.

Junior Achievement of Northern California: Partner with Junior Achievement to lead Young Healers, a high school internship program for students interested in pursuing health careers, with a focus on underrepresented youth.

2025 Outcomes

Spring Internship

- Number of students: 18 interns
- Number of hours participating in program: 30 hours per student
- Number of JMH mentors/volunteers: 18
- Number of hours JMH mentors/volunteers participated in the program (training/preparation/deliver): 504 hours
- Length of program (weeks): 7 weeks

Summer Internship Program

- Number of students: 16 interns
- Number of hours participating in program: 30 hours per student
- Number of JMH mentors/volunteers: 16
- Number of hours JMH mentors/volunteers participated in the program (training/preparation/deliver): 448 hours
- Length of program (weeks): 7 weeks

Young Healers Career Speaker Series

- Number of students registered: 313 attendees
- Number of hours participating in program: 1 hour per session
- Number of JMH mentors/volunteers: 6
- Number of hours JMH mentors participated in the program (training/preparation/delivery): 18 hours
- Number of Sessions held: 8 sessions

CLIMB Mentorship Program

- Number of High School students: 9
- Number of College students: 8
- Number of 4th Year Medical Students: 6
- Number of 1st Year Residents: 5

Health Summit (New in 2025)

- Number of students: 65
- Number of JMH mentors/volunteers: 11
- Number of hours JMH mentors participated in the program (training/preparation/delivery): 33
- Number of JMH Workshop Hosts: 7
- Number of hours JMH Workshop Hosts participated in the program (training/preparation/delivery):28

Social Determinants of Health Intervention

Goal: Invest more in community outreach, particularly as it relates to having staff members access professional development groups and mission-aligned coalitions.

Year 3 Outcomes

- Sustained staff engagement in professional networks, coalitions, and learning communities at the national and regional levels to strengthen community outreach and organizational practice.
- Advanced staff leadership development and external partnerships through fellowship participation and continued involvement in mission-aligned organizations.

Community Health Need: Behavioral Health

Long Term Goal: The entire community has access to behavioral and mental health programming, support and direct services to promote whole health and emotional wellness.

- Intermediate Goals:**
1. Increase access to alternative mental health workforce to include Community Health Workers and *Promotores* training programs.
 2. Increase access to behavioral and mental health services that provide prevention, direct service and support for vulnerable individuals and families.
 3. Increase violence prevention and resiliency programming for vulnerable communities.

John Muir Health-Led Programs

- **Beyond Violence**
- **Restorative Justice Initiative**

Community Partnerships and Grantees

- **Center for Human Development**
- **Meals on Wheel Diablo Region**
- **One Day at a Time**
- **Village Community Resource Center**
- **Family Justice Centers of Contra Costa**
- **Mental Health Connections**
- **Planting Justice**
- **Women’s Cancer Resource Center**
- **Fred Finch Youth and Family Services**
- **Monument Crisis Center**
- **RYSE Center**
- **Three Valleys Community Foundation**
- **Monument Impact**
- **NAMI of Contra Costa**

Select High-Impact Program Outcomes

Beyond Violence Program: Provide intervention and referrals to violence-related trauma victims in order to prevent recidivism and provide support services for full recovery. Partner organizations include: Center for Human Development, Family Justice Center, One Day at a Time and RYSE Center.

2025 Outcomes

- In 2025, a total of 98 clients received Beyond Violence services.
- In 2025, 53 patients consented to receive Beyond Violence services and 41 became Beyond Violence clients at the following partner nonprofit organizations: RYSE Center in Richmond, One Day at a Time (ODAT) in Brentwood, Center for Human Development (CHD) in Concord and Family Justice Center in Antioch and Richmond.
- 57 clients from previous years continued to receive services.
- 100% of clients consented to services.
- Mechanism of Injury
 - Gun Shot Wound: 56
 - Stab Wound: 15
 - Other Assault: 27

Family Justice Centers of Contra Costa (FJC): Provide survivors of interpersonal violence with 1) system navigation services to address community and family safety; and 2) provide and connect to mental health services.

2025 Outcomes

- In 2025, FJC received 4,795 referrals for client navigation services in East, Central and West County.
- FJC provided client navigation services to 3,782 individuals in 2025.
- 90% of clients reported an increase in safety.
- 91% of clients reported an increase in their abilities to advocate for themselves.
- 87% of clients reported an increase in protective factors and resilience.
- In 2025, 3,782 clients were screened for Mental Health Services, and 586 clients were connected to mental health services.

Social Determinants of Health Intervention

Goal: Train and educate all staff members about improving inclusion in the workplace.

Year 3 Outcomes

- Held two organization-wide staff development days in 2025, engaging 48 staff members.
- Continued conversations on workplace support and connection through collaboration with the Family Violence Prevention Coalition.

Fred Finch Youth and Family Services: Provide linguistically appropriate direct mental and behavioral health services at no cost to low-income and uninsured individuals to include Mobile Health Clinic Saturday Clinic in Brentwood, Antioch Unified School District high schools and continuation schools, and Beyond Violence partner organizations (Center for Human Development and One Day At a Time).

2025 Outcomes

- A total of 159 individuals were provided mental health counseling services for a total of 2,169 sessions.
- Services provided were as follows: Mobile Health Clinic (94 visits); Antioch High School (701 visits); Deer Valley High School (578 visits); Beyond Violence One Day At a Time and Center for Human Development (582 visits); Live Oak and Bidwell continuation schools (214 visits).

Social Determinants of Health Intervention

Goal: Increase comfort/ability/skills to support restorative conversations at school sites, attending school Care teams, and with teachers and admin. Reduction of mental health stigma and an increase in system barriers and generative conversations.

Year 3 Outcomes

- Continued staff groups throughout the year and expanded programming to include Affinity Groups and Cross-Cultural Conversations.
- Increased staff participation in generative school-site conversations and inclusive approaches to youth and family interventions.

Mental Health Connections: Support and/or provide behavioral health intervention services to vulnerable adults with severe mental health illness through education and vocational rehabilitation support services.

