



2025 community benefit plan

APRIL 2025

Dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.



Community Hospital
of the Monterey Peninsula
Montage Health®

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Section 1

Executive summary

For 92 years, Community Hospital of the Monterey Peninsula has been dedicated to caring for the community, from birth to end of life. Our doctors, staff, and volunteers provide a robust range of services and programs, including those that make up our community benefit efforts. Those activities are described in this community benefit plan for the fiscal year ending December 31, 2025. Community benefit services are free or subsidized programs and services provided to meet identified community health needs and to serve the public interest. The plan meets the requirements and reflects the spirit of California's community benefit legislation, SB 697, as well as IRS requirements. It documents organizational leadership, partnerships with other community organizations, and services to meet the health needs of at-risk populations in the community.

In keeping with SB 697, benefits are tracked in four community focus areas:

- Building healthy communities
- Health education and wellness
- Improving access to care
- Special care for special needs

Within that framework, Community Hospital sets priorities and goals to address specific health-related issues, relying on an extensive Community Health Needs Assessment, done every three years. Based on that assessment and in alignment with the hospital's mission, goals, and strategic priorities, Community Hospital is focused on developing and/or supporting strategies and initiatives to address five areas identified as having greatest need:

- Access to health services
- Cancer
- Diabetes
- Mental health
- Nutrition, physical activity, and weight

To help address specific needs in those areas and in the broader focus areas of SB 697, Community Hospital provided 87 benefit services with an economic value of \$228.2 million in 2025. Of these dollars, 26 percent (\$59 million) specifically served the economically disadvantaged.

Thirty-five hospital departments were active in providing community benefit services and the hospital collaborated with 243 organizations in community benefit activities.

Community benefits by community need/focus area

Community focus area	Benefit dollars		Benefit services	
	Total	Percentage	Total	Percentage
Building healthy communities	\$3,401,661	1.49%	25	28.7%
Health education and wellness	\$5,875,899	2.57%	39	45%
Improving access to care	\$218,195,174	95.61%	14	16.1%
Special care for special needs	\$731,087	0.32%	9	10.3%
All benefit services	\$228,203,821	100%	87	100%

Cost-based value definitions

SB 697 category	Dollars
Medical care: Vulnerable populations	
Traditional charity care, at cost	\$3,691,326
Unpaid cost of Medi-Cal program	\$54,635,173
Medical care: Broader community	
Unpaid cost of Medicare program	\$69,694,641
Unpaid cost of other government programs	\$8,944,812
Negative-margin services	\$78,637,271
Other benefits	
Broader community and vulnerable populations	\$6,184,544
Health research, education, and training	\$6,416,054
Total benefits	\$228,203,821

Section 2

Vision, mission, and commitment

Vision and mission

Community Hospital is a tax-exempt, nonprofit organization serving the residents of the Monterey Peninsula and surrounding communities. Community Hospital is a subsidiary of Montage Health, a tax-exempt, nonprofit corporation that also owns other healthcare-related entities that closely collaborate to meet the healthcare needs of our community. The Board of Trustees for Montage Health also serves as the Board of Trustees for the hospital. The hospital, established in 1934, is an active, caring member of the community that provides compassionate, high-quality healthcare services at a competitive cost.

Montage Health vision

Our vision is to improve lives by delivering exceptional care and inspiring the pursuit of optimal health.

Montage Health mission

We believe our community's greatest resource is the health of its people. Our family of organizations is dedicated to the pursuit of optimal health for all people in Monterey County, from birth to end of life.

We believe the achievement of optimal health requires proactive partnering with physicians and other clinicians, healthcare and community organizations, and, most importantly, each person we serve. Achieving this goal requires our ongoing commitment to delivering exceptional value-based care that is:

- Preventive (building and retaining health)
- Restorative (facilitating recovery from illness or injury)
- Palliative (maximizing well-being when recovery is not possible)

We are dedicated to care that is coordinated across all care settings to meet each person's own goals and needs.

We believe optimal health on an individual level is possible only when each person actively participates in their own healthcare. We inspire that participation through personalized information, education, and support, provided by a coordinated and compassionate team.

Organizational commitment

The depth, breadth, and significant economic value of the benefit services described in this plan, and those of preceding years, demonstrate our strong commitment



to community benefit services. Community Hospital's leadership of and participation in hospital-driven and collaborative Community Health Needs Assessment activities, and our investment of time and resources in an objective-oriented benefit planning system, also attest to our commitment to community benefit services and the spirit of both SB 697 and IRS requirements.

Strategic planning

The Montage Health Board of Trustees oversees strategic planning for the hospital and actively supports the hospital's commitment to community benefit services in its strategic initiatives. Initiatives are selected for implementation, in part, based on the Community Health Needs Assessment activities.

Charity care

Policy and funding: To help meet the needs of low-income, uninsured, or underinsured patients, Community Hospital provides care for community residents without regard to their ability to pay. The Sponsored Care and Discount Payment programs also meet the requirements of AB 774. Funding is provided by philanthropic contributions and through the hospital's operating budget. The program grants sponsored (charity) care and/or discounted care solely based on a person's financial need, regardless of age, sex, race, national origin, physical or mental disability, sexual orientation, religion, color, ancestry, marital status, citizenship, medical condition, or veteran status. Patients may apply for assistance before receiving hospital services or after the hospital provides care. A copy of the policy in effect during 2025 can be found on our website at montagehealth.org/2025-financial-assistance-policy.

