

Sutter Health

Alta Bates Summit Medical Center – MPI Treatment Services

2022–2024 Implementation Strategy Plan
Responding to the 2022 Community Health Needs Assessment

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Introduction

The Implementation Strategy Plan describes how Alta Bates Summit Medical Center – MPI Treatment Services, a Sutter Health affiliate, plans to address significant health needs identified in the 2022 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2022 through 2024.

The 2022 CHNA and the 2022-2024 Implementation Strategy Plan were undertaken by the hospital to understand and address community health needs, and in accordance with state law and the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The Implementation Strategy Plan addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this Implementation Strategy Plan as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

Alta Bates Summit Medical Center – MPI Treatment Services welcomes comments from the public on the 2022 Community Health Needs Assessment and 2022-2024 Implementation Strategy Plan. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org;
- Through the mail to 2000 Powell Street, 10th Floor, Emeryville, CA 94608, Attention: Sutter Health Bay Area Community Benefit department; and
- In-person at the hospital's Information Desk.

Executive Summary

Alta Bates Summit Medical Center is affiliated with Sutter Health, a not-for-profit parent of not-for-profit and for-profit companies that together form an integrated healthcare system located in Northern California. The system is committed to health equity, community partnerships and innovative, high-quality patient care. Our over 65,000 employees and associated clinicians serve more than 3 million patients through our hospitals, clinics and home health services.

Learn more about how we're transforming healthcare at sutterhealth.org and vitals.sutterhealth.org.

Sutter Health's total investment in community benefit in 2021 was \$872 million. This amount includes traditional charity care and unreimbursed costs of providing care to Medi-Cal patients. This amount also includes investments in community health programs to address prioritized health needs as identified by regional community health needs assessments.

As part of Sutter Health's commitment to fulfill its not-for-profit mission and help serve some of the most vulnerable in its communities, the Sutter Health network has implemented charity care policies to help provide access to medically necessary care for all patients, regardless of their ability to pay. In 2021, Sutter Health invested \$91 million in charity care. Sutter's charity care policies for hospital services include, but are not limited to, the following:

1. Uninsured patients are eligible for full charity care for medically necessary hospital services if their family income is at or below 400% of the Federal Poverty Level ("FPL").
2. Insured patients are eligible for High Medical Cost Charity Care for medically necessary hospital services if their family income is at or below 400% of the FPL and they incurred or paid medical expenses amounting to more than 10% of their family income over the last 12 months. ([Sutter Health's Financial Assistance Policy](#) determines the calculation of a patient's family income.)

Overall, since the implementation of the Affordable Care Act, greater numbers of previously uninsured people now have more access to healthcare coverage through the Medi-Cal and Medicare programs. The

payments for patients who are covered by Medi-Cal and Medicare do not cover the full costs of providing care. In 2021, Sutter Health invested \$557 million more than the state paid to care for Medi-Cal patients.

Through community benefit investments, Sutter helped local communities access primary, mental health and addiction care, and basic needs such as housing, jobs and food. See more about how Sutter Health reinvests into the community by visiting sutterpartners.org.

Every three years, Sutter Health affiliated hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies significant community health needs and guides our community benefit strategies. The assessments help ensure that Sutter invests its community benefit dollars in a way that targets and addresses real community needs.

Through the 2022 Community Health Needs Assessment process the following significant community health needs were identified:

1. Behavioral health
2. Housing and homelessness
3. Healthcare access and delivery
4. Economic security
5. Community and family safety
6. Dismantling structural racism
7. Food security
8. Transportation

The 2022 Community Healthy Needs Assessment conducted by Alta Bates Summit Medical Center is publicly available at www.sutterhealth.org.

2022 Community Health Needs Assessment Summary

Alta Bates Summit Medical Center conducted its 2022 Community Health Needs Assessment (CHNA) collaboratively with seven local hospitals in Alameda and Contra Costa Counties, members of the Alameda and Contra Costa Counties Hospital CHNA Group. The Alameda County Public Health Department was an essential partner in collecting primary and secondary data and prioritizing health needs. The CHNA was completed by Ad Lucem Consulting, a public health consulting firm. The key informant interview data and secondary data charts/tables that were included in the report were provided by ASR, the consultant hired by Kaiser Permanente Alameda and Contra Costa service areas to prepare their 2022 CHNAs. ASR also convened community stakeholders and hospital representatives to review service area data and participate in a health need ranking process.

