PLUMAS COUNTY COMMUNITY HEALTH ASSESSMENT

December 2016

Results & Analysis

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Plumas County
Community Health Assessment
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Introduction

What is the Plumas County Community Health Assessment?

The Plumas County Community Health Assessment is a report on the status of the health and wellbeing of Plumas County residents during 2013-2016, and is an update to similar work completed in 2012. In this context, health and wellbeing are not confined to simply the need for clinical services or access to healthcare, but rather, a comprehensive spectrum of community and environmental factors that influence an individual's quality of life. A wide range of information was collected about health outcomes, economic factors, physical infrastructure, health behaviors, and emotional & mental wellbeing during an extensive Community Health Assessment (CHA) process. This process involved a combination of quantitative and qualitative research methods. The results of this CHA are presented here for review.

The CHA process leads directly to development of a countywide Community Health Improvement Plan (CHIP). This combined CHA/CHIP process is revisited every three years, in partnership with health care providers, local decision makers, community-benefit organizations, other community partners, and residents. A collaborative approach helps align work and establish shared priorities, while periodic updating of data helps track progress over time as partners work together to improve the lives of Plumas County residents.

Conducting the Community Health Assessment

The information presented here was gathered during a year-long CHA process involving multiple partners and stakeholders. Community health and wellbeing were assessed utilizing a number of different approaches, and analysis was conducted with special focus on how the Social Determinants of Health impact Plumas County residents.

The Social Determinants of Health are defined by the Centers for Disease Control and Prevention "as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Examples of this might include what type of resources communities have access to, the quality of local schools, the health of workplaces, or access to safe spaces for recreation. This view places greater importance on how the health of individuals is affected by their physical and social environment, not just simply access to health care services. Special attention was paid to identifying social determinants of health during the data collection process.

During the first phase of data collection, physical, mental/emotional, and environmental health across the county were assessed using a variety of different health indicator data. These data were obtained from national, state, and local data sets, including mining of anonymous data from electronic health records (EHR) from county hospitals and clinics. This process yielded quantifiable data that highlight trends in chronic disease, health behaviors, and socioeconomic conditions that impact quality of life.

A major source of qualitative data was a series of five town hall style meetings conducted throughout the county that invited community members to come share their thoughts about the state of community health. Open-ended guiding questions were used to prompt discussion and focus responses into specific categories of inquiry. More than 100 community members and health care professionals attended meetings in the communities of Chester, Graeagle, Greenville, Portola, and Quincy. See the Map 2 on page 12 for community locations.

Focus groups were conducted with specific populations to gain perspective on issues confronting certain segments of the community. The groups represented included individuals involved with the criminal justice system (Alternative Sentencing Program), the Latino community, mental health services consumers, seniors, and youth/adolescents. An additional focus group was conducted with a Youth Prevention Group comprised of adults working to reduce drug, alcohol, and tobacco use among youth, and increase educational and leadership building opportunities locally.

Finally, key informant interviews were conducted with local decision makers and health care system leaders. The information obtained during these interviews provided an operational perspective, and often included considerations of feasibility and likelihood for success of future work. A total of eleven interview participants included members of the Plumas County Board of Supervisors, county agency Directors, local non-profit organization Directors, School District representatives, hospital CEOs, and tribal health clinic staff.

Project Goals

Although the most direct result of conducting the CHA is to better understand the current health of our communities, an underlying goal was coalescence of a unified partnership of stakeholders willing to work collaboratively to effect change. This involved reaching out to partners from across the county, and across a variety of organizations. Collective impact is one of the most effective ways for improving complex systems, like health care, and establishing meaningful partnerships recognizes the need to align efforts.

Within this framework of collective impact the Community Health Assessment is also designed to inform the development of a comprehensive Community Health Improvement Plan (CHIP). A meaningful CHIP will reflect the needs of the community in balance with the ability of local decision makers to take action and prioritize efforts and resources. Extensive community outreach and thorough stakeholder engagement are crucial to this effort.

The ultimate goal of assessing community health and wellbeing through the CHA and planning for action through the CHIP is to improve health outcomes for all Plumas County residents. By tracking health indicators through time, partners are able to obtain a meaningful understanding of what is working, and identify areas for further improvement. The CHA and CHIP are living, actionable documents that are designed to serve as a community factsheet and roadmap for improved quality of life.

Project Timeline

The CHA process began in October of 2015, and planning and data collection continued for one year. In addition to dozens of internal planning meetings among PCPHA staff, a total of three Advisory Committee meetings were conducted with CHA partners. The Action Committee comprised of staff from partner organizations met more frequently, with a total of five meetings, and numerous coordinating phone calls as necessary.

Publication of this community health profile completes the CHA phase of the 2016 health and wellbeing review of Plumas County. A preliminary CHIP will be released for review by partners in December 2016.

Where do we go from here?

The forthcoming CHIP document, developed partially on the information presented here and in collaboration with partners, will serve as a roadmap for improvements in health outcomes, access to services & health care, and improved quality of life in Plumas County. This document will represent the realistic, concrete, and actionable plans for such improvements, as established by CHA/CHIP partners and stakeholders.

An annual review of progress towards CHIP priorities will be conducted in coordination with community partners. This review will focus on gains made and areas in need of improvement. The CHA/CHIP process will begin again in the Fall of 2018. The next version of the Plumas County Community Health Profile will continue to track changes in health behaviors, health outcomes, chronic disease, and social determinants of health.

Methodology

List of Partners

The Plumas County CHA process would have been impossible without the contribution from a wide range of partners, and the feedback from hundreds of county residents. This contribution is invaluable, and results in a meaningful, impactful, and actionable analysis of health and wellbeing.

Plumas County Public Health Agency (PCPHA) served as convener and backbone organization for conducting the CHA/CHIP process, and relied heavily on the participation and support of a number of key partners. From the health care sector, these partners include Eastern Plumas Health Care (EPHC), Greenville Rancheria Tribal Clinic, Plumas District Hospital (PDH), and Seneca Healthcare District. This core group of health care organizations committed significant staff time and resources to the data gathering process.

This commitment included participation of administrative staff (i.e. CEOs) in a Advisory Committee, and clinical staff (i.e. Clinic Directors, Community Health Representatives) in an Action Committee. The Advisory Committee was tasked with advising the data collection process, monitoring progress, and reviewing results. Members of this committee contributed their expertise as leaders of critical access hospitals and tribal clinics, and mobilized their staff to assist in data

collection. This staff, as part of the Action Committee, helped define data query parameters and mine anonymous data from each organization's electronic health record (EHR) system.

The general public provided invaluable feedback during town hall meetings. Focus group participants also provided important perspective on the health and wellbeing of specific populations. Community decision makers provided detailed information during key informant interviews.

After the initial data collection, a number of additional community stakeholders were invited to review preliminary results, and to provide feedback about priority areas. This group included health care provider administrators and clinical staff, Board of Supervisors, Plumas Unified School District administrators, Directors of community-benefit organizations, and Directors of county agencies (Behavioral Health, Public Health, and Social Services).

PCPHA agreed to facilitate meetings, manage communication, and conduct data collection activities like the town hall meetings, focus groups, and key informant interviews. Active communication among partners was crucial to this process.

Process: Modified MAPP

A modified version of the Mobilizing for Action through Planning and Partnership (MAPP) process was used during the CHA. The MAPP process is an accepted and proven model for assessing community health and establishing priorities for action. This approach, championed by the National Association of County & City Health Officials (NACCHO), is a community-based strategic planning process for improving public health. MAPP utilizes four different assessments to provide insight about current community conditions: Community Health Status Assessment; Community Themes & Strengths Assessment; Local Public Health System Assessment; and Forces of Change Assessment.

The Community Health Status Assessment analyzes data health factors, quality of life, and risk factors. Comprehensive categories of data review include demographic information, socioeconomic conditions, health resource availability, quality of life, behavioral risk factors, environmental health conditions, social and mental health, maternal and child health, death/illness/injury, infectious disease, among other pertinent factors. These data are obtained through review of national, regional, and local data sets.