2025 Outcomes

- In 2025, there was an average monthly attendance of 145 members representing a total of 521 members who participated in program activities, where they spent a total of 36,193 hours participating in activities.
- 89 new members overall joined the Mental Health Connections in 2025, among them 27 new members under the age of 30 joined.
- 100% of members who indicated education in their career plan were referred to appropriate education resources and 144 members attended school and among them 13 returned to school.
- 100% of members who indicated employment in their career plan were referred to employment resources and 279 members were employed and among them 14 were placed in employment earning \$18.00/hour on average.
- 95% of members who responded to the survey reported an increase in their independence.
- 89% of members who responded to the survey reported an improvement in their emotional wellbeing and 89% reported an improvement in their mental wellbeing.

Social Determinants of Health Intervention

Goal: Translate agency brochures to other languages, produce inclusive podcasts, encourage client membership and conduct training and professional development for staff.

Year 3 Outcomes

- Expanded transportation support services to improve access to mental health programming in East and West Contra Costa County, increasing consistent participation among members facing access challenges.
- Strengthened access to mental health services by advancing plans for a telehealth program to address gaps related to geography, provider availability, and cost.

Mentes Positivas en Accion (Positive Minds in Action) Promotores Program: Support the prevention and/or improvement in the levels of stress and depression in vulnerable communities through the Positive Minds in Action Promotores program offered by Monument Impact.

2025 Outcomes

- A total of 9, 8-week courses were offered for a total of 94 participants that enrolled and began the MPA/MPA-V program.
- 82 participants graduated from the program. 86% graduation rate.
- Pre and post assessments were completed.

Social Determinants of Health Intervention

Goal: Contract with an external consultant to conduct staff and leadership inclusion trainings.

Year 3 Outcomes

- Convened a facilitated management retreat to reflect on organizational results, strengthen leadership alignment, and set shared priorities for staff wellbeing and long-term sustainability.
- Advanced leadership and internal capacity through structured reflection and planning focused on professional growth, communication practices, governance, and organizational cohesion.
- Positioned the organization for continued growth by aligning leadership around trusted community relationships, partnerships, and strategies to sustain and scale effective programming.

Monument Crisis Center: Support Monument Crisis Center’s Senior Moments program to reduce social isolation and promote mental health among older adults.

2025 Outcomes

- In 2025, Monument Crisis Center hosted a total of 17 Senior Moment events.
- A total of 183 seniors were served for 1,108 encounters in 2025.
- Monument Crisis Center mailed a total of 2,420 Newsletters to seniors in 2025.

Social Determinants of Health Intervention

Goal: Focus on organizational structural enhancements, team building and employee education.

Year 3 Outcomes

- Strengthened community and staff safety supports by partnering with a local volunteer organization to monitor enforcement activity during on-site services and to provide alternative food delivery options for families unable or unwilling to access the pantry in person.
- Enhanced internal communication and coordination systems to support staff and volunteers, including real-time alerts, shared safety resources, and discreet screening processes to respond to community concerns.
- Advanced Board development and governance planning by collecting voluntary demographic information from current Board members to inform future recruitment and leadership planning efforts.

Village Community Resource Center (VCRC): Support the prevention and/or improvement in the levels of stress and depression in vulnerable communities through the Serena Mente *Promotores* Program.

2025 Outcomes

- In 2025, VCRC held a total of 11 Serena Mente Program groups with 134 program participants.
- 94 participants completed the Serena Mente Program.
- VCRC held 4 follow up groups with 64 total participants.
- A total of 11 stress reduction workshops were held in 2025. 152 individuals participated in stress reduction workshops.
- VCRC held 14 external and 22 internal education classes for returning and new *Promotores* for a total number of 104 cumulative training hours.

- In 2025, there were a total of 15 *Promotores* engaged in program delivery.

Social Determinants of Health Intervention

Goal: Participate in a series of discussions, reflections, and work sessions to intentionally develop VCRC's "ideal" narrative and then work to develop marketing materials that fit this narrative.

Year 3 Outcomes:

- Strengthened the organization’s governance and advisory structure by integrating a Community Advisory Committee into the governance model and onboarding new Board members with strong ties to the community served.
- Empowered staff leadership and decision-making, with organizational leadership intentionally centering staff experience and expertise in shaping program direction and organizational priorities.
- Initiated organizational planning for capacity-building support, reviewing proposals from external partners to align staff, leadership, and Board around shared values, collaboration, and mission-consistent service delivery.

Women’s Cancer Resource Center (WCRC): Free Therapy Program for low–income East Bay women with cancer.

2025 Outcomes

- A total of 53 clients received free therapy services for a total of 464 sessions.
- There were a total of 111 participants of 8 support groups in 2025.
- In 2025, there were 3 educational workshops for therapists, for a total participation of 110 therapists.
- In 2025, there were 3 trainings dedicated to support therapists and psychologists.
- WCRC successfully recruited 14 new volunteer therapists in 2025 and had a total of 28 active volunteer therapists participating in programs.

Social Determinants of Health Intervention

Goal: Evaluate employee handbook for inclusion-related values alignment, incorporate inclusive values throughout the employee handbook, and establish ongoing commitments to reinforce inclusive principles and practices.

Year 3 Outcomes

- Reintroduced Healing Circles to support staff wellbeing, reduce isolation and burnout, and provide a trusted space for reflection, strengthening staff connection and long-term sustainability.
- Expanded shared decision-making between staff and the Board by convening joint, facilitated strategic planning retreats, strengthening collaboration and ensuring staff perspectives inform organizational priorities.
- Improved organizational use of client data by adopting a structured impact guide to better understand who is being reached by programs and to ensure client experiences inform program development and refinement.
- Enhanced program design and planning processes through new project charters that identified service gaps and opportunities to better respond to community needs, directly shaping program improvements and strategic direction.

Community Health Need: Housing and Homelessness

Long Term Goal: The entire community has access to safe, healthy, and affordable housing.

- Intermediate Goals:**
1. Increase support of the Housing Navigators workforce and employment opportunities to communities prone to homelessness.
 2. Increase access to homelessness prevention resources to low-income and vulnerable communities.
 3. Increase access to housing resources and support services to provide unsheltered individuals and families with access to transitional supportive housing, respite care and recuperative housing, permanent supportive housing, and ultimately independent permanent affordable housing.
 4. Increase food security and decrease the food cost burden for low-income families to free up funds to cover housing costs.