The Hospitals began the CHNA cycle in 2021, with the goal to collectively gather community feedback, understand existing data about health status, and prioritize local health needs. Community input was obtained during the summer and fall of 2021 through key informant interviews with local health experts, community leaders, and community organizations, and focus groups with community residents. Secondary data were obtained from multiple sources, including the Kaiser Permanente Community Health Data Platform. Data were collected for Alameda County as a whole, as well as for Alta Bates Summit Medical Center's Service Area – Northern Alameda County. Significant health needs were identified and prioritized in late 2021, described further below.

The 2022 CHNA assessed the health issues and contributing factors with greatest impact among vulnerable populations¹ whose health is disproportionately affected across multiple health needs. The CHNA explored disparities for populations residing in specific geographic areas as well as disparities among the county's diverse ethnic populations.

¹ California Department of Health Care Access and Information (2022). HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations. Accessed July 6, 2022 from <https://hcai.ca.gov/wp-content/uploads/2022/03/Hospital-Community-Benefits-Plans-Program-Vulnerable-Populations-Fact-Sheet-February-2022-ADA.pdf>.

The full 2022 Community Health Needs Assessment conducted by Alta Bates Summit Medical Center is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

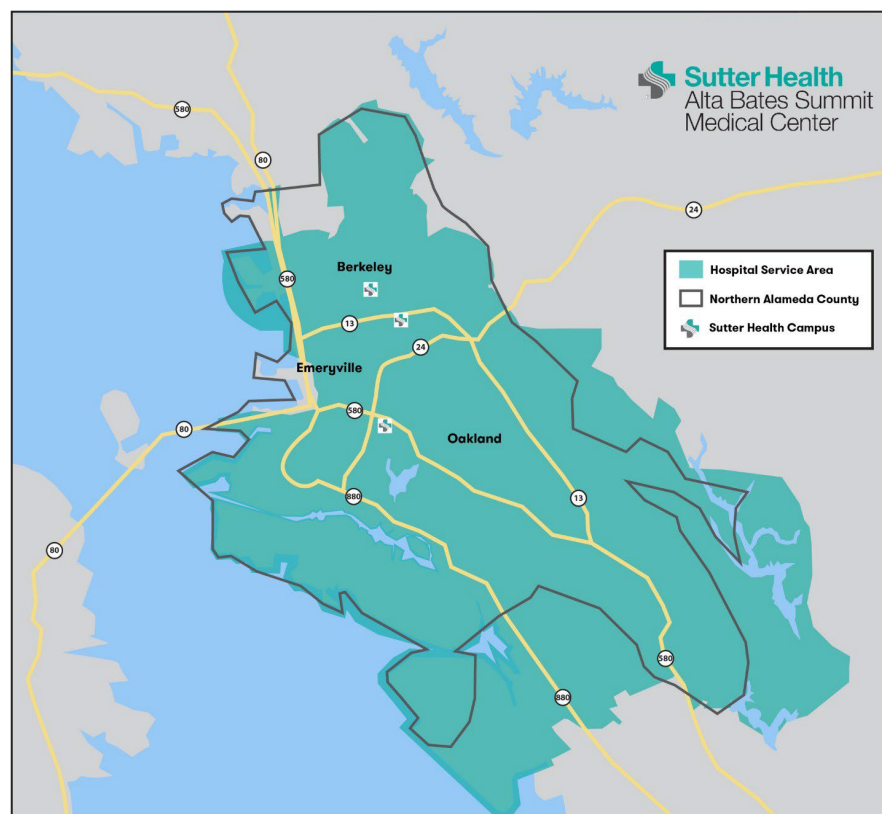
Each hospital participating in the Alameda and Contra Costa Counties Hospital CHNA Group defines its service area to include all individuals residing within a defined geographic area surrounding the hospital. For this collaborative CHNA, Alameda County was the overall service area, with each hospital adding additional focus on their specific service area.

The Internal Revenue Service defines the community served as individuals who live within the hospital's service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Alta Bates Summit Medical Center's campuses are located in the cities of Berkeley and Oakland in the Northern Alameda County region of Alameda County. Alta Bates Summit Medical Center's hospital service area includes 25 ZIP codes surrounding the hospital and its neighboring communities.² As previously noted, the hospital collaborated on the 2022 CHNA with other healthcare facilities serving Alameda County. Thus, the local data gathered for the assessment represent residents across the service areas of the participating hospitals, which include the cities of Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

The map below (Figure 1) shows the alignment of the Northern Alameda County region with Alta Bates Summit Medical Center's service area.