The Community Themes & Strengths Assessment looks at themes that interest and engage the community, insights about quality of life, and community assets. Community input is obtained through the use of focus groups, surveys, town hall meetings, and informal conversations. Community members are encouraged to provide direct feedback about their communities through this process.

The Local Public Health System Assessment measures the capacity of the local public health systems to provide the 10 essential services associated with a fully functioning system. These essential services are part of national performance standards recognized by the Centers for Disease Control and Prevention (CDC) and NACCHO. They include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

These essential services may be provided by a combination of public, private, or volunteer organizations, including but not limited to: public health agencies, health care providers, public safety agencies, human services agencies, educational organizations, and youth development organizations.

Finally, the Forces of Change Assessment identifies forces that affect (or will affect) communities, broad-reaching factors that impact the operating environment, and legislative or policy trends. This type of assessment results in a specific list of factors that can influence the health and wellbeing of communities, and is an opportunity for reflection on threats and potential opportunities.

While the Plumas County CHA process did not complete the Forces of Change assessment with broad engagement of community members, elements that could influence the work of the broader health system were carefully considered in the Advisory Committee's prioritization session.

Participation of Partners

Health Indicators

A wide variety of data sets were consulted to obtain quantitative data about health outcomes, chronic health conditions, health behaviors, socio-economic conditions, and environmental factors in Plumas County. These data provide insight into documented conditions in local communities.

Data sources include, but are not limited to: the United States Census Bureau, Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), County Health Rankings & Roadmaps, What Works for Health, Healthy People 2020, Let's Get Healthy California, CA Health Interview Survey, CA Healthy Kids Survey (CHKS), CA Office of Statewide Health Planning and Development (OSHPD), Health Resources & Services Administration

(HRSA), California Health Collaborative, CA Environmental Protection Agency Air Quality Board, CA Department of Finance, CA Department of Education, California Tobacco Survey, California Cancer Registry, CA WIC Association, CA Department of Alcohol & Other Drugs Program, and the CA Employment Development Department.

In some cases statistically reliable data was unavailable for a low-population county like Plumas, which limits the ability to understand local conditions over time. This is a common challenge for counties in far Northern California, with many data sets only providing statistically reliable data if multiple counties are combined, thereby diminishing the ability to derive locale-specific conclusions. In other cases data were incomplete or insufficient for a thorough analysis, highlighting a need for quality improvement in future data collection.

One area for improvement is data collection through local hospital and clinic EHR systems. Originally, the data collection process was designed to capture community-specific information through anonymous EHR data mining. The hope was to identify any potential concentrations of negative health outcomes or chronic conditions in specific areas of the county, and use this information to address the problem in a targeted way. Members of the Action Committee committed significant time and energy to exploring relevant data queries, but it quickly became apparent that some information would be difficult or impossible to obtain. Lack of standardization across the EHR systems used by different health care providers and differences in coding procedures were identified as major contributing factors for the inability to utilize this data more broadly.

Health indicators are divided into nine categories: Access to Care, Chronic Diseases, Clinical Care, Environment, Health Behaviors, Health Outcomes, Maternal and Infant Health, Mental Health and Substance Abuse, and Social Determinants of Health.

In regard to Access to Care, two topics were explored: persons with medical insurance, and persons with usual primary care provider. For Chronic Diseases, the following conditions were addressed: cancer, diabetes, and asthma. Clinic Care focused on healthcare utilization, specifically the rate of emergency room visits due to unintentional injury. Issues explored under the Environment topic included air quality and the built environment. Health Behaviors included information about alcohol use, oral health, fitness, and tobacco use. Health Outcomes looked at multiple causes of mortality. Maternal and Infant Health tracks teen births, low birthweight, late or no prenatal care, per-term births, and growth and nutrition. Mental Health and Substance Abuse looked at mental health conditions and frequency of substance-related hospital visits. And finally, the Social Determinants of Health includes the topics of: education, unemployment, poverty, income, single parent households, age, disability, and food security.

A comprehensive analysis of this data was conducted in order to identify gaps in services, barriers to care, or areas in need of improvement. This analysis was conducted in partnership with Advisory Committee members and a Prioritization work group, with guidance and facilitation by PCPHA staff. The results of this analysis can be found in the Summary of Major Findings section on page 28 below.

Data visualization of the health indicator review is presented in the Community Health Profile section on page 11 below. A detailed listing of all health indicator data can be found in Appendix 1 on page 32.

Community Forums

A series of five separate Community Forums were conducted across the county as part of the Community Themes & Strengths Assessment. These meetings were an opportunity to gauge the public's opinion about the current status of health and wellbeing in Plumas County, and to envision what an ideal, healthy, and vibrant community would include. These sessions were facilitated by PCPHA staff, with active participation from representatives from the local health care district responsible for each community.

Attendance in different communities throughout the county was variable, but more than 100 community members, health care workers, and community-benefit professionals participated. The community of Chester had 36 people in attendance, Graeagle had 17 attendees, Greenville 12, Portola 6, and Quincy 35 (see Map 2 on page 12 for community locations). These communities represent the 5 major population centers in the county, and are geographically distributed more or less evenly. Advertisements about each session were run in the local newspaper, radio ads were aired, and dinner was provided in an effort to attract the highest number of community participants.

Three open-ended guiding questions were used to elicit responses in these town hall style events. Although the guiding questions specifically reference health care, participants were encouraged to also consider other factors in their community that impact their health and wellbeing. Examples of social determinants of health were offered during a brief presentation to prompt thought about these broader topics. The guiding questions:

1. What do you like about the health care system in Plumas County?
2. What can we do to improve the health care system in Plumas County?
3. What is a healthy community?

Individual responses to these questions were recorded for later coding and analysis. The open-ended questions allowed community members to address topics they were enthusiastic or concerned about without restriction. A wide variety of topics were mentioned, and similar themes were grouped together to provide an understanding of the issues that affect each individual community.

Themes were identified based on the frequency of mention of similar topics by multiple individuals. For example, in Chester a theme was the need for increased primary care provider retention. In Greenville, although there was some mention of successful collaboration, a theme was the need for greater coordination and collaboration across partners in order to improve health care and access to resources. These themes were combined in order to understand areas for improvement across the county.

As with the Health Indicator data, results of the Community Forums were reviewed by PCPHA staff, Advisory Committee and Prioritization Group members. The results of this analysis can be found in the Summary of Major Findings section on page 28 below. A detailed listing of Community Forum themes & individual comments can be found in Appendix 2 on page 40.

Focus Groups

Focus groups were consulted in order to gather information on special concerns of specific populations in Plumas County that experience barriers to health care services. Six groups were convened: youth & adolescents, Latino community, mental health services clients, seniors, individuals involved in the criminal justice system and/or Alternative Sentencing program, and a group of professionals that participate in a Youth Prevention Group with the primary goal of reducing youth consumption of alcohol, tobacco, or other drugs or other unhealthy behavior.

Participants for these focus groups were recruited through direct invitation. Community partners that serve these different groups were contacted to assist in scheduling participation. Sessions were facilitated by PCPHA staff, with the assistance of at least one additional recorder that helped document each individual comment.

A series of nine open-ended questions were used to guide the session and inspire thoughtful responses from participants. The sessions began with engagement questions designed to start the conversation, transitioned to exploration questions designed to provide detail, and ended with exit questions designed to capture any topics missed. The questions were the following:

1. What does health or being healthy mean to you?
2. What does a healthy community look like?
3. What is the single most important thing necessary for being healthy?
4. What are some things that get in the way of maintaining good health for you, your family, or others in the community?
5. What are the biggest issues that impact [*given group's*] health?
6. What can be done by individuals, hospitals, government, and community organizations to support you, your family, and other community members?
7. If you were in charge of the local health care system and could make one change to improve things, what would that change be?
8. Is there anything else you would like to say about health in your community?
9. Of all the things discussed today, what is most important to you?