Implementation and procedures: The Patient Business Services and Care Coordination Services departments review applications for the Sponsored Care and Discount Payment programs. The patient/responsible party and/or service department are notified of the final eligibility decision in writing. An appeal of the decision may be made to the director of Patient Business Services. In 2025, the income limit for Sponsored Care was 300 percent of the federal poverty level, and the income limit for the Discount Payment program was 400 percent of the federal poverty level.

Communication to patients and the community: The hospital provides basic information about the organization in every inpatient room, including Sponsored Care and Discount Payment programs. Community Hospital publicly displays information on the general program in key service locations and provides information to every patient at the time of registration for services and enclosed with billing statements. Information on specialty programs (e.g., free baseline mammography through the Sherry Cockle Fund) are provided to patients who register for these specific services.

Through its public website, Community Hospital also publicizes the Sponsored Care and Discount Payment programs and illustrates the benefits of the programs.

Community benefit fund grants

Community Hospital's Community Benefit program includes a significant annual commitment of funds for grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area. Community Hospital gives higher priority to projects that involve collaboration among organizations and make appropriate use of Community Hospital's clinical expertise. Grants are awarded under the Community Benefit program objectives of building healthy communities, health education and wellness, improving access to care, and providing special care for special needs.

The program’s overall priorities and funding are reviewed and approved by the Board of Trustees annually, and grant decisions are made by the hospital’s executive team. Grant applications are welcome at any time. See our website for a complete description of the grant program at montagehealth.org/communitybenefit-grant.

In 2025, Community Hospital awarded a total of \$1,082,234 in 96 grants to 89 organizations.

Community benefit commitment by other Montage Health organizations

Montage Health itself, and the other non-hospital entities, also engage in community benefit activities. While the value of these benefits is excluded from the hospital’s totals reported in this plan, they were significant in 2025. The entities and the contributions are below.



Entity	Community benefit service	2025 contribution
Montage Health	Physician recruitment program for primary care and specialty physicians; this activity was previously reported as part of the hospital’s community benefit contributions	\$34,155,318
Aspire Health Plan	Medicare Advantage insurance plans for local seniors; operated as a negative-margin service and co-owned by Salinas Valley Health	\$6,267,402
Aspire Health Population Health	Population health management services including diabetes education and prevention, transitional care management, primary care medical home, and pediatric wellness coaching; operated as a negative-margin service and co-owned by Salinas Valley Health	\$1,884,600
Montage Medical Group	Nonprofit network of primary care and specialty physician clinics dedicated to improving access to care; operated as a negative-margin service	\$36,918,460
	Total	\$79,225,780

Section 3

Community served and collaboration

Community Hospital's primary service area is the Monterey Peninsula, health facility planning area #707. The Monterey Peninsula includes Carmel, Carmel Valley, Del Rey Oaks, Marina, Monterey, Pacific Grove, Pebble Beach, Sand City, Seaside, Big Sur, and unincorporated areas of Monterey County (see service area map).

Factors used in defining the community for community benefit planning purposes include:

- Community reliance on Community Hospital's services — The hospital's inpatient market share of Peninsula resident discharges was approximately 80.4 percent in 2024
- Hospital reliance on the community — Residents of the Peninsula accounted for approximately 73 percent of the hospital's patients in 2025
- Community benefit history and collaborative relationships with community organizations
- Desires and perspectives of community groups with which the hospital collaborates

The socioeconomic characteristics of the Monterey Peninsula span a broad spectrum. Carmel and Pebble Beach are relatively affluent communities with substantial retired and senior populations. Big Sur and other unincorporated parts of the county are largely rural in character. The communities surrounding the former Fort Ord army base (Seaside, Marina, and Sand City) are less affluent and continuing to grow, with a younger population, more children, and significant racial and ethnic diversity. Despite the socioeconomic variations, the Monterey Peninsula is a distinct sub-region of Monterey County with a well-defined sense of community.

Area we serve



Who we serve

The population of the hospital's primary service area is estimated at 134,436 people. It is predominantly non-Hispanic White, but also has a substantial Hispanic population. The demographic breakdown, according to the U.S. Census Bureau, is non-Hispanic White (63.1 percent), Hispanic (19.3 percent), Asian (10.8 percent), African American/Black (4.4 percent), and other (2.4 percent). Among area residents, 27.4 percent are low-income, living below 200 percent of the federal poverty level.

The six target groups within the service area identified for community benefit planning are:

- Infants/children/youth
- Women
- Seniors
- Economically disadvantaged
- Community subgroups, e.g., military, students, ethnic populations
- General community

Community collaborations

Community Hospital collaborates with members of our community on both community assessment and community benefit service activities, including through our grantmaking program and the extensive community involvement of our staff and doctors.