John Muir Health-Led Programs

- **Mobile Health Clinic Healthcare for the Homeless**

Community Partnerships and Grantees

- | | | | |
|---|--|--|-----------------------------|
| • Contra Costa Health Services Healthcare for the Homeless | • Food Bank of Contra Costa and Solano Counties | • Hope Solutions | • Support4Recovery |
| • Alameda County Community Food Bank | • Goodness Village | • Philip Dorn Respite Center, CCC Housing and Homeless Services | • Trinity Center |
| | • Healthy and Active Before Five | • Shelter, Inc. | • White Pony Express |

Select High-Impact Program Outcomes

Alameda County Community Food Bank (ACCFB): Distribute nutritious food through 91 northern Alameda County partners and provide grants to partner agencies in northern Alameda County to increase their capacity to distribute free food during the extended economic recovery period.

2025 Outcomes

- In 2025, ACCFB provided capacity building grants to 4 partner agencies serving N. Alameda County communities, with a focus on agencies that are helping families to stay housed. Grants were provided for kitchen infrastructure, vehicles/transportation, and miscellaneous food distribution supplies.
- In 2025, ACCFB increased the total food distribution in northern Alameda County by 14% over 2025.
- ACCFB distributed 16,892,297 pounds of nutritious food in northern Alameda County communities, 53% of which was fresh produce.
- ACCFB distributed enough food for over 14 million nutritious meals.

Social Determinants of Health Intervention

Goal: Expansion of the Client Voice Platform which enables the Food Bank to collect real-time, client-level data from participating partner agencies. Demographic data collection helps to inform ACCFB's strategic decisions to promote inclusion across all work.

Year 3 Outcomes

- Expanded participation in the Client Voice Program, increasing the number of active partner agencies and sites from 130 to 135 despite network turnover.
- Increased client participation in data sharing, with the number of clients providing ethnicity information rising from 72,571 to 86,168 and language information increasing from 67,534 to 82,800.
- Reached 171,526 unique clients during the year, representing a 21% increase compared to the prior year and a 96% increase since the start of the grant period in 2023.

Goodness Village: Support for permanent affordable housing and supportive services for homeless and at-risk families and individuals.

2025 Outcomes

- In 2025, Goodness Village served a total of 29 individuals with 26 homes occupied at year-end.
- There were a total of 4 new neighbors to Goodness Village in 2025.
- 3 neighbors were provided mental health support.
- 25 neighbors participated in a vocational program and 6 neighbors secured a job.

Social Determinants of Health Intervention

Goal: Provide additional career growth opportunities for staff members.

Year 3 Outcomes

- Advanced staff career growth and leadership development by promoting internal talent into expanded leadership roles and supporting ongoing professional development and training opportunities across the organization.
- Engaged external facilitators to support team development and reflection, with facilitated sessions informing improvements to supervision practices, communication, and collaboration within staff teams.
- Clarified and integrated organizational core values into daily practice, establishing a shared framework to guide decision-making, staff interactions, and participant engagement.

Hope Solutions: Support for permanent affordable housing and supportive services for homeless and families and individuals at-risk of becoming unhoused.

2025 Outcomes

- 550 households were newly housed, resulting in 999 unique individuals.
- 1,694 adults received case management services.
- 567 youth actively participated in the youth enrichment program.
- 384 households prevented eviction for a total of 447 eviction prevention program participants.

Social Determinants of Health Intervention

Goal: Create an organization-wide inclusion work plan.

Year 3 Outcomes

- Launched and sustained the CARE (Cultivating Accountability and Respect for Everyone) Committee, establishing a formal structure for staff accountability, reflection, and continuous improvement across the organization.
- Implemented annual staff and client surveys and integrated results into management and program planning, using feedback to identify strengths, track trends, and develop targeted action steps.
- Improved staff engagement and workplace experience, with 2025 survey results showing high levels of mission understanding, job satisfaction, and strong support for teamwork, leadership development, and respectful workplace practices.

Shelter, Inc.: Provide targeted, time-limited rental assistance to help vulnerable households in Contra Costa County remain safely housed, with an emphasis on households living in East County, West County, and the city of Concord. Program serves low-income households at immediate risk of becoming homeless due to a pending eviction.

2025 Outcomes

- In 2025, a total of 52 households, resulting in 143 individuals, were provided with emergency funds for back rent, utilities and other rental assistance.
- 100% of participants remained safely housed.
- In 2025, a total of 15 six-month and 29 one-year follow ups were conducted.

Social Determinants of Health Intervention

Goal: Encourage board members to focus on ways to ensure they appropriately serve the community.

Year 3 Outcomes

- Provided organization-wide professional development through multiple facilitated trainings, engaging staff in skill-building focused on cultural awareness, communication, and workplace interaction.
- Expanded staff participation in learning opportunities, with over 100 staff members attending an emotional intelligence training and 24 staff members completing an in-depth cultural awareness session.

- Added an online training module to the organization’s learning platform, ensuring ongoing access to education on workplace awareness, communication practices, and respectful collaboration for all staff members.

Support4Recovery: Provide housing grants to support people leaving treatment programs with a sober living environment, preventing many from living on the streets and becoming unsheltered.

2025 Outcomes

- In 2025, a total of 45 Grants housing grants were provided.
- A total of 43 individuals were placed at Contra Costa County sober living residences.
- 89% of participants were successfully discharged from the Support 4 Housing program.
- 5 participants relapsed and 3 of those participants were re-referred and went to treatment.
- 88% of participants arrived in need of employment. 95% actively sought employment and of the 95%, 98% found employment.

Social Determinants of Health Intervention

Goal: Ensure Board of Directors has the skills necessary to ensure it can serve the broader community, including educating the board directly on Social Determinants of Health, inclusion and access.

Year 3 Outcomes

- Collaborated with community and county partners to produce a publicly accessible video, increasing visibility of organizational programming and strengthening communication with the broader community.
- Expanded community storytelling and outreach efforts by planning a new video highlighting the recently launched Raíces Fuertes (Strong Roots) program, with production support from local media partners.

Trinity Center: Support Trinity Center in serving homeless and working poor adult men, adult women and transitional age youth in Walnut Creek and Central Contra Costa County.