The guiding questions for the Youth Prevention Group were slightly modified because the participants were agency and community-benefit professionals with a different perspective on services and resources:

1. If you had to choose the single most important issue that impacts the youth you work with, what would it be?
2. What resources, programs, or activities are most needed for youth in Plumas County?
3. What can be done by individuals, hospitals, government, and community organizations to support youth?
4. What do you think are the most important local healthcare issues for youth?
5. What are some ways that the Youth Prevention Group could collaborate more efficiently, or improve/expand services in the community?

Because the focus groups were smaller and the discussion was more focused, distinct themes were more readily identified. A preliminary review of focus group feedback resulted in a short list of themes that were important to the individual groups. A consolidated list of all feedback was also created and analyzed, but it is helpful to mention preliminary results for each group here. The full analysis is presented in the Summary of Major Findings section on page 28 below.

The top three preliminary themes from the Criminal Justice group, representing feedback from five participants, were (in descending order of mention): a need for improved senior care in our communities[1]; difficulty finding local dental services; and need for access to pharmacy services and affordable prescriptions.

Representatives from the Latino community, including feedback from five participants, spoke to the following top three themes in descending order of mention: need for improved customer service standards at health care facilities (especially among receptionists and front desk staff); need for CLAS / cultural sensitivity training for health care staff; and need for translation services for non-English speaking patients.

Mental health clients, with feedback from two individuals, brought up the following top three themes in descending order of mention: need for stronger social connections and increased opportunities for social interaction; need increased access to adult education and basic life skills classes; and need for increased access to healthy food options that are affordable on a limited budget.

Among seniors, with participation from seven individuals, the top three themes in descending order of mention were: need for insurance coverage that pays for all necessities; strong social support networks are important, and that helping others can improve quality of life; and that transportation is crucial to health and wellbeing.

For youth and adolescents, from a group of six participants, the top three themes in descending order of mention were: stress is a leading concern for adolescents; drugs and alcohol

[1] Many participants had past or current substance abuse issues, and caring for aging parents or relatives made recovery and rehabilitation more difficult.

have a negative impact on adolescents, but are commonly used; safe and clean community environments free of alcohol and tobacco advertising are important for adolescent wellbeing.

Although the Youth Prevention Group (with representation from ten individuals) had a slightly different set of interview questions, themes were still identified. The top three themes in descending order of mention for this group were: need for more organized activities that are affordable for everyone and ongoing; need for improved support systems for youth (family, community organizations, government agencies); and the need for increased education about sexual & reproductive health and other basic life skills.

As mentioned, individual responses from each focus group were consolidated and comments were grouped together into categories to show topics of most importance across all groups. The results of this analysis differ slightly from the information provided above, due to all responses being combined and coded together. A description of the consolidated results can be found in the Summary of Major Findings section on page 28 below. A detailed listing of focus group themes & comments can be found in Appendix 3 on page 58.

Key Informant Interviews

The final phase of data collection was a series of eleven key informant interviews conducted with local decision-makers, agency leaders, and service providers. The list of interviewees included representatives from: Eastern Plumas Health Care; Greenville Rancheria; Plumas County Behavioral Health Department; Plumas County Board of Supervisors; Plumas County Department of Social Services; Plumas Crisis Intervention and Resource Center; Plumas District Hospital; Plumas Rural Services; Plumas Unified School District; Roundhouse Council; and Seneca Healthcare District.

Nine questions were asked of each interviewee during separate, one-on-one interviews:

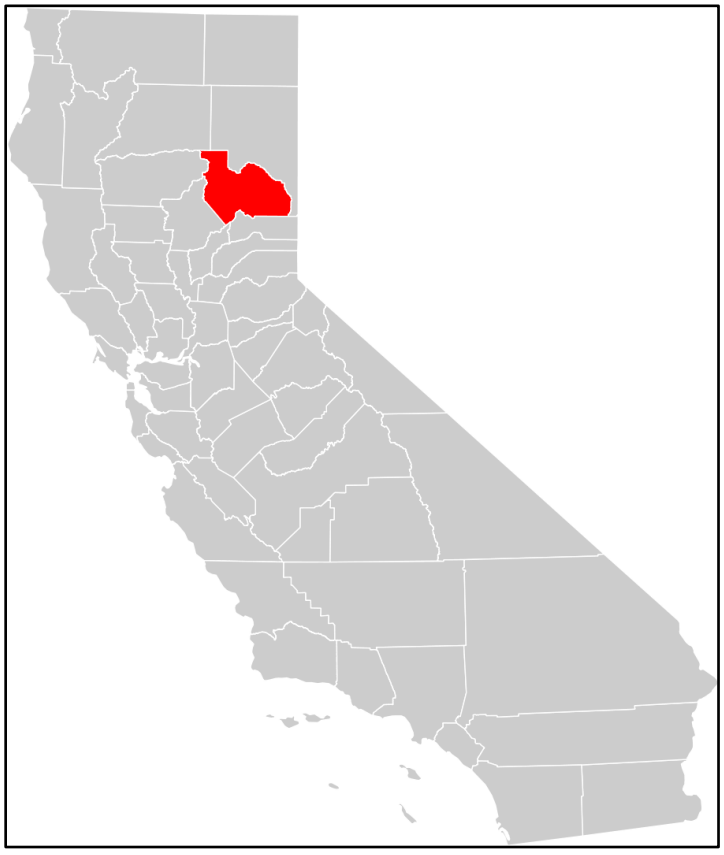
1. What are your overall thoughts about health and quality of life in Plumas County? For example, access to health care services or barriers to accessing care.
2. What is your perception of other community services that support health and wellbeing such as: ambulance services, mental health, alcohol and drug services, nursing homes, physical therapy, home health, vision, and dental care?
3. What do residents in your area think about local health care?
4. What health issues do you see among children, adolescents, seniors, veterans, low income and generally underserved populations in Plumas County?
5. What do you think about the recreation facilities, built environment (sidewalks and other public infrastructure), and programs which support a healthy lifestyle in Plumas County?
6. How can we improve communication to distribute information about services and resources in Plumas County?

7. What are the greatest overall strengths of Plumas County?
8. What are the greatest overall weaknesses of Plumas County?
9. What do you think are the most important local health issues?

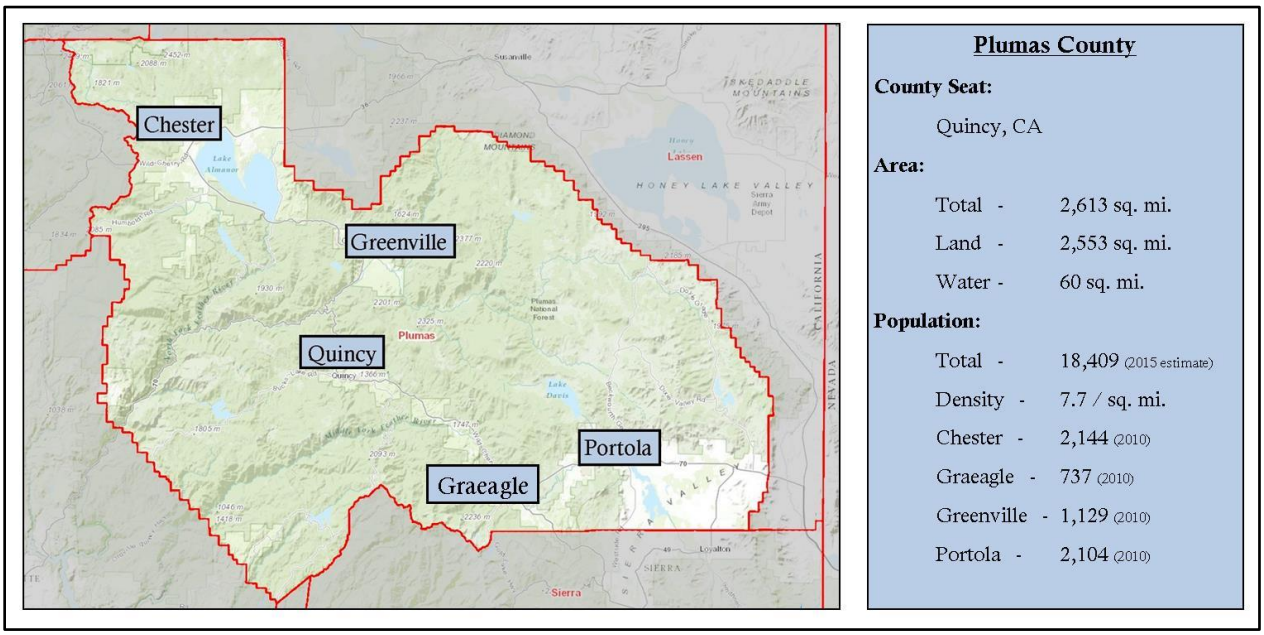
The responses to these questions were consolidated into a single list, and grouped according to topic. The results of this grouping help illustrate which topics were mentioned most often, and were of higher priority for this group of professionals. A description of these results is provided in the Summary of Major Findings section on page 28. A detailed listing of key informant interview themes & comments can be found in Appendix 4 on page 92.