Benefit service collaborations involved 243 local organizations in 2025, shown by type of organization below. Specific collaborators in the three priority areas — access to health services, diabetes, and mental health — are included later in this report.

Collaborating organizations	Community benefit activities
Type of organization	Number of organizations
Business	30
Community groups	108
Educational	39
Healthcare	36
Public agencies	30
Total collaborators	243

Section 4

Community Health Needs Assessment

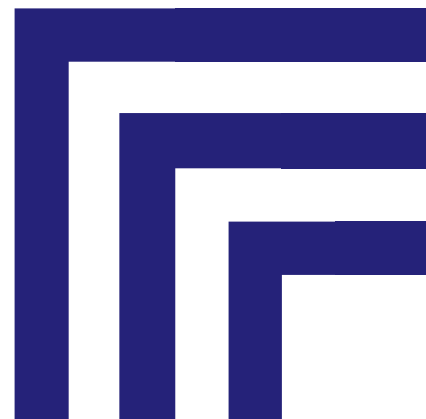
The Monterey County Health Needs Collaborative is a partnership of hospitals, health organizations, and community agencies working together to improve the health and well-being of Monterey County residents. Originally founded in 2022, the collaborative includes Monterey County Health Department, Mee Memorial Healthcare System, Montage Health, Natividad, Salinas Valley Health, and United Way Monterey County. In 2025, California State University, Monterey Bay, and Central California Alliance for Health joined the collaborative. The Community Health Needs Assessment provides information that determines the implementation plan that outlines the hospital's effort to address priority health needs.

Professional Research Consultants conducted a statistically valid telephone survey of randomly selected local adults and online community outreach surveys. The survey was based largely on the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. In addition, we collected and analyzed secondary data from national, state, and local sources such as incidence rates of disease and causes of death. The data was then compiled and benchmarked against the goals of the national Healthy People 2030 initiative sponsored by the U.S. Department of Health and Human Services. The assessment also included valuable input from community stakeholders with expertise in public health, as well as others who represent the broad interests of the community.

Based on the assessment, these were identified as the most significant community health needs:

- Access to healthcare services
- Cancer
- Diabetes
- Mental health
- Nutrition, physical activity, and weight

Analysis of the assessment revealed that the majority of existing Community Hospital community benefit services, and those of our related Montage Health entities, continue to be appropriately directed. It also identified potential opportunities to bring greater emphasis to services targeted at the top five priority needs. The complete report on the needs assessment is available at montagehealth.org/chna.



Section 5

Value of benefit services

Benefits data collection includes an inventory of all community benefit activities, including:

- Description and objectives
- Target groups and community needs served
- Collaborative partners
- Occurrences and number of persons served
- Staff and volunteer hours and costs

Services by SB 697 category

SB 697 category	Number of services	Cost
Medical care services	8	\$216,127,656
Other benefits: Broader community	19	\$4,268,704
Other benefits: Vulnerable populations	8	\$1,915,840
Health research, education, and training	52	\$5,891,621
Total services	87	\$228,203,821

Value and services by community need focus area

Following is the dollar value and number of services for each hospital-identified focus area.

Focus areas	Amount	Number of services
Building healthy communities	\$3,401,661	25
Health education and wellness	\$5,875,899	39
Improving access to care	\$218,195,174	14
Special care for special needs	\$731,087	9
Total services	\$228,203,821	87

Community benefit fund grants

Grants are generally single-year commitments to support current or new programs consistent with Community Hospital's mission. Higher-priority projects are those that involve collaboration among organizations, make appropriate use of Community Hospital's clinical expertise, and improve access to care. In 2025, there were 96 grants, with an average amount of \$11,273.

Focus area	Number of grants	Dollar amounts
Building healthy communities	38	\$296,704
Health education and wellness	19	\$144,250
Improving access to care	11	\$373,690
Special care for special needs	28	\$267,590
Total	96	\$1,082,234

Cost-based value definitions

As prescribed by SB 697, community benefit dollars presented in this report include only free, discounted, subsidized, or negative-margin services and the unpaid cost of public programs, less funds received from fees and other sources. Unpaid costs of public programs are presented using the hospital's cost accounting data. No indirect cost is added to unpaid cost of public programs, negative-margin services, general charity, or overhead cost centers.

Value by SB 697 category

SB 697 category	Dollars
Medical care: Vulnerable populations	
Traditional charity care, at cost	\$4,471,819
Unpaid cost of Medi-Cal program	\$55,859,086
Medical care: Broader community	
Unpaid cost of Medicare program	\$72,458,157
Unpaid cost of other government programs	\$9,704,120
Negative-margin services	\$66,186,369
Other benefits	
Broader community and vulnerable populations	\$5,338,400
Health research, education, and training	\$4,364,794
Total benefits	\$218,382,745

Evaluating the economic value

One benchmark for evaluating the economic value of community benefit services provided is the dollar value of the hospital's tax-exempt status. A desirable community benefit dollar value exceeds the value of tax-exemption. Elements included in calculating the value of tax-exempt status include:

- Interest rate differential on tax-exempt financing for long-term debt
- Property tax on assessed value
- State income tax obligation without tax exemption
- Federal income tax obligation without tax exemption

In 2025, Community Hospital returned to the community far more in community benefits than the value of its tax exemption:

Hospital cost of community benefits	\$228,203,821
Value of tax exemption	\$38,636,523
Community benefits per dollar of tax exemption value	\$5.91

Comparison with prior year

The following table compares the value of community benefits for 2025 with the value for 2024.