2025 Outcomes

- In 2025, a total number of 1,393 unique individuals were served.
- In 2025, Trinity Center had average daily attendance of 72 individuals.
- Trinity Center provided a total of 40,796 services including 18,626 day shelter visits, 5,291 clothing closet visits, 5,874 shower visits, 2,598 loads of laundry, 2,573 case management sessions, 74 AOD counseling sessions, and more.
- A total of 106 participants secured employment.
- A total of 273 participants received shelter and/or housing placements.

Social Determinants of Health Intervention

Goal: Conduct annual and initial survey/listening sessions to gather input on current concerns and implications of structural barriers for Trinity Center as an organization, Trinity Center services/operations, and efforts to reconnect members with stable housing.

Year 3 Outcomes

- Expanded programming and partnerships to better meet member needs, including services related to nutrition, housing navigation, employment support, and access to essential resources.
- Introduced new language-access and skill-building supports, including the launch of ESL classes to help members better access employment, benefits, and educational opportunities.
- Strengthened advocacy and collaboration with local agencies and partners, using member experiences to inform discussions related to shelter access, housing placement, and public benefits.
- Incorporated staff training and member feedback into program planning, ensuring services continue to evolve based on lived experiences and identified service gaps.

White Pony Express (WPE): Support the food rescue program in East and Central Contra Costa County to provide food insecure individuals and families with fresh, nutritious foods that would have otherwise been thrown away.

2025 Outcomes

- In 2025, WPE distributed an average of 13,698 lbs. of food per day to partner organizations.
- In 2025, WPE recovered 4,986,150 pounds of food and delivered 4,583,687 pounds, composting the difference.
- In 2025, WPE prevented 8,035 metric tons of CO2 gas from entering the atmosphere.
- In addition to food bags, WPE also provided clothing, cold weather gear, hygiene kits and flowers at the distribution sites.

Social Determinants of Health Intervention

Goal: Implement inclusion training for the WPE Board of Directors.

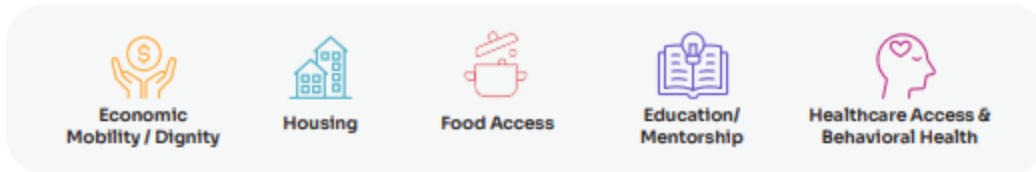
Year 3 Outcomes

- Strengthened Board leadership and governance capacity by recruiting new Board members, welcoming a new Board Chair and Treasurer, and engaging an external consultant to facilitate a Board workshop focused on building a welcoming and effective workplace culture.
- Formalized organizational values and expectations through the development and adoption of a policy that guides staff and Board conduct, decision-making, and workplace practices.
- Expanded staff participation and growth pathways by recruiting team members with varied skills, lived experience, and language capacity, and by offering clear opportunities for advancement and professional development.

John Muir/Mt. Diablo Community Health Fund

The John Muir/Mt. Diablo Community Health Fund is one grantmaking arm of John Muir Health. The Fund distributes grants to nonprofit organizations working to improve the health and well-being of medically uninsured, underinsured, underserved, and vulnerable populations most at-risk for poor health in Central and East Contra Costa County. For more information, please visit: <https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-health-fund.html>

SOCIAL DETERMINANTS OF HEALTH SUPPORTED



2024-2025 CHF GRANTEES

Ahkila Health		La Concordia Multicultural Wellness Center	
Contra Costa Crisis Center		Loaves & Fishes of Contra Costa	
Delta Bay Impact		People Who Care Children Association*	
GANAS Community Organization		Monument Impact	
Healthy Hearts Institute*		Village Keepers	
Hijas del Campo*		RR Transitional Housing	

*Also STRONG collaborative grantees

STRONG Collaborative Grantees

Alliance for Californians for Community Empowerment
 Aspire Youth Engagement Programs
 Bridge Builders to the New Generation, Inc.
 Contra Costa Pulse
 El Timpano

One Day at a Time
 Parent of African American Achievement Collaborative Team
 Rising Juntos
 The SHARE Community
 Village Community Resource Center

“ John Muir Health’s Community Health Improvement team partners closely with the CHF. Now, more than ever, funding and ongoing support are needed for the long-term sustainability of anchor nonprofit organizations that contribute to the overall health of our Contra Costa County community. Together, we are proud to support these efforts through leadership workshops, knowledge-sharing and aligned grant funding.



Because of the support of John Muir Health, the Community Health Fund can carry out a unique community benefit function: distributing grants to nonprofit organizations working to improve the health and well-being of Central and East Contra Costa County.



Mike Thomas
 President & CEO,
 John Muir Health

John Muir Community Health Fund
 5003 Commercial Circle, Suite 275,
 Concord, CA 94520 | Phone: (925) 941-3100
www.johnmuirCHF.com

Attachment E – Community Partner Organizations

John Muir Health collaborates with the following organizations (the sample below does not represent all organizations):