Community Health Profile

Map 1: Location of Plumas County in California



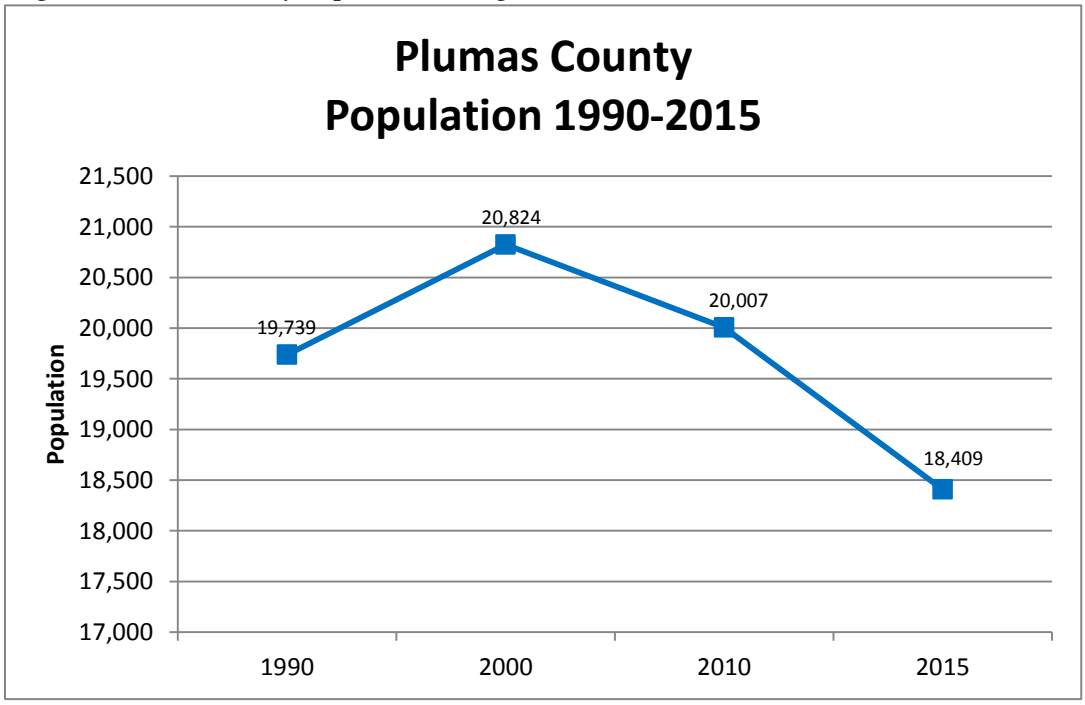
Map 2: Plumas County Fact Sheet



Demographics

Population

Figure 1: Plumas County Population Change 1990-2015

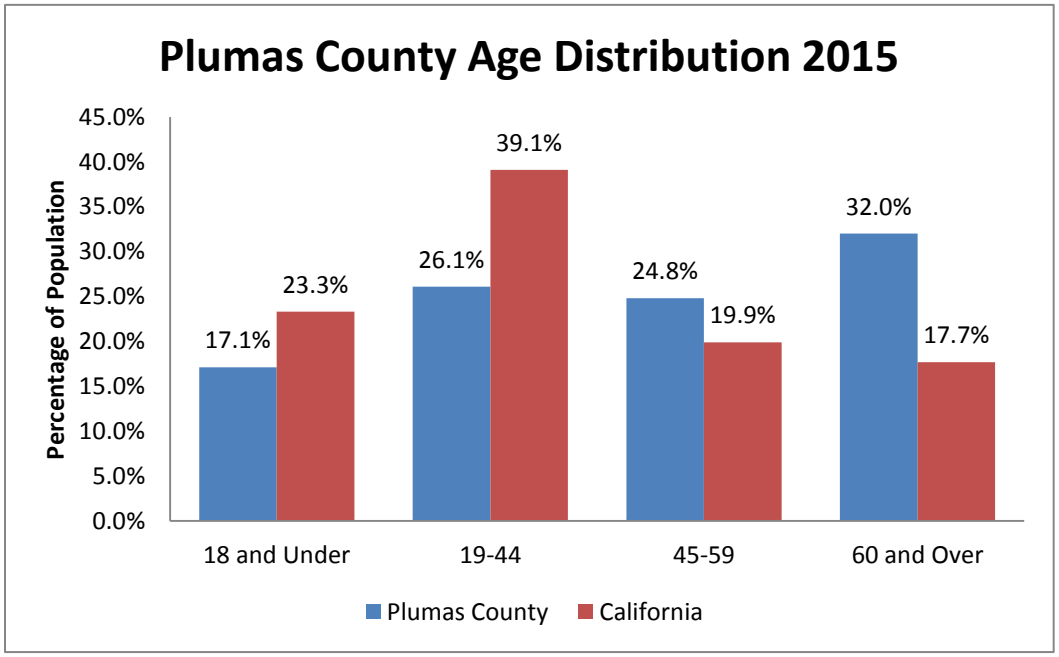


Source: U.S. Census

- Population has decreased by 11.6% since 2000.

Age

Figure2: Plumas County Age Distribution Compared to CA in 2015

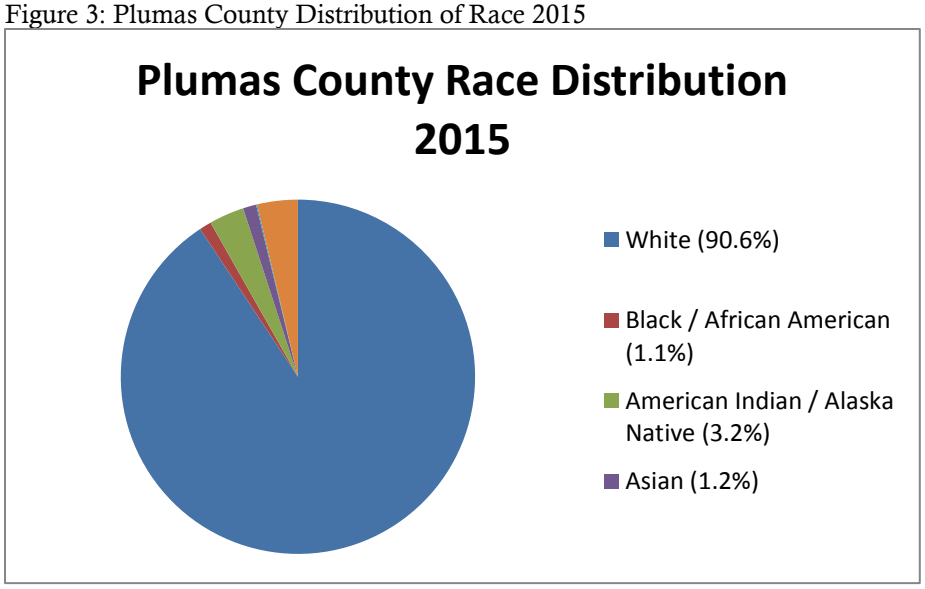


Source: U.S. Census

- The population of individuals 60 years of age and older in Plumas County increased 13.44% between 2010 and 2015 and is nearly double that of California as a whole.
- The population of individuals 18 years of age or younger decreased by 7.9% from 2010-2015 and is 6.2% less than the State.
- The Median age in Plumas County has increased 3.4% between 2010 and 2015, from 49.6 to 51.3. The median age of residents in California is 35.8.