SB 697 category	2024	2025	Net change
Medical care: Vulnerable populations			
Traditional charity care, at cost	\$4,471,819	\$3,691,326	\$-780,493
Unpaid cost of Medi-Cal program	\$55,859,086	\$54,635,173	\$-1,223,913
Medical care: Broader community			
Unpaid cost of Medicare program	\$72,458,157	\$69,694,641	\$-2,763,516
Unpaid cost of other government programs	\$9,704,120	\$8,944,812	\$-759,308
Negative-margin services	\$66,186,369	\$78,637,271	\$12,450,902
Other community benefits	\$5,338,400	\$6,184,544	\$846,144
Health research, education, and training	\$4,364,794	\$6,416,054	\$2,051,260
Total quantified benefits	\$218,382,745	\$228,203,821	\$9,821,076

Section 6

2026–2028 implementation strategy

This section outlines Community Hospital’s plan to address our community’s highest priority health needs by sustaining and enhancing existing efforts, developing and implementing new programs and initiatives, and promoting an understanding of these health needs among other community organizations and members of the communities we serve. This is a living document that is updated as we continue to explore new opportunities, including the development of additional community partnerships, to address our top five priority health issues.

Priority health issues to be addressed

In consideration of the top health priorities identified through the Community Health Needs Assessment process described in Section 4 — and taking into account hospital resources and overall alignment with the hospital’s mission, goals, and strategic priorities — Community Hospital will focus on developing and/or supporting strategies and initiatives to address:

- Access to healthcare services
- Cancer
- Diabetes
- Mental health
- Nutrition, physical activity, and weight

Community health needs that are not among selected focus and why

The identified health needs not selected for focus during the 2026–2028 implementation period are heart disease and stroke, housing, infant health and family planning, injury and violence, oral health, potentially disabling conditions, respiratory disease, and substance use. While Community Hospital has chosen specific community health needs as top priorities to address, the hospital will continue to provide a significant array of community health services in support of the other identified needs as well. In some cases, the needs are currently being addressed by other community organizations.



Implementation plans

ACCESS TO HEALTHCARE SERVICES

Goal

Improve access to healthcare services and insurance coverage for individuals and families.

Time frame

2026–2028

Scope

Primarily residents of the hospital's primary service area, with some of the select strategies having countywide impact.

Strategies and objectives

Strategy #1: Provide funding and operational support aimed at improving access to primary care for underserved populations.

- Provide financial support for Monterey County Health Department's medical clinics in Seaside and Marina, RotaCare Monterey, and Big Sur Health Center
- Provide financial support for a school nurse serving underserved Monterey Peninsula Unified School District sites
- Support MoGo Urgent Care and Montage Medical Group to improve timely access to care
- Support Montage Health's low-cost online eVisit program, offering 24/7 access to qualified medical professionals in English and Spanish

Strategy #2: Provide medically necessary hospital services for those who are unable to pay.

- Provide a financial assistance program, including discounted payments and sponsored care (charity care), for medically necessary hospital services

Strategy #3: Expand the availability of healthcare services and clinicians.

- Develop and implement new hospital-based services to address identified community needs
- In collaboration with MoGo Urgent Care, open new facilities in the community to expand access to care
- In collaboration with Montage Health and Montage Medical Group, provide financial assistance to recruit physicians and advanced practice providers in demonstrated-shortage specialties and support the establishment of sustainable practices within the primary service area
- In partnership with California State University, Monterey Bay, establish the Montage Health Helen Baszuki School of Nursing to expand our regional workforce of BSN and MSN professionals

Strategy #4: Increase access to affordable health insurance coverage.

- In conjunction with Aspire Health, offer Blue Shield Trio HMO insurance plan in Monterey County
- Offer Aspire Health Medicare Advantage plan
- Provide assistance to uninsured individuals to support enrollment in available health insurance programs within Monterey County

Anticipated impact

- Increased access to primary and specialty care services for residents
- Improved access to medically necessary hospital care for patients experiencing financial hardship
- Expanded availability of affordable health insurance coverage options

Evaluation of impact

Strategy #1

- Number of primary care visits provided at Monterey County clinics supported through grant funding
- Dollar value and number of community benefit grants awarded to support access to primary care for underserved populations
- Number of 24/7 eVisits provided

Strategy #2

- Dollar value of care provided through the financial assistance program
- Number of patients receiving financial assistance for medically necessary care

Strategy #3

- Number of physicians and advanced practice providers hired in demonstrated-shortage specialties

Strategy #4

- Number of enrollees in Blue Shield Trio HMO
- Number of individuals receiving assistance with health insurance enrollment

Community partners/Planned collaboration

- | | |
|--|--|
| ■ Aspire Health | ■ Montage Orthopedics and Sports Medicine Center |
| ■ Big Sur Health Center | ■ Monterey County Department of Social Services |
| ■ Central California Alliance for Health | ■ Monterey County Health Department |
| ■ Mogo Urgent Care | ■ Monterey Peninsula Unified School District |
| ■ Montage Health | ■ RotaCare Monterey |
| ■ Montage Medical Group | ■ Salinas Valley Health |

DIABETES

Goal

Improve access to prediabetes and diabetes education and care.