- A More Excellent Way
- Alameda County Community Food Bank
- Alamo Rotary Club
- Alzheimer’s Association
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Red Cross
- American Stroke Association
- Antioch Unified School District
- Asian Health Services
- Brentwood Unified School District
- California State University, East Bay
- Cancer Support Community
- Center for Human Development
- City of Concord
- City of Pleasanton
- City of Walnut Creek
- Choice In Aging
- Community Youth Center
- Concord Chamber of Commerce
- Contra Costa County Health Services
- Contra Costa County Office of Education
- Contra Costa Health Plan
- Dublin Chamber of Commerce
- East Bay Community Foundation
- East Bay Leadership Council
- Family Justice Centers of Contra Costa
- First Five of Contra Costa County
- Food Bank of Contra Costa and Solano
- Fred Finch Youth and Family Services
- George Mark Children’s House
- Goodness Village
- Health Career Connection
- Healthy and Active Before Five
- Hope Solutions
- Independent Living Resources
- Inspiring Communities
- Junior Achievement of Northern California
- Kerosene Lamp Foundation
- La Clínica de la Raza
- Liberty Union School District
- Livermore Chamber of Commerce
- Livermore Unified School District
- Local Contra Costa County police and fire departments
- Loaves and Fishes
- Love Never Fails
- Meals on Wheels of Diablo Region
- Mental Health Connections
- Miles Hall Foundation
- Monument Crisis Center
- Monument Impact
- Mt. Diablo Unified School District
- National Alliance on Mental Illness (NAMI) of Contra Costa County
- National Colleges Resource Foundation
- One Day at a Time
- Operation Access
- Opportunity Junction
- Order of Malta Clinic of Northern California
- Philip Dorn Respite Center, Contra Costa County Housing and Homeless Services
- Pittsburg Unified School District
- Pleasanton Chamber of Commerce
- Rainbow Community Center
- RotaCare Free Clinic, Concord
- RotaCare Free Clinic, Pittsburg
- RYSE Center
- San Ramon Valley Unified School District
- Shelter, INC
- St. Vincent de Paul, Pittsburg
- Support4Recovery
- Three Valleys Community Foundation
- Trinity Center
- University of California, Berkeley
- Village Community Resource Center
- Walnut Creek Chamber of Commerce
- White Pony Express
- Women’s Cancer Resource Center
- Youth Alive!

Attachment F – John Muir Health Patient Assistance/Charity Care Program Policy

Title: AD – Patient Financial Assistance Policy						
Policy Level	<input checked="" type="checkbox"/>	System Level – Sets expectations for all JMH employees				
	<input type="checkbox"/>	Entity Level – Sets expectations for employees in <u>multiple departments</u> within one or more entities				
	<input type="checkbox"/>	Department Level – Sets expectations for employees in <u>only one</u> department at one or more sites				
Department	<input type="checkbox"/>					
Entity(ies)	<input checked="" type="checkbox"/>	Concord Medical Center (CMC)	<input checked="" type="checkbox"/>	Walnut Creek Medical Center (WCMC)		
	<input type="checkbox"/>	Physician Network (PN)	<input checked="" type="checkbox"/>	Behavioral Health Center (BHC)		
Document Type	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Procedure	<input checked="" type="checkbox"/>	Policy and Procedure

I. Purpose:

To set forth clear criteria and a fair process for providing financial assistance to patients who (i) require Medically Necessary Hospital Services and (ii) have limited or no means to pay for such care. This Policy is designed to comply with the California Hospital Fair Pricing Law (California Health & Safety Code § 127400 et seq.), California Fair Debt Collection Practices Act (California Civil Code 1788 et. seq.), United States Internal Revenue Code Section 501(r) and guidance from the United States Department of Health and Human Services Office of Inspector General regarding financial assistance to uninsured and underinsured patients.

Definitions:

Designated Languages: The Designated Languages are English, Spanish, and any other language that is spoken by more than 1,000 patients (including inpatients and outpatients) receiving care at a JMH Hospital in a twelve-month period as measured in the most recent language survey conducted by the JMH Community Health Improvement Department. Such assessment shall be conducted and documented at least every three years upon request from JHM Finance.

Family: (1) For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, or any age if disabled, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act, whether living at home or not.

(2) For persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, and parents or caretaker relatives' other dependent children under 21 years of age, or any age if disabled, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act.

Healthcare Emergency: The JMH Chief Financial Officer or his/her designee may designate a "Healthcare Emergency" under this Policy when he/she determines in his/her discretion that extraordinary, urgent circumstances warrant a temporary expansion of financial assistance under this Policy.

Hospital Service: A Hospital Service is a service that (i) is furnished by a JMH Hospital in an inpatient or hospital-licensed outpatient setting and (ii) billed by a JMH Hospital. The term does not include (i) separately billable professional services of physicians or advanced practice professions or (ii) services furnished by any person or facility outside of a licensed hospital.

Medically Necessary: A Medically Necessary service is one that (i) is absolutely necessary to treat or diagnose a patient, (ii) could adversely affect the patient's condition if withheld, and (iii) is not considered an elective or cosmetic intervention or treatment.

Reasonable Payment Plan: A Reasonable Payment Plan is one that incorporates monthly payments to the Hospital that are not more than 10 percent of a patient's Family income for a month (after Essential Living Expenses have been deducted from such income) and precludes any interest charge on the unpaid balance. "Essential Living Expenses" means, for purposes of this definition, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities, and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

Self-Pay Patient: A patient who (i) has a Family income at or below 400% of the Federal Poverty Level (**FPL**) and (ii) lacks third-party coverage for the specific Hospital Services furnished. A patient who has third-party coverage for certain Hospital Services will qualify as Self-Pay for those Hospital Services falling outside the scope of the patient's coverage (including, without limitation, non-covered Hospital Services, denied days, denied stays). By contrast, a patient lacking general health insurance coverage will fail to qualify as Self-Pay if he or she has a specific source of payment for the condition giving rise to Hospital Services (e.g., worker's compensation, automobile insurance, and third-party liability).

Underinsured Patient: A patient who has (i) Family income at or below 400% of the FPL;

(ii) third-party coverage for the Medically-Necessary Hospital Service furnished (i.e., is not a Self-Pay Patient with respect to the Medically-Necessary Hospital Service furnished); and
(iii) has aggregate out-of-pocket medical expenses from all sources in the prior twelve (12) months that exceed 10% of the lesser of the annualized value of the patient's current Family income or the Family's actual income over the prior 12 months.

Financially Qualified Patient: An uninsured patient or a patient with high medical costs after insurance that are at or below 400% of the Federal Poverty Level as defined in subdivision (b) of Section 127400.

Charity Care: Means free care. Uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level, as defined in subdivision (b) of Section 127400, shall be eligible for participation under a hospital's charity care policy.

Discounted payment: Means any charge for care that is reduced but not free. A discount payment policy shall include an extended payment plan to allow payment of the discounted price over time. The policy shall provide that the hospital and the patient shall negotiate the terms of the payment plan and take into consideration the patient's family income and essential living expenses. A hospital may also consider the availability of a patient's health savings account held by the patient or the patient's family. If the hospital and the patient cannot agree on the payment plan, the hospital shall use the formula described in subdivision (i) of Section 127400 to create a **reasonable payment plan**. JMH will use this definition for denying charity applications for family income exceeding 400% of federal poverty guidelines and set payment arrangements in determination letter to patient.