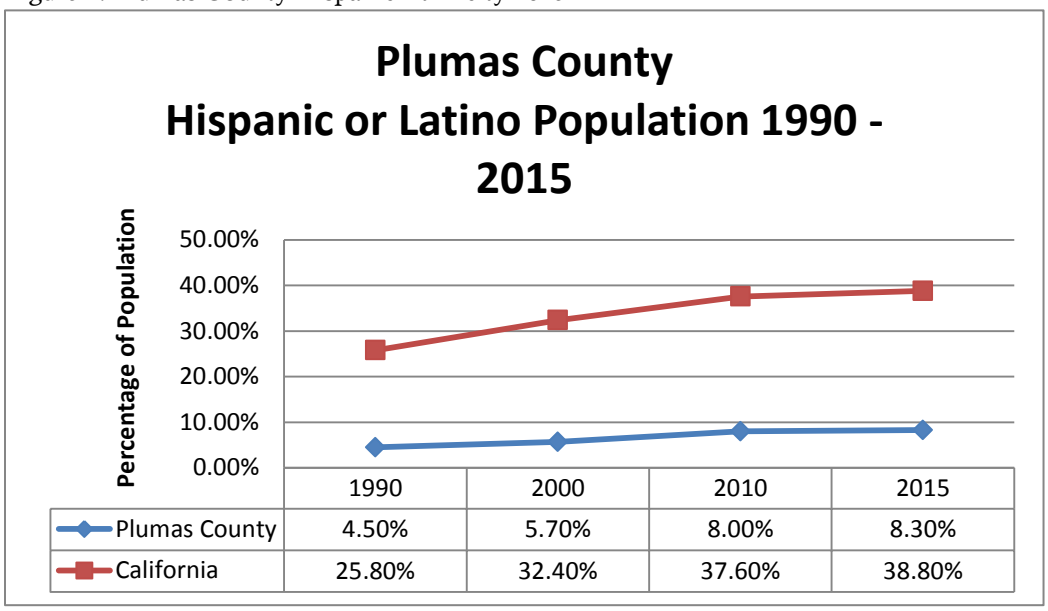
Race /Ethnicity Distribution

Figure 3: Plumas County Distribution of Race 2015



Source: US Census Bureau

Figure 4: Plumas County Hispanic Ethnicity 2015



	1990	2000	2010	2015
Plumas County	4.50%	5.70%	8.00%	8.30%
California	25.80%	32.40%	37.60%	38.80%

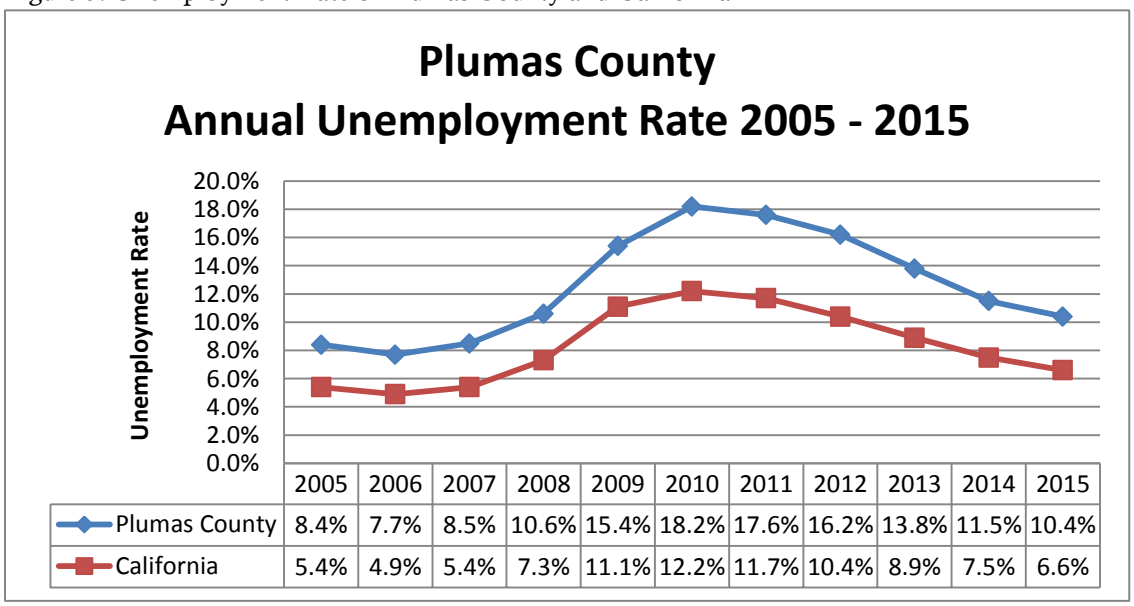
Source: US Census Bureau

- The Hispanic community in Plumas County has nearly doubled since 1990, but in 2015 was a significantly smaller percentage of the population when compared with CA (8.3% and 38.8%, respectively).

Socio-economic Well-being

Employment

Figure 5: Unemployment Rate of Plumas County and California



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Plumas County	8.4%	7.7%	8.5%	10.6%	15.4%	18.2%	17.6%	16.2%	13.8%	11.5%	10.4%
California	5.4%	4.9%	5.4%	7.3%	11.1%	12.2%	11.7%	10.4%	8.9%	7.5%	6.6%

Source: State of California Employment Development Department

- The annual unemployment rate has decreased from a high of 18.2% in 2010 to 10.4% in 2015, which is still 2% higher than 2005 rates.
- The Oct. 2016 rate is 7% (most recent monthly data available at time of writing); or an increase of 909 jobs since 2010.

Figure 6: Unemployment Table by Census Designated Place within Plumas County 2016

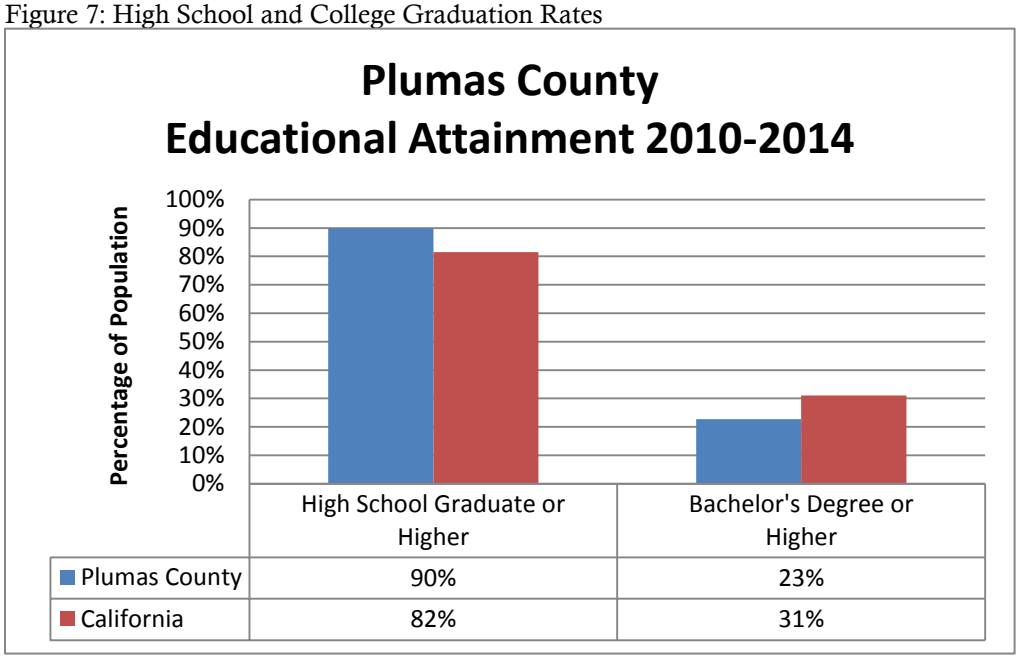
Area Unemployment Rate

Community	2010 Rate	Oct. 2016 Rate
Chester	11.3%	7.7%
East Quincy	18%	4.5%
Graeagle	15.4%	8.2%
Greenville	19.9%	12.1%
Meadow Valley	23.7%	6.2%
Portola	15.4%	13.5%
Quincy	15.9%	3.7%