Time frame

2026–2028

Scope

Primarily residents of the hospital’s primary service area, with select strategies having countywide impact.

Strategies and objectives

Strategy #1: Increase awareness and identification of prediabetes and diabetes.

- Provide community outreach to the public and healthcare providers to increase awareness of diabetes, prediabetes, and screening recommendations
- Increase availability and use of prediabetes and diabetes self-assessment tools and medical screenings
- Conduct annual diabetes awareness campaigns and screening events in communities experiencing health disparities (e.g., Seaside and Marina)

Strategy #2: Improve access to prediabetes and diabetes education, prevention, and medication management services.

- Increase use of existing prevention, education, and medication management services by strengthening referral pathways from physicians and other medical providers
- Improve medication management and diabetes care through coordinated visits with endocrinologists, diabetes nurse practitioners, primary care providers, diabetes self-management education and support, and care management services
- Provide classes specific to diabetes and prediabetes and monthly diabetes support groups

Anticipated impact

- Improved access to diabetes and prediabetes self-assessment and medical screening services
- Improved access to education, prevention services, and specialty diabetes care

Evaluation of impact

Strategy #1

- Number of health risk assessments completed via the Montage Health website
- Number of individuals participating in diabetes and prediabetes screening events
- Number of health fairs, community events, and educational classes

Strategy #2

- Number of referrals to diabetes and nutrition therapy from:
 - » Montage Medical Group
 - » Aspire Health Medicare Advantage
 - » Hospital-based providers
 - » Community providers
- Number of patients seen by the diabetes services nurse practitioner
- Number of patients seen for diabetes self-management education
- Number of diabetes and nutrition therapy patients demonstrating A1c improvement during the reporting year
- Number of classes specific to diabetes and prediabetes and diabetes support groups

Community partners/Planned collaboration

- | | |
|--|---------------------------------------|
| ■ Boys & Girls Club of Monterey County | ■ Mee Memorial Healthcare System |
| ■ Central Coast YMCA | ■ Montage Health |
| ■ City of Marina | ■ Montage Medical Group |
| ■ City of Seaside | ■ Montage Wellness Center |
| ■ Community Partnership for Youth | ■ Monterey County Health Department |
| ■ First Tee — Monterey County | ■ Monterey County Office of Education |
| ■ Girls Inc. | ■ Monterey County school districts |

MENTAL HEALTH

Goal

Improve access to general mental health services and align with other agencies to maximize resources for those in need of mental health services.

Time frame

2026–2028

Scope

Primarily residents of the hospital's primary service area, with some of the strategies having countywide impact.

Strategies and objectives

Strategy #1: Support and improve access to care for mental health services.

- Increase access to therapy services including mental health group therapy programs conducted at outpatient behavioral health services
- Increase access to psychiatric assessment and follow up care planning for all ages, including children and adolescents, through the use of the crisis stabilization unit and adult inpatient services at Community Hospital
- Increase access to specialized mental health treatment services

Strategy #2: Support and improve access to care for mental health services for children and families.

- Increase access to therapy services including mental health group therapy programs conducted at Ohana
- Increase access to Ohana's evaluation service for children
- Increase access to Ohana's higher levels of care, including intensive outpatient and residential services
- Expand prevention-focused mental health outreach and early interventional services for children and families, including school-based, community, and parent-focused programming

Strategy #3: Support and improve access to resources and treatment for substance use disorders.

- Provide a substance use navigator in the emergency department to support patients seeking substance use treatment, recovery services, and community resources
- Expand intensive outpatient program capacity at the recovery center located at Hartnell Professional Center
- Enhance co-occurring disorder treatment services at Hartnell Professional Center including the recovery center
- Increase the number of substance use consultations in acute hospital setting

Anticipated impact

- Increased access to outpatient mental health services
- Improved screening, identification, and care planning for mental and behavioral health needs in the acute care hospital setting
- Expanded access to mental health services across all levels of care for children and families at Ohana
- Increased access to outpatient substance use disorder treatment programs

Evaluation of impact

Strategy #1

- Number of visits (psychiatrist/nurse practitioner) in outpatient behavioral health services
- Number of visits (therapists) in outpatient behavioral health services
- Number of patients served in the crisis stabilization unit and adult inpatient unit

Strategy #2

- Number of unique patients (outpatient, intensive outpatient, partial hospitalization, residential)
- Number of evaluations completed by Ohana
- Number of classes, presentations, and support groups provided

Strategy #3

- Number of patients seen by the substance use navigator
- Number of substance use consultations
- Number of co-occurring services added
- Number of patients receiving substance use treatment in Ohana