II. Policy:

General Scope. This policy is designed to provide assistance to patients who (i) require Medically Necessary Hospital Services, (ii) have a Family income of 400% or less of the current FPL and (iii) are either Self-Pay Patients or Underinsured Patients. This policy and the financial screening criteria will be applied consistently to all cases throughout JMH. Any decisions made under this Policy, including the decision to grant or deny financial assistance, shall be based on an individualized determination of financial need and shall not take into account race, color, national origin, citizenship, religion, creed, gender, sexual preference, age, or disability.

A. Exclusions: This policy addresses financial assistance only for Medically Necessary Hospital Services. It explicitly excludes (i) Hospital Services that are not Medically Necessary, (ii) services other than Hospital Services, and (iii) separately billable professional services furnished in the Hospital (even when they are Medically Necessary). Finally, this policy will not apply if the patient or other responsible party (i) fails to provide information listed in this policy after reasonable requests by JMH, and (ii) provides false information about financial eligibility.

B. Professional Services.

1. General. As noted above, this Policy does not provide financial assistance for separately billable services of physicians and advanced practice professionals who furnish care in the Hospital. Rather, such professionals independently choose whether they wish to offer financial assistance (and, if so, the terms under which such assistance will be offered). JMH will maintain a list of each credentialed physician and advanced practice professional practice who furnishes care in the Hospital ("**Practitioner List**") and separately indicate for each identified practice whether he or she has agreed to be bound by the terms of the policy. The Practitioner List shall be updated quarterly, indicate the date on which it was last updated, and be made available online and in any location where this Policy is posted or in hard copy without charge. The list will be available once a request is submitted to The Director of Patient Financial Services, or the Executive Director Revenue Cycle, 5003 Commercial Circle, Concord, CA 94520.

It should be noted, however, that an emergency physician who provides emergency medical services in a JMH (or non-JMH) Hospital is required to provide discounts to uninsured patients or patients with high medical costs who have a Family income at or below 400% of the Federal Poverty Level. This is true regardless of whether the emergency physician or his or her practice has agreed to specifically be bound by this policy.

- C. Limitation on Charges: A Financially Qualified Patient or Underinsured Patient receiving Medically Necessary Hospital services shall be asked to pay no more than the greater of Medicare or Medi-Cal payment for the service furnished. Per the terms of this policy however, no patients found eligible for Financial Assistance will be billed any charges for Eligible Services while covered under this policy.

III. Procedure:

A. Communication of Financial Assistance Policy

1. Patients will be provided a brochure and plain language summary detailing our Financial Assistance Policy in the Designated Languages indicating the following: (i) the assistance offered under this policy, (ii), the eligibility criteria for assistance, (iii) how to apply for assistance, (iv) the web site address and physical location to obtain by mail a free copy of this policy and a financial assistance application form, (v) contact information (including telephone number and physical location) of the office or department where a patient can receive assistance with the application process, (vi) the fact that those eligible for assistance under this policy cannot be charged more than the Medicare fee-for-service allowable for Medically-Necessary Hospital Service; (vii) the fact that this policy, the plain language summary, and the application form are available in the Designated Languages.

2. The brochure and plain language summary will be given to patients in the Designated Languages at the time of service when such patients (i) are in the Admitting Department, Emergency Department, Patient Registration, Patient Financial Services or other outpatient Hospital settings where patients may be billed for Hospital Services even though not admitted and (ii) do not appear to have third-party coverage.
3. A notice will be posted in the Designated Languages in conspicuous places throughout the Hospital, including the Admitting Department, Emergency Department, Patient Registration, Patient Financial Services, or other outpatient Hospital settings where patients may be billed for Hospital Services even though not admitted.
4. The brochure and plain language summary will also be available in the Designated Languages on the John Muir Health website.
5. Patients shall receive information about this policy in their billing statements and collection action letters.
6. Other venues may be used to educate and inform the patient and physician population of the availability of the Patient Financial Assistance program as deemed appropriate.

B. Determining Eligibility

1. Patients without Third-Party Coverage.
 - a. If the patient does not indicate coverage by a third-party payer, or requests financial assistance, the patient should be screened for eligibility for the Medi-Cal program, provided an application for the Medi-Cal program, the Healthy Families program, coverage offered through the California Health Benefits Exchange, California Children's Services CCS, or other state or county-funded health coverage program before the patient leaves the Hospital. The patient also shall be provided with a referral to Health Consumer Center, Bay Area Legal Aid, 1735 Telegraph Ave, Oakland, CA 94612; (855) 693-7285, <http://healthconsumer.org/index.php?id=446>, or other agency as applicable.
 - b. Completing an application for these programs is not a requirement to be screened and approved for Financial Assistance if the patients meet the other eligibility criteria.
 - c. All uninsured patients will be offered an opportunity to complete a Patient Financial Assistance Application. The form is available in each of the Designated Languages. The Patient Financial Assistance Application will be used to determine a patient's eligibility for local, state, and federal governmental programs as well as assistance under this Policy. A patient

seeking assistance under this Policy must complete the Application, and Family income will be verified. The eligibility screening will be performed by JMH or its designee. It is the patient's responsibility to cooperate with the information gathering process.

2. An applicant must provide the following in order to be considered for financial assistance under this policy: (i) the most recent income tax return filed by each member of the Family (or certification that no return has been filed for the family member), or (ii) wage statements covering the most recent 3 months for each Family member, and (iii) evidence of out-of-pocket medical expenditures relevant to determining whether a patient is an Underinsured Patient. Documentation of income submitted to JMH in applying for financial assistance under this Policy will not be used for collection activities.

- a. JMH will review Patient Financial Assistance Applications monthly for approval.
- b. A patient without third-party coverage (and ineligible for coverage under State, County, and other programs), will be entitled to free Medically Necessary Hospital Services under this Policy if the sum of the following is at or below 400% of the FPL:

Patient's Family income (as validated by its most recently filed Federal tax return or most recent three months of paycheck stubs from each Family Member).