Source: State of California Employment Development Department

Education

Figure 7: High School and College Graduation Rates

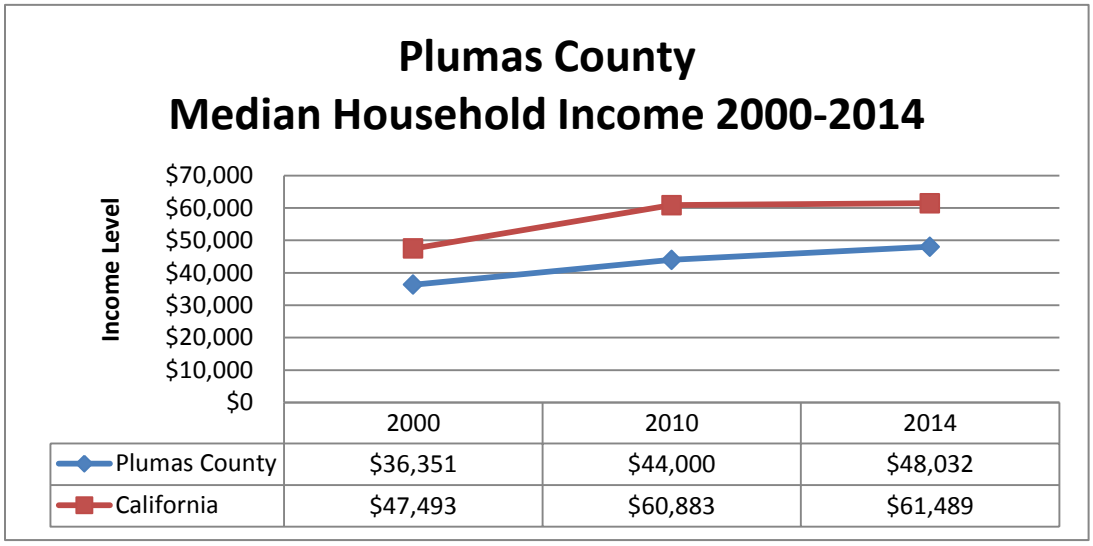


Source: US Census Bureau and CA Department of Education

- The Plumas County high school graduate (or higher) rate between 2010 and 2014 was 90% of the population, while in California for the same years it was 82%.
- The Plumas County Bachelor's degree (or higher) rate between 2010 and 2014 was 23% of the population, while in California for the same years it was 31%.

Income Level

Figure 8: Median Household Income 2000-2014



Source: US Census Bureau

- MHI in Plumas County remains nearly 30% below the MHI for California.

Poverty Level

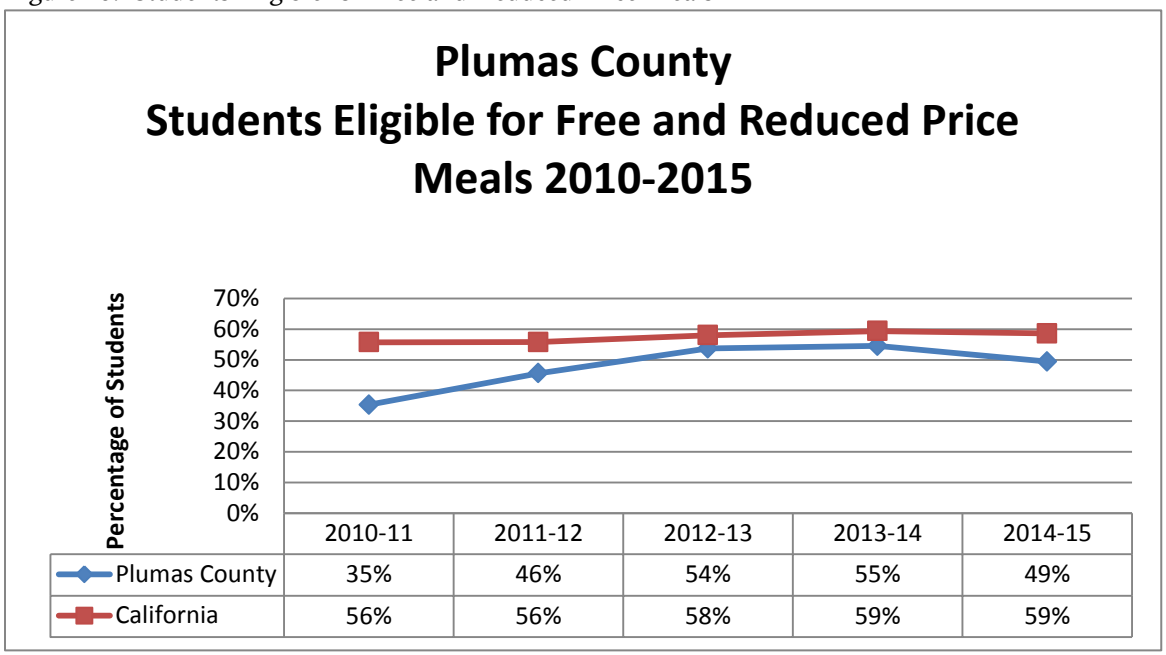
Figure 9: Percent of persons below the federal poverty level in 2010 and 2014

Plumas County	**2010**	**2014**	**CA**
All People	14%	16%	16%
Families	9%	10%	12%
Married Couple families	4%	6%	7%
Families with female householders	25%	26%	28%
Persons under 18 years of age	24%	20%	22%

Source: US Census Bureau

The percentage of the population living below the federal poverty level increased in Plumas County between 2010 and 2014 for all groups except persons under the age of 18. However, rates in Plumas County for 2014 were equal to, or lower than, rates in California.

Figure 10: Students Eligible for Free and Reduced Price Meals

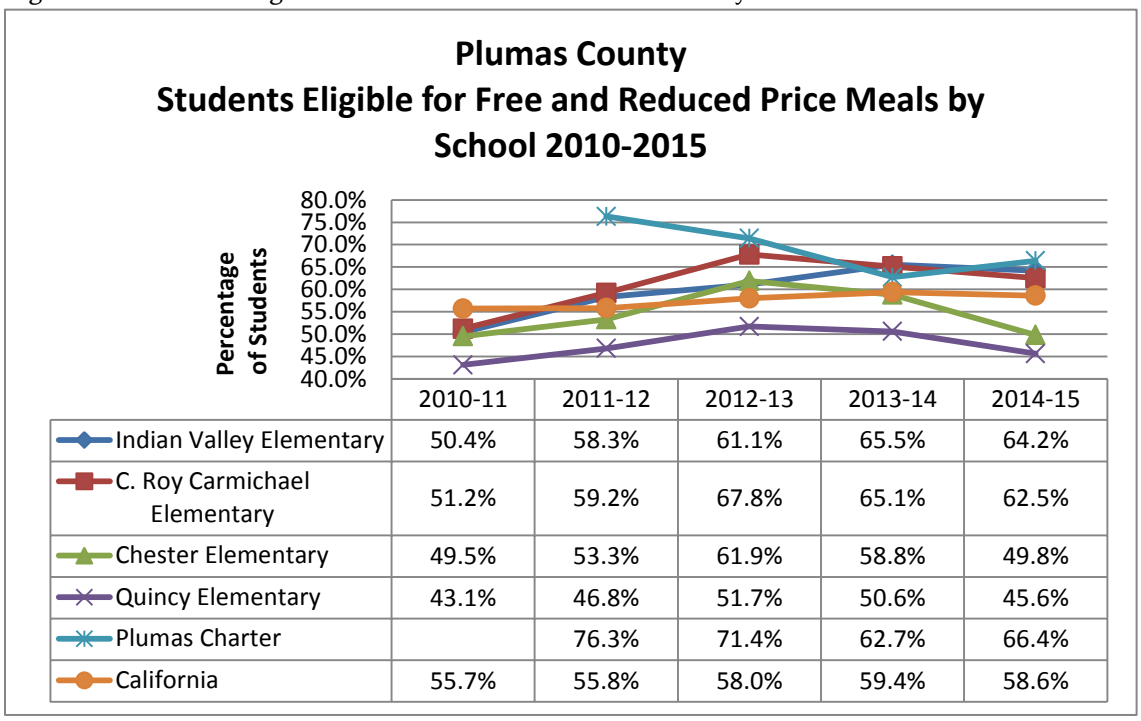


	2010-11	2011-12	2012-13	2013-14	2014-15
Plumas County	35%	46%	54%	55%	49%
California	56%	56%	58%	59%	59%