Community partners/Planned collaboration

- | | |
|-------------------------------------|--|
| ■ Acadia Healthcare | ■ Monterey County Health Department |
| ■ Access Support Network | ■ Monterey County Office of Education |
| ■ Adult & Teen Challenge | ■ Monterey Peninsula Pediatric Medical Group |
| ■ American Addiction Centers | ■ Monterey Peninsula Unified School District |
| ■ Aspire Health | ■ Multi-Disciplinary Outreach Team (MDOT) |
| ■ Beacon Health | ■ National Alliance on Mental Illness (NAMI) |
| ■ The Bridge Restoration Ministry | ■ Pacific Rehabilitation & Pain |
| ■ Central Coast Overdose Prevention | ■ Rancho Cielo |
| ■ Children's Council | ■ Spreckels Union School district |
| ■ Community Human Services | ■ Stanford Medicine Children's Health — Pediatrics |
| ■ Door to Hope | ■ Sun Street Centers |
| ■ Equine Healing Collaborative | ■ University of California, San Francisco |
| ■ Interim, Inc. | ■ Valley Health Associates |
| ■ Medi-Cal providers | ■ The Wahine Project |
| ■ Montage Medical Group | ■ Washington Union School District |
| ■ Monterey County Behavioral Health | ■ Youth Arts Collective |

NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT

Goal

Improve access to nutrition education and nutritious food.

Time frame

2026–2028

Scope

Primarily residents of the hospital's primary service area, with select strategies having countywide impact.

Strategies and objectives

Strategy #1: Expand access to nutrition, physical activity, and weight-management education.

- Continue and expand nutrition education through existing classes offered in English and Spanish
- Provide clinical dietitian expertise to guide and support school-based programming
- In collaboration with the Monterey County Office of Education and Monterey County school districts, expand nutrition, physical activity, and weight-management programming in public schools throughout Monterey County
- Provide Healthy Together, a family-focused pediatric wellness and weight management program

Strategy #2: Strengthen community partnerships to improve access to nutritious food and address food insecurity.

- Provide support for food access initiatives, including Double Up Food Bucks
- Partner with and provide funding for nonprofit organizations and community gardens to increase access to fresh, healthy foods
- Establish and support a partnership with the Everyone's Harvest Fresh Rx program to launch a Food is Medicine pilot and improve health outcomes

Anticipated impact

- Improved access to nutrition, physical activity, and weight-management education
- Increased availability and use of nutritious food resources for individuals and families experiencing food insecurity

Evaluation of impact

Strategy #1

- Number of nutrition, physical activity, and weight-management classes
- Number of school sites implementing healthy lifestyle curriculum through Kids Eat Right and other programs
- Number of students participating in Kids Eat Right and other programs
- Number of Healthy Together referrals and enrollees
- Percentage of enrolled children and families who complete the Healthy Together coaching program

Strategy #2

- Number of food-related community partnerships supported by funding
- Amount of community benefit funding directed toward food access initiatives
- Number of Double Up Food Bucks transactions
- Number of patients enrolled in Food is Medicine pilot program

Community partners/Planned collaboration

- | | |
|---|---------------------------------------|
| ■ Boys & Girls Clubs of Monterey County | ■ Montage Medical Group |
| ■ City of Marina | ■ Montage Wellness Center |
| ■ City of Monterey | ■ Monterey County Health Department |
| ■ City of Seaside | ■ Monterey County Office of Education |
| ■ Community Partnership for Youth | ■ Monterey County school districts |
| ■ Everyone's Harvest | ■ Monterey County WIC |
| ■ First Tee — Monterey County | ■ Monterey Peninsula College |
| ■ Food Bank for Monterey County | ■ Natividad |
| ■ Girls Inc. | ■ Salinas Valley Health |
| ■ MEarth | ■ United Way Monterey County |
| ■ Montage Health | ■ YMCA of the Monterey Peninsula |

CANCER

Goal

Improve early detection and timely access to cancer screening, diagnostic follow-up, and supportive care.

Time frame

2026–2028

Scope

Primarily residents of the hospital's primary service area, with some strategies having countywide impact.

Strategies and objectives

Strategy #1: Increase awareness of and access to cancer screening services.

- Provide outreach and education to increase awareness of recommended cancer screening guidelines, with a focus on breast, prostate, cervical, and colorectal cancer
- Expand outreach and screening efforts in communities experiencing health disparities, including Marina and Seaside
- Increase access to bilingual, culturally appropriate cancer education materials
- Increase use of genetic risk assessment services to identify individuals at higher risk for cancer
- Support grant-funded community-based screening efforts, including community coaching and nurse practitioner-led services

Strategy #2: Improve access to timely diagnostic follow-up and care coordination.

- Implement a cancer navigation function to support patients with abnormal screening results through diagnostic follow-up and treatment referral
- Improve timeliness of diagnostic follow-up after abnormal cancer screening results
- Strengthen coordination and communication among Montage Medical Group, Community Hospital's oncology services, and Aspire Health to improve continuity of care

Strategy #3: Improve access to supportive care and survivorship services.