- c. Balances approved will be submitted for write-off to a transaction code assigned to Patient Financial Assistance and will follow the signature authority pursuant to the JMH Write-Off Guidelines. Any recoveries to an account will be identified and steps taken to ensure the diminished assistance is reflected appropriately in the general ledger.
- d. John Muir Health runs a file through a nationally recognized tool, Experian, on all Self-Pay (uninsured) balances prior to sending a patient's account to Bad Debt. The file uses the patient's Social Security Number and demographic information to pull their FPL score. For all Self-Pay balances for Medically Necessary Hospital Services that indicate a Family income of 400% or less, a file is generated and reported to John Muir Health. Upon validation that the patient does not have Medi-Cal, 100% of the balance is written off to Presumptive Charity.

For patients that present as homeless without an active address and who do not provide enough information to pull their FPL score, the balance of their account will be written off to Presumptive Charity.

3. Patients with Third-Party Coverage.

- a. Patients with third-party coverage who nonetheless have significant out-of-pocket medical costs will be screened to determine whether they qualify as Underinsured Patients. Upon patient request for financial assistance, the patient will be informed of the criteria to qualify as an Underinsured Patient under this Policy and the need to provide evidence of expenses for any medical services rendered at other providers in the past twelve months. It is the patient's decision as to whether he or she wishes to apply. However, the Hospital will ensure that all information pertaining to the Financial Assistance Policy was provided to the patient.
- b. A Patient seeking assistance under this Policy must complete the Patient Financial Assistance Application. Family income will be verified.
- c. The eligibility screening under this policy will be performed by JMH or its designee. It is the patient's responsibility to cooperate with the information gathering process. JMH will review Patient Financial Assistance Applications monthly for approval.
- d. JMH will waive any out-of-pocket fees for Medically-Necessary Hospital Services furnished to an Underinsured Patient if the patient is at or below 400% of the Federal Poverty level and patient has out-of-pocket medical expenses in the prior twelve (12) months that exceeds 10% of the lesser of the annualized value of the patient's current Family income or the Family's actual income over the prior 12 months.
 1. Patient's Family income (as validated by its most recent filed Federal tax return, or most recent three months of paycheck stub from each Family Member); and
 2. Information of Health Saving Account (HSA) funds the patient/family may have available to use for health care expenses.
- e. Balances approved will be submitted for write-off to a transaction code assigned to Patient Financial Assistance and will follow the signature authority pursuant to the JMH Write-Off Guidelines. Any recoveries to an account which has qualified and was absorbed under the Assistance adjustment code to ensure the diminished assistance is reflected appropriately in the general ledger.

C. Review Process

1. Requirements above will be reviewed and consistently applied throughout JMH in making a determination on each patient case.
2. Information collected in the Patient Financial Assistance Application may be

verified by JMH. The patient's signature on the Patient Financial Assistance Application will certify that the information contained in the form is accurate and complete.

3. Any patient, or patient's legal representative, who requests charity or discounted care under this policy shall make every reasonable effort to provide JMH with documentation of income and all health benefits coverage. Failure to provide information could result in a denial of financial assistance.
4. In the case of Inpatient Hospital Services, The Patient Financial Assistance Application will be required each time the patient is admitted and is valid for the current admission plus retroactive application for any previous owning Hospital Services. In the case of outpatient Hospital Services, the Patient Financial Assistance Application must be submitted every six months.
5. Patients will be notified in writing of approval or reason for denial of financial assistance as well as their appeal rights. (See the section for Appeals/ Reporting Procedures.) Such notification shall be made in Designated Languages.
6. Specific payment liability for discounts will require the episode of care or treatment plan to be determined and priced to enable accuracy of Federal healthcare program reimbursement reporting. For Underinsured Patients, it may be necessary to wait until a payer has adjudicated the claim to determine patient financial liability.
7. Medicare program patient liability amounts will be treated with no discrimination and will move forward to collection processes to first collection agency where efforts are continued to collect from the patient. Upon 120 days, if not collected, the account will be returned to JMH for adjustment to zero for inclusion to Medicare Cost Report process as defined by federal regulations.
8. Medi-Cal approval to state program uses 400% of federal poverty guidelines. Share of Cost amounts that are not paid by the patient will be considered qualified for financial assistance by merit of being approval to the program for the services. Share of cost by the Medi-Cal program are self-pay and can be considered in the application process.

D. Patient Billing And Collection Practices

1. Patients who have not provided proof of coverage by a third-party at or before care will be provided a statement of charges for Hospital Services ("**Statement of Charges**"). The Statement of Charges will include (i) a statement of charges for the Hospital Services furnished, (ii) a request to provide the Hospital with health insurance or third-party coverage information, and (iii) a copy of the Summary. The Statement will also indicate that if the patient does not have health insurance coverage, he or she may be eligible for Medi-Cal, HealthyFamilies Program, coverage offered through the California Health Benefit Exchange, California Children's Services, other

government-funded health coverage, or financial assistance under this policy. Finally, the Statement shall indicate that (i) the Hospital will provide applications for such coverage and assistance, (ii) the telephone and physical address where such applications can be obtained, and (iii) the telephone and contact information for the local consumer assistance center at the community Legal Services Office.

2. Before being sent to collections, the patient will receive a handoff letter detailing the accounts that will be sent to collections and their options for payment before this occurs. The letter will specify (i) the dates of service for the underlying care, (ii) the entity that will be pursuing collections, (iii) how to obtain an itemized bill from the hospital, (iv) entity that will pursue collections, (v) the health coverage for the patient on record at the time of service (or absence of coverage), (vi) the Hospital's application for financial assistance, (vii) the date or dates on which the patient was previously provided information to apply for financial assistance, and (viii) the date of determination on any prior applications for assistance.

3. Hospital or its contracted collection agencies must send a notice specifying the following at least thirty (30) days before commencing a collection action:

Collection activities the Hospital or contracted collection agency may take and the likely timeline within which they would be undertaken. This information will be included in the handoff letter that is sent before the patient's account is sent to collections. Patients may request information regarding the Patient Financial Assistance Policy orally or in writing, and a Patient Financial Assistance Application will be provided to the patient. Written correspondence with the patient shall be in the Designated Language.