Source: CA Department of Education

- Free & Reduced Price Meals participation for Plumas County has declined by 6% since the high of 2013-14. However the elementary Schools in Portola and Greenville remain at or near their high of nearly 65% participation and are significantly higher than the rate for CA.

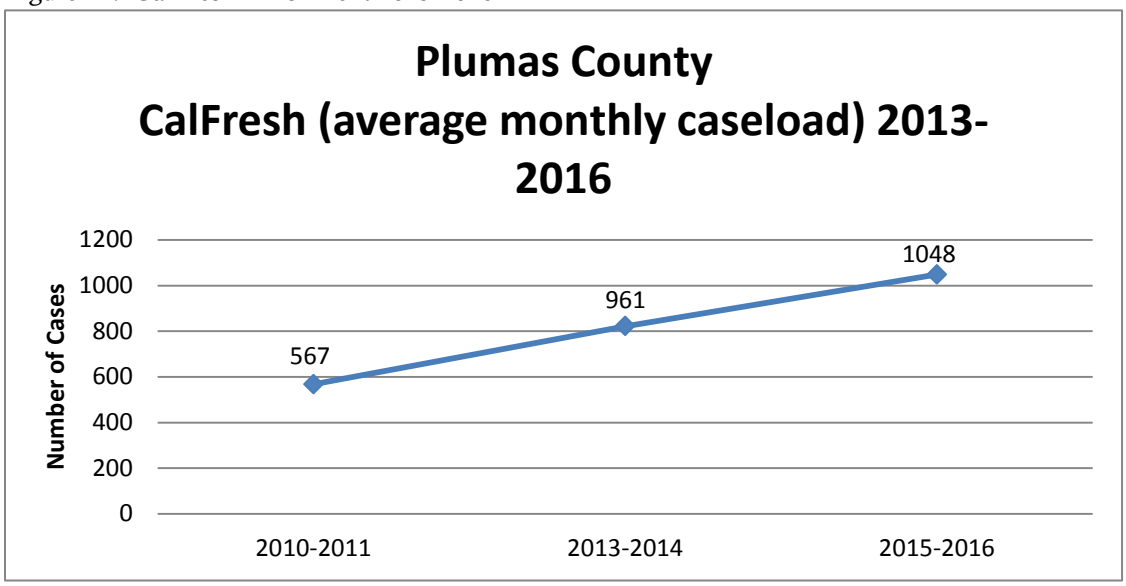
Figure 11: Students Eligible for Free and Reduced Price Meals by School Site



	2010-11	2011-12	2012-13	2013-14	2014-15
Indian Valley Elementary	50.4%	58.3%	61.1%	65.5%	64.2%
C. Roy Carmichael Elementary	51.2%	59.2%	67.8%	65.1%	62.5%
Chester Elementary	49.5%	53.3%	61.9%	58.8%	49.8%
Quincy Elementary	43.1%	46.8%	51.7%	50.6%	45.6%
Plumas Charter		76.3%	71.4%	62.7%	66.4%
California	55.7%	55.8%	58.0%	59.4%	58.6%

Source: CA Department of Education

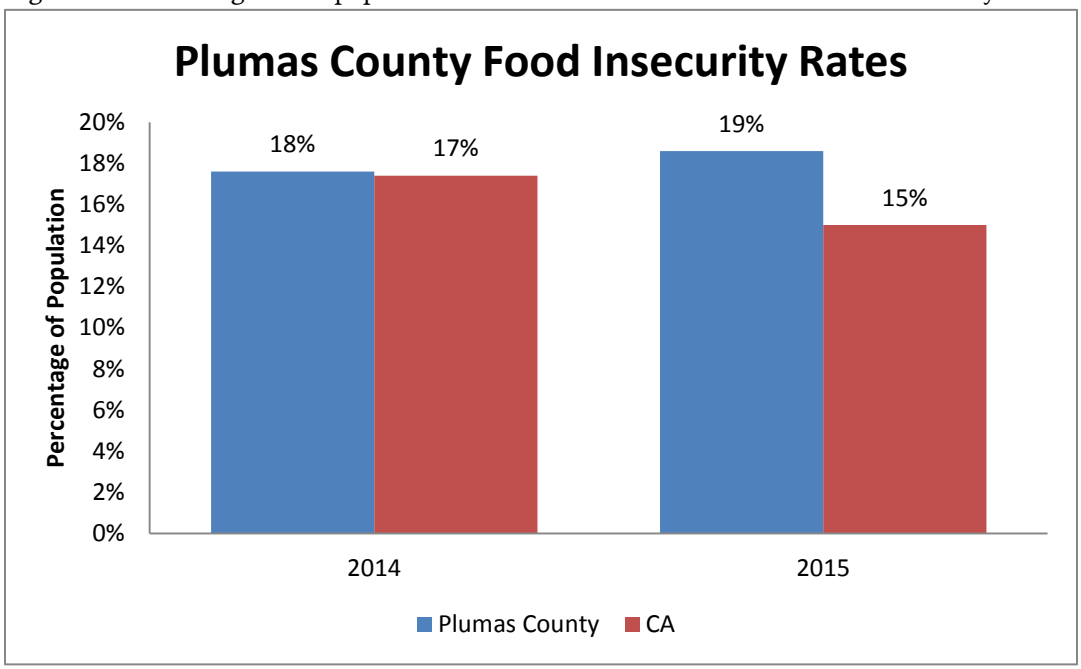
Figure 12: CalFresh Enrollment 2013-2016



Source: Plumas County Social Services

- CalFresh enrollment has nearly doubled since 2010.

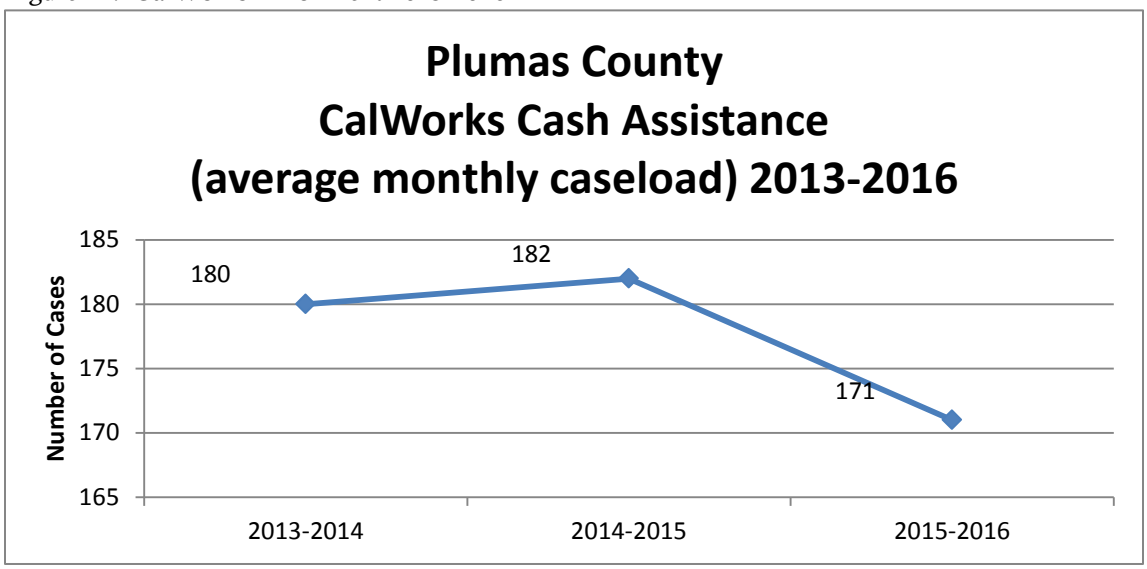
Figure 13: Percentage of the population identified as "food insecure" in Plumas County



Source: CA Department of Public Health, SNAP-Ed Program data

- The percentage of individuals identified as "food insecure" rose 5.5% between 2014 and 2015.
- During the same period, the percentage for CA dropped almost 14%.