- Increase referrals to supportive services, including nutrition services, mental health treatment, and palliative care for individuals diagnosed with cancer
- Offer survivorship education and support programming to address the physical, emotional, and psychosocial needs of cancer patients and survivors

Anticipated impact

- Increased access to cancer screening and early detection services, particularly among populations experiencing health disparities
- Improved completion and timeliness of diagnostic follow-up after abnormal screening results
- Increased access to supportive care services that enhance quality of life for individuals undergoing or recovering from cancer treatment

Evaluation of impact

Strategy #1

- Percentage change in breast, prostate, cervical, and colorectal cancer screening rates over the implementation period
- Number of individuals reached through cancer outreach, education, and screening activities
- Number of community-based cancer screening events conducted in Marina and Seaside

Strategy #2

- Number of patients supported through cancer navigation services
- Timeliness of diagnostic follow-up following abnormal cancer screening results

Strategy #3

- Number of referrals to supportive services, including nutrition, mental health, and palliative care
- Number of participants attending cancer survivorship education and support programs

Community partners/Planned collaboration

- | | |
|---|----------------------------|
| ■ American Cancer Society | ■ Lipstick Angels |
| ■ Aspire Health | ■ Montage Health |
| ■ Association of Cancer Care Centers | ■ Montage Medical Group |
| ■ Bay Area Cancer Connections | ■ Montage Wellness Center |
| ■ Blood Cancer United | ■ Oncology Nursing Society |
| ■ Breast Cancer Assistance Group of Monterey County | ■ Pacific Cancer Care |

SECTION 7

2023–2025 Community Health Needs Assessment implementation

Community Hospital’s 2022 Community Health Needs Assessment implementation strategy was evaluated for progress during 2023–2025. Progress was assessed against the baseline measures established in 2023 across the hospital’s identified priority health needs. Overall, the hospital sustained and expanded activities across most strategies described in the implementation plan.

The following section summarizes progress made from 2023–2025 in addressing the three priority health needs identified in the Community Health Needs Assessment:

- Access to healthcare services
- Diabetes
- Mental health

Evaluation of 2023–2025 implementation plans

ACCESS TO HEALTHCARE SERVICES

Goal

Improve access to healthcare services and insurance coverage for individuals and families.



Table 1. Evaluation of access to healthcare services plan

Strategy	Population served	2023–2025 evaluation
1. Provide funding and support aimed at improving access to primary care for underserved populations.	Un- and under-insured individuals	Community benefit grants totaling \$891,690 were awarded to 11 community organizations that provide healthcare access and services to underserved residents. Additionally, the hospital provided lab work and diagnostic testing for patients of RotaCare Monterey, a clinic that provides free medical care to uninsured residents. As a result of grant funding, 2,288 primary care visits were provided to adults and children by the County of Monterey Health Department’s clinics in Seaside and Marina.
2. Provide medically necessary hospital services for those who are unable to pay for them.	Un- and under-insured individuals	\$11,582,443 of care was provided through the financial assistance program. 8,597 patients benefited from the financial assistance program.
3. Recruit and retain doctors and advanced practice providers in specialties where a local shortage is demonstrated.	Broader community	55 new physicians and advanced practice providers were hired for Montage Medical Group. Also, in 2025, Monterey Spine & Joint joined the Montage Health family and became Montage Orthopedics and Sports Medicine Center, which is an example of Montage Health’s dedication to recruiting and retaining vital physicians to ensure residents have access to healthcare.
4. Increase access to affordable health insurance.	Un- and under-insured individuals	The hospital assisted 1,828 people with enrolling in health insurance programs available in our county. Over 13,000 people are enrolled in the Blue Shield Trio HMO insurance plan. The plan is the first widely available HMO plan in the region and was created to provide access to high-value care at a lower monthly premium than most other PPO plans. Montage Health and Salinas Valley Health are participating organizations.

Evaluation summary

Over the three-year period, Community Hospital invested in strategies to improve access to primary care, specialty care, and hospital services. Grant funding supported safety-net clinics serving uninsured and underinsured residents, while financial assistance programs ensured access to medically necessary care for individuals experiencing financial hardship. Physician and advanced practice provider recruitment helped address workforce shortages, and insurance enrollment assistance expanded coverage options for community members.

Looking ahead

Strategies to improve access to primary care, financial assistance, and insurance coverage will continue and be refined in the 2026–2028 implementation plan.

DIABETES

Goal

Improve access to prediabetes and diabetes education and care.