Figure 1. Alta Bates Summit Medical Service Area Map, Northern Alameda County Region



Berkeley and Oakland are the largest cities in Northern Alameda County. Berkeley is home to 121,353 people as well as University of California, Berkeley with a large student population. Berkeley's overall

² The hospital's service area covers ZIP codes 94501, 94601, 94602, 94603, 94605, 94606, 94607, 94608, 94609, 94610, 94611, 94612, 94613, 94618, 94619, 94621, 94702, 94703, 94704, 94705, 94707, 94708, 94709, 94710, and 94720.

racial and ethnic composition is majority White (60%) and Non-Hispanic (88%), with less than a quarter of residents identifying as Asian and smaller population segments identifying as Hispanic (Latinx) (12%), Multiracial (8%) and Black/African American (6%). Berkeley has a higher percentage of residents living in poverty than Alameda County (19% versus 9%), though a smaller percentage of children (0-18) in poverty than the county (6% versus 10%). Only 4% of adults do not have a high school diploma compared to 12% of adults county-wide.

Oakland is home to 425,097 people and has significant representation from several racial groups. White is the largest racial group at 35%; Black/African American (25%) and Hispanic (Latinx) (27%) populations each account for approximately a quarter of Oakland residents and Asian residents represent 14% of the Oakland population. Oakland residents fare worse than the county on almost all socioeconomic indicators, including 25% of Oakland children living in poverty compared to 10% of children living in poverty county-wide. Seniors in Oakland fare worse than the county overall, with 16% living in poverty compared to 10% living in poverty county-wide. The proportion of adults without a high school diploma (15%) in Oakland is higher than the Alameda County percentage (12%).

Significant Health Needs Identified in the 2022 CHNA

The following significant health needs were identified in the 2022 CHNA:

1. **Behavioral Health.** Behavioral health, which refers to both mental health and substance use, affects many Americans. Anxiety, depression, and suicidal ideation are on the rise, and heightened further due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Key informants serving Alameda County described behavioral health concerns as a number one issue for the communities they serve, reporting intense distress about the level of behavioral health needs going untreated. Focus group participants reported inadequate mental health services for non-English speakers, immigrants, children/teens, and residents who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, allies and others). In Northern Alameda County, key informants noted high levels of intergenerational trauma in their community, yet significant stigma around accessing behavioral healthcare. Northern Alameda County focus group participants also cited insufficient availability of behavioral health services, specifically for low-income families. They discussed that teens are experiencing increased rates of anxiety, depression, and fear, and are suffering due to the social isolation caused by the pandemic.
2. **Housing and Homelessness.** The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with health, well-being, educational achievement, and economic success. Almost all Alameda County key informants and nearly half of focus groups identified housing and homelessness as a top priority health need for Alameda County; they described a variety of housing challenges including a concern that specific populations are at highest risk of becoming unhoused, such as Black/African American, Latinx, and LGBTQIA+ community members, immigrants, seniors, women fleeing domestic violence, people with disabilities, and those experiencing mental illness or addiction. According to key informants, seniors are increasingly likely to face housing instability or become unhoused and need targeted assistance to preserve existing housing or find an appropriate senior living setting. Focus group participants echoed this concern and specifically noted a surge in unhoused LGBTQIA+ seniors. Focus group participants from Northern Alameda County noted that housing discrimination is prevalent, particularly towards Black/African American and transgender residents.
3. **Healthcare Access and Delivery.** Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include insurance coverage, adequate numbers of primary and specialty care providers, health care timeliness, quality and transparency, and cultural competence/cultural humility. The majority of key informants and nearly half of focus groups identified healthcare access and delivery as a top priority health need for Alameda County, describing that too few healthcare providers with

specialized training for working with specific populations serves as a barrier to care, particularly for LGBTQIA+ residents, people with certain disabilities, non-English speakers, and undocumented residents. Additionally, while the shift to telehealth during the pandemic was helpful for many, it presented barriers to low-income families and seniors, who struggle to use technology or have little or no internet access. Increasing Medicaid/public insurance enrollment is a big need in Alameda County with enrollment eight percentage points below the state. Key informants stated that many residents in this region forego any health insurance because of high costs. Both key informants and focus group participants in Northern Alameda County discussed inequities in care, noting that people of color are more likely to be on Medi-Cal and have access to fewer high quality services. Infant mortality is substantially higher for Northern Alameda County multiracial residents and Black/African Americans than the county overall. Additionally, Black/African American and multiracial residents had substantially higher rates of death from COVID-19 than Northern Alameda County overall and multiracial residents have much lower COVID-19 vaccination rates than Northern Alameda County overall (34% versus 74%).