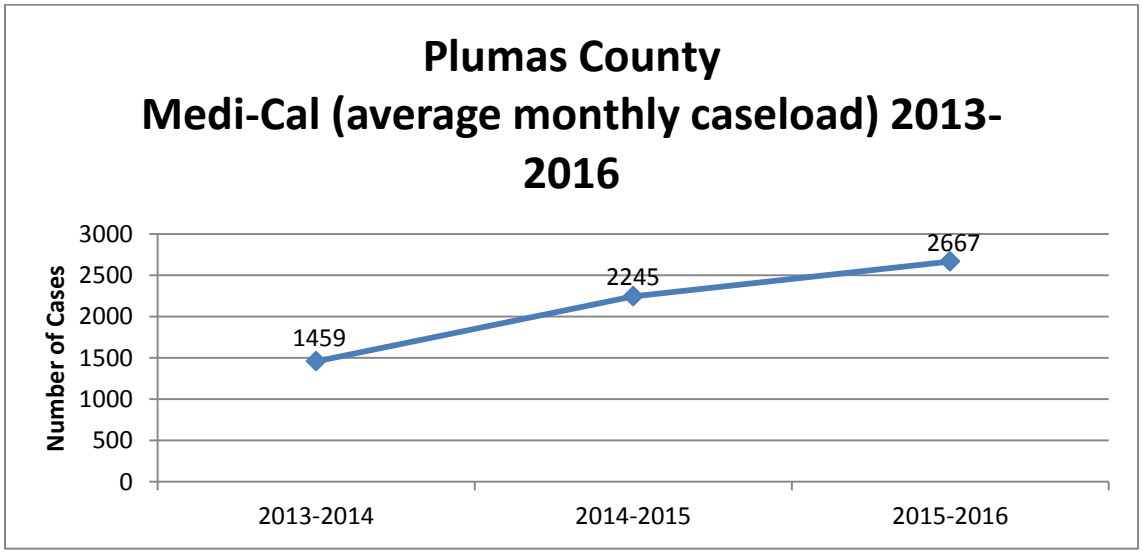
Figure 14: CalWorks Enrollment 2013-2016



Source: Plumas County Social Services

- CalWorks Cash Assistance has declined 5% in the past three years.

Figure 15: Medi-Cal monthly caseload for Plumas County 2013-2016



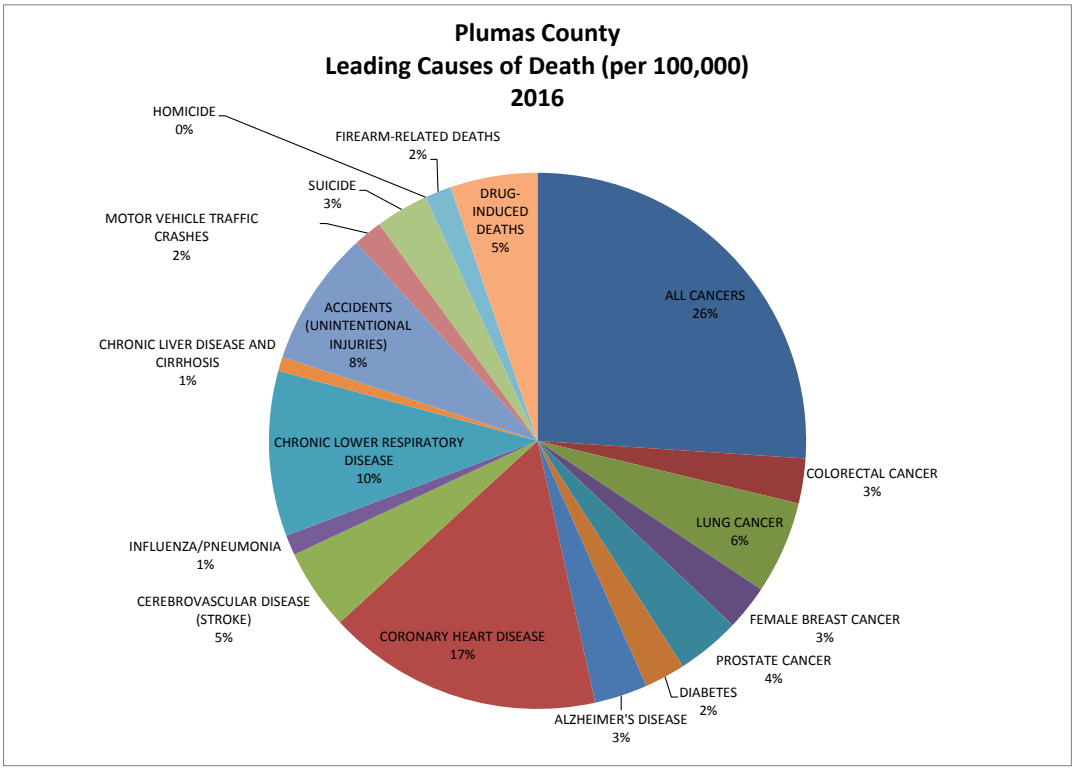
Source: Plumas County Social Services

- Medi-Cal enrollment has increased 83% since 2013. Medi-Cal enrollees represent almost 15% of the total population in Plumas County.

Health Issues & Affected Populations

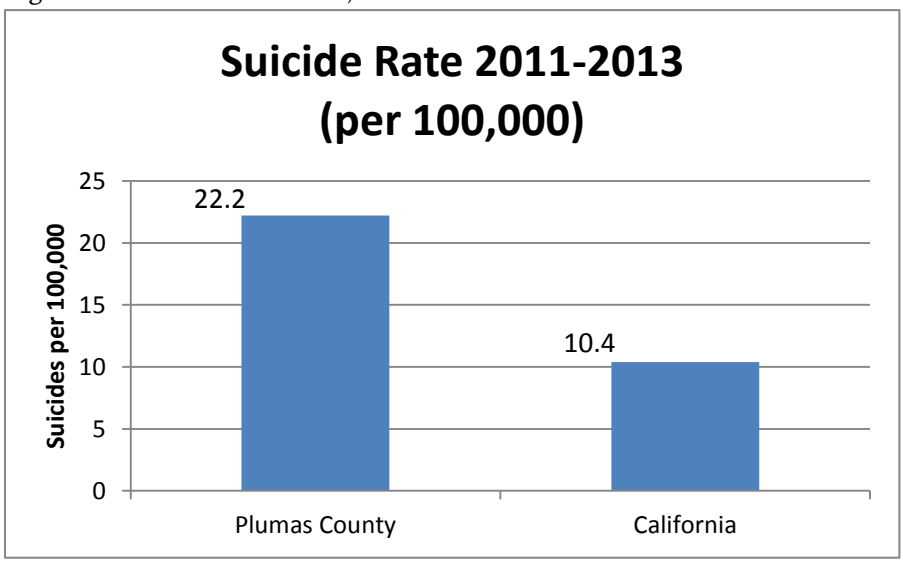
Causes of Death

Figure 16: Leading Causes of Death in Plumas County, 2016



Source: CA Department of Public Health, Vital Statistics