4. If a patient is attempting to qualify for assistance under this Policy and is attempting in good faith to settle any outstanding bill, the Hospital shall not send the unpaid bill to any collection agency or other assignee unless that entity has agreed to comply with this policy. In either event, the patient will be given a reasonable opportunity to complete the application process before further collection action is undertaken.
5. If a patient has a pending appeal for coverage of the Medically Necessary Hospital Service by a third-party payer and makes reasonable efforts to keep JMH updated, JMH shall suspend any collection action until completion of the appeal or failure by the patient to provide timely updates regarding the appeal.

If a patient receives a legal settlement, judgment or award under a liable third party action that includes payment for health care services or medical care related to the injury, JMH may require the patient or guarantor to reimburse the hospital for the related health care services rendered up to the amount reasonably awarded for that purpose.

6. Patients are required to promptly report to JMHS any change in their financial information.
7. Information regarding the patient's Family income shall not be used in support of collection efforts.
8. Prior to deferring or denying medically necessary care due to non-payment of prior bills, JMHS must provide written notice that Financial Assistance is available for those who qualify.
9. The Single Business Office is the department at JMHS with authority to determine whether the Hospital has made reasonable efforts to assess whether a patient is eligible for assistance under this policy before commencing collection actions.
10. Prior to commencing collection activities against a patient who is eligible for financial assistance under this Policy, the Hospital and our contracted collection agencies will provide a notice (i) containing a statement that non-profit credit counseling may be available, (ii) incorporating a summary of the patient's rights, and (iii) a further statement as follows: "State and Federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 AM or after 9:00 PM. In general, a debt collector may not give information about your debt to another person other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collecting activities, you may contact the Federal Trade Commission by telephone at 1 877-FTCHELP or online at www.ftc.gov. The foregoing notices shall also be included in any communication with the patient indicating the start of collection activities may occur.
11. Neither JMHS nor its contracted collection agencies will impose wage garnishments or liens on real property. This requirement does not preclude JMHS from pursuing reimbursement from third-party liability settlements or other legally responsible parties. Agencies that assist the Hospital and may send a statement to the patient must sign a written agreement that they will adhere to the Hospital's standards regarding collections from patients.

The agency must also agree to:

- a) Not report adverse information to a consumer credit reporting agency or commence civil action against the patient for non-payment at any time prior to 180 days after initial billing.
- b) Suspend any extraordinary collection efforts if patient has submitted a pending Financial Assistance Application.

- c) Not place liens on real property-
 - d) Adhere to all requirements as identified in the California Hospital Fair Pricing Act Health & Safety Code Section 127400 et seq., Internal Revenue Code 501(r), and the California Fair Debt Collection Practices Act (California Civil Code 1788 et. seq.).
 - e) Comply with the definition and application of a Reasonable Payment Plan, as defined in the Definition Section above.
12. In the event that a patient is overcharged an amount that is greater than \$5.00, the Hospital shall reimburse the patient the overcharged amount with 5% interest (Article XV, Section 1 of the California Constitution) calculated from the date the overpayment is identified. JMH is not required to refund the patient payments if it has been five [5] years or more since the last payment to the hospital, hospital assignee, in accordance with state law in effect at the time of the debt, and if before January 1, 2022. Refunds are due to patient within 30 days of completed determination.
13. A patient shall not be denied financial assistance that would be available pursuant to the policy published on the Hospital's website at the time the patient was first billed.

E. Appeals/Reporting Procedures

Responsibility: Patient Financial Services

1. In the event of a dispute or denial, a patient may seek review from the Director of Patient Financial Services. The Hospital CFO or their designee will review a second-level appeal.
2. This policy, the Summary, and the Patient Financial Assistance Application shall be provided to the Department of Health Care Access and Information (DHCAI) at least biennially on January 1. If significant revisions are made between biannual filings, an interim filing shall be made.
3. If no significant revision has been made by JMH since the policies and financial information form was previously provided, DHCAI will be notified that there has been no significant revision.
4. In reporting data relating to charity and discounted care, only those write-offs and discounts provided under this Policy shall count towards calculation of "community benefit" on the Form 990 filed by JMH.

F. Healthcare Emergency. During a Healthcare Emergency, the JMH Chief Financial Officer or his/her designee may temporarily amend the terms of this

Policy in order expand the availability of financial assistance. Any such amendments will be documented in writing with specificity as to the effective date and termination date (it being understood that establishment and documentation of the termination date might occur in a subsequent notice if not known as of the effective date). JMH shall make reasonable efforts under the circumstances to communicate to the public the terms and duration of any such amendment. It is understood, however, that the demands of the emergency may not permit communication through all of the channels described in Section III.A and other portions of this Policy. Within ten (10) days of implementing material temporary amendments to this Policy under this subsection, the JMH Chief Financial Officer or his/her Designee shall provide written notice to the Chair of the JMH Board and the Chair of the JMH Finance Committee summarizing the terms, effective date, and termination date (if known) of any such amendment.

IV. Patient/Family Education

Provided through publication of this policy on the JMH website, direct education from JMH designees, and posted information as outline in this Policy.

V. Documentation: N/A

Reference/Regulations:	
California Hospital Fair Pricing Law (Health & Safety Code § 127350 et seq.), United States Internal Revenue Code Section 501 (r), California Fair Debt Collection Practices Act (California Civil Code 1788 et. seq.), AB2297	
Supersedes:	
Primary Sponsor Name & Title:	
Jeff Smith, Controller	
Owner(s) Name & Title:	
Jeff Smith, Controller	
Record of Review Dates	
List Stakeholder, Committee, Medical Staff, etc. Reviews: (with approval dates)	
Tim Maurice, Interim CFO, 12/24	
Origination Date:	December 2006

Record of Approval Dates – System or Entity Level Documents		
PPRC: Direct to Board		
JMPN: Direct to Board		
MEC – BHC: N/A	MEC – WC: N/A	MEC – CC: N/A
System Performance Huddle:	Direct to Board	Board 12/06, 11/09, 02/12, 1/16, 3/25/20, 10/27/21, 9/21/22, 7/26/23, 1/22/25