4. *Economic Security.* People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The majority of key informants and focus groups listed economic security as a top priority health need. Key informants reported that Alameda County residents struggle to find living wage jobs given the county's extremely high cost of living. They also reported extensive job loss because of the COVID-19 pandemic, reporting that despite a strong job market, many residents are still not working. Key informants in Northern Alameda County noted that the Latinx population was one of the hardest hit due to COVID-19, with many having to choose between continuing to go into work with an increased risk of exposure or losing their jobs. Latinx and Black/African American residents in Oakland and Berkeley face significant income and employment disparities; many measures are worse than the state in ZIP codes with larger proportions of residents of color, including median household income, unemployment rate, young people not in school and not working, children living in poverty, poverty rate, and high-speed internet access.
5. *Community and Family Safety.* Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poorer long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. A quarter of key informants and nearly half of focus groups identified community and family safety as a top priority health need for Alameda County. This health need is linked closely with transportation, as key informants believed this was an area where community and family safety could be improved. Two key measures of community and family safety, violent crime, and injury deaths, were substantially higher in Alameda County than the state overall. Key informants in Northern Alameda County described violence in their community as a symptom and a cause of behavioral health issues and stated that violence disproportionately affects young men of color (teens-30s). The number of violent crimes is 50% higher in Northern Alameda County than the state overall and rates of death by all injuries are highest among Black/African Americans compared to Northern Alameda County overall.
6. *Dismantling Structural Racism.* Structural racism refers to social, economic, and political systems and institutions that have resulted in health inequities through policies, practices, and norms. Centuries of racism in this country have had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships, and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. Data show that racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions. The COVID-19 pandemic, which has disproportionately impacted racial and ethnic minority populations, is another example of these enduring health disparities. Many key

informants named structural racism as a significant concern affecting health in their communities, namely as a contributor to the other health needs. Key informants described race-based inequalities in access to and provision of healthcare, resulting in many children and adults of color not receiving necessary physical or behavioral healthcare that is often not culturally or linguistically competent. Key informants noted that housing discrimination is prevalent, particularly towards Black/African American residents. Black/African American and multiracial residents had substantially higher rates of COVID-19 deaths than Northern Alameda County overall and in 2020, infant mortality was more than twice as high for Black/African American residents than for the rest of Northern Alameda County.

7. *Food Security.* Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses household food shortages; reduced quality, variety, or desirability of food; diminished nutrient intake; disrupted eating patterns; and anxiety about food insufficiency. Black/African American and Latinx households have higher rates of food insecurity than other racial/ethnic groups. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks. According to key informants, many Alameda County families experienced such an increase in food insecurity during the pandemic. Despite robust food distribution programs in several sectors (schools, food banks, healthcare, mobile clinics, community organizations), key informants reported that not all populations in need are reached, particularly unhoused county residents and populations that may be reluctant to seek out food assistance due to the stigma of being “needy.” In Northern Alameda County, 9% of residents are food insecure. Key informants stated that CalFresh, California’s Supplemental Nutrition Assistance Program (SNAP), is an underutilized resource in Northern Alameda County.
8. *Transportation.* Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services. Key informants and focus group participants noted that many low-income families are dependent on public transportation and, therefore, experience this as a barrier to accessing healthcare; many people have to travel outside of their immediate community for appointments and to access specialty care and resources. Safety when using public transportation was an additional concern voiced by focus group participants; this concern was further exacerbated by the COVID-19 pandemic, as county residents were fearful that using public transportation would increase their risk of virus exposure. Key informants from Northern Alameda County stated that the lack of reliable, accessible, and affordable transportation is a barrier to accessing healthcare, and noted that public transit in West Oakland is particularly inadequate.

Health Need Identification

Through a comprehensive process combining findings from primary and secondary data, health needs were scored to identify a list of the top eight health needs for the service area. Measures in the Kaiser Permanente Community Health Data Platform, a CHNA data source, were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in Alameda County.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower, 0: no need) based on how many measures were 20% or more worse than the California overall.