Table 2. Evaluation of diabetes plan

Strategy	Population served	2023–2025 evaluation
<p>1. Increase awareness and identification of prediabetes and diabetes.</p>	<p>Broader community with a focus on Seaside residents</p>	<p>From 2023–2025, Community Hospital’s diabetes services conducted targeted outreach in Seaside to address high rates of diabetes and prediabetes. Outreach activities significantly increased awareness, with post-event knowledge scores reaching 97–100 percent by 2024. Across nine community health fairs, the hospital provided 466 blood glucose and 311 cholesterol screenings, expanding early identification of diabetes risk.</p> <p>Complementing in-person outreach, Aspire Health’s The Beast campaign (previously called Don’t Feed the Diabetes) increased community engagement through online health risk assessments, with completions rising from 1,206 in 2023 to 1,291 in 2024, further extending screening and awareness efforts.</p>
<p>2. Improve access to prediabetes and diabetes education and prevention services, including medication management.</p>	<p>Countywide</p>	<p>Referrals to diabetes and nutrition therapy remained consistently above baseline levels, peaking at 3,347 in 2024. Clinical participation fluctuated but rebounded to 1,749 patients in 2025. Despite variations in volume, clinical outcomes improved: The proportion of diabetes self-management education participants demonstrating A1c improvement increased from 53 percent in 2023 to 63 percent in 2025, with average A1c reductions ranging from 1.62–1.86 percent.</p> <p>Aspire Health’s Healthy Together program expanded prevention services for at-risk children and families in South Monterey County, establishing program sites in Soledad, Greenfield, and King City. Across 2024–2025, nearly 3,000 referrals were received, services were delivered at more than eight community locations, and 13 new providers began referring patients, contributing to a 25-percent increase in referrals from South County clinics.</p>

Table 2. Evaluation of diabetes plan (continued)

Strategy	Population served	2023–2025 evaluation
<p>3. Provide nutrition, physical activity, and weight-management curriculum through school programming.</p>	<p>Children in Monterey County schools</p>	<p>School-based prevention programs expanded their reach across Monterey County. The Kids Eat Right program grew from 22 schools in 2022 to 34 schools in the 2024–2025 school year, serving nearly 3,500 students annually and maintaining a consistent 35-percent increase in nutrition knowledge through bilingual education. Community outreach associated with the program reached more than 5,200 attendees through nearly 70 events between 2023 and 2025.</p> <p>Aspire Health’s The Beast curriculum (previously called Don’t Feed the Diabetes) further expanded prevention education, reaching more than 3,670 students across 37 schools during the 2024–2025 academic year. In addition, participation in the annual Healthy Youth Field Day increased from 120 students in 2023 to 150 in 2025, reinforcing healthy lifestyle habits through interactive nutrition and physical activity programming for schools throughout Monterey County.</p>

Evaluation summary

During the implementation period, Community Hospital expanded access to diabetes screening, education, and clinical management services. Outreach activities increased community awareness of diabetes risk, while referrals to education and specialty services improved access to prevention resources and ongoing care.

Looking ahead

Strategies to improve diabetes prevention, education, and care coordination will continue in the 2026–2028 implementation plan.

MENTAL HEALTH

Goal

Improve access to mental health services and align resources across providers and agencies.

Table 3. Evaluation of mental health plan

Strategy	Population served	2023–2025 evaluation
1. Support and improve access to care for mental health services	Countywide	<p>Outpatient behavioral health visits increased from 29,028 in 2023 to 31,303 in 2025, an 8-percent increase over the three-year period, indicating sustained demand and improved access to psychiatric and therapeutic services.</p> <p>The emergency department’s crisis stabilization unit, which provides short-term observation and psychiatric services for children, adolescents, and adults, experienced a 70-percent increase in use in 2024 compared to 2023 and remained above baseline levels in 2025, demonstrating continued community need for crisis stabilization services.</p>
2. Support and improve access to mental health services for children and families	Countywide	<p>Ohana, Community Hospital’s mental health program for youth and families, expanded significantly during the reporting period. The number of unique patients served experienced more than a fourfold increase from 2,326 in 2023 to 9,743 in 2025, reflecting expanded program capacity and service availability. In August 2024, Ohana opened a 16-bed residential unit, serving 25 adolescents in its first year, and clinical staffing increased to support growing demand.</p> <p>Prevention and early intervention programming also expanded. In 2025, 175 classes and community education offerings reached more than 4,000 participants. Across the three-year period, prevention classes, presentations, support groups, and community outreach activities reached more than 27,000 individuals.</p> <p>School-based prevention programming increased as well. Mental fitness groups serving students in the Monterey Peninsula Unified School District increased more than sixfold between 2023 and 2025, and drug prevention club meetings for high school students more than doubled between 2024 and 2025.</p>
3. Support and improve access to resources and treatment for substance use disorders	Broader community	<p>Substance use navigation services increased 27 percent from 2023 to 2024 and maintained high utilization in 2025. Referrals to substance use treatment programs increased 53 percent over the three-year period, reflecting strengthened linkage-to-care efforts.</p> <p>The hospital’s recovery center maintained stable service delivery across the reporting period.</p>

Evaluation summary

Over the three-year implementation period, Community Hospital expanded access to mental health services across multiple levels of care. Outpatient behavioral health capacity increased, crisis stabilization services supported individuals experiencing acute mental health needs, and children’s mental health services grew significantly through the expansion of Ohana programs and the opening of a residential treatment unit. Prevention, early intervention, and school-based programming also expanded, while substance use navigation and referral services strengthened connections to treatment and recovery resources in the community.

Looking ahead

The 2026–2028 implementation plan will continue to prioritize prevention, early intervention, and coordinated mental health services for children, adolescents, and families.



Community Hospital
of the Monterey Peninsula
Montage Health®