Themes from key informant interviews and other primary data sources were identified, clustered, and assigned scores on a 0-4-point scale, based on the number of times the theme was mentioned. Both the Data Platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

Each data collection method was assigned a weight, based on rigor of the data collection method, timeliness, and ability to describe inequities/disparities. Primary data (key informant interviews and focus groups) were weighted significantly more than the secondary data to prioritize timely input from diverse, underserved communities. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest.

Health Need Prioritization

In December 2021, Alta Bates Summit Medical Center participated in a meeting with key leaders in Alameda County to rank top health needs for service areas within the county. Representatives included Alameda County Public Health Department, Community Health Center Network, Alameda County Office of Education, The California Endowment, and partner hospitals. Qualitative and quantitative findings for the top eight health needs identified were presented. Representatives considered a set of criteria in prioritizing the list of health needs. The criteria chosen by the health systems before beginning the prioritization process were:

- *Severity*: How severe the health need is (potential to cause death or disability)
- *Magnitude or scale*: The number of people affected by the health need
- *Clear disparities or inequities*: Differences in health outcomes by subgroups (based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others)
- *Community priority*: The community prioritizes the issue over other issues
- *Multiplier effect*: A successful solution to the health need has the potential to solve multiple problems

Representatives affiliated with each service area ranked the top eight health needs according to their interpretation of the criteria. Rankings were then averaged across all representatives to obtain a final rank order of the health needs. Alta Bates Summit Medical Center then selected the top three health needs to address in its 2022-2024 Implementation Strategy.

2022 – 2024 Implementation Strategy Plan

The implementation strategy plan describes how Alta Bates Summit Medical Center plans to address significant health needs identified in the 2022 Community Health Needs Assessment and is aligned with the hospital's charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2022 CHNA.

Prioritized Significant Health Needs the Hospital will Address

The Implementation Strategy Plan serves as a foundation for further alignment and connection of other Alta Bates Summit Medical Center initiatives that may not be described herein, but which together advance the hospital's commitment to improving the health of the communities it serves. Each year, programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change to continue focus on the health needs listed below.

1. Behavioral health

Behavioral Health

Name of program/activity/initiative	MPI Treatment Services
Description	<p>Founded in 1979, MPI Treatment Services is the oldest hospital-based treatment program in the San Francisco Bay Area. MPI's comprehensive treatment services provide participants with the caring, ongoing support and medical attention needed to understand the disease of chemical dependency and make the transition to recovery.</p> <p>In order to increase access to chemical dependency education, treatment, and support, MPI Treatment Services offers the following services free of charge for the community and/or former patients and their families:</p> <p><i>Confidential assessments</i> are conducted by a trained and licensed MPI assessment counselor to determine appropriateness of potential patients for the various programs offered. For those that do not enroll, MPI supports first steps toward recovery by discussing the personal, interpersonal, and professional impacts of addiction and connecting these impacts to participants' life experiences.</p> <p><i>Continuing Care Groups</i> support former patients newly in recovery and their families in their transition from life in addiction to life in recovery.</p> <p><i>Language interpretation</i> is offered to remove barriers to treatment so clients can be better served and services can be extended to a greater portion of the local population.</p>
Goals	To provide participants with the caring, ongoing support and medical attention they need to understand the disease of chemical dependency and make the transition to recovery.
Anticipated Outcomes	<p>Assessment participants will feel supported in their first steps toward treatment and recovery.</p> <p>Former clients and their families will receive the support needed to prevent relapse and thrive in recovery.</p> <p>Clients with limited English proficiency will be able to access treatment through the provision of language interpretation services.</p>
Metrics Used to Evaluate the program/activity/initiative	<p># of people served</p> <p># of support group (Continuing Care Groups) meetings provided</p> <p># of free assessments conducted</p> <p># of people served through language interpretation services</p>

Needs Alta Bates Summit Medical Center Plans Not to Address

No hospital can address all of the health needs present in its community. Alta Bates Summit Medical Center is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. The implementation strategy plan does not include specific plans to address the following significant health needs that were identified in the 2022 Community Health Needs Assessment for the following reasons:

- Housing and homelessness
- Healthcare access and delivery
- Economic security
- Community and family safety
- Dismantling structural racism
- Food security
- Transportation

Alta Bates Summit Medical Center- MPI Treatment Services will focus its strategy on the top health need that was identified and prioritized through the 2022 Community Health Needs Assessment process in alignment with the facility's expertise and availability of resources.

Approval by Governing Board

The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Bay Hospitals Board on October 19, 2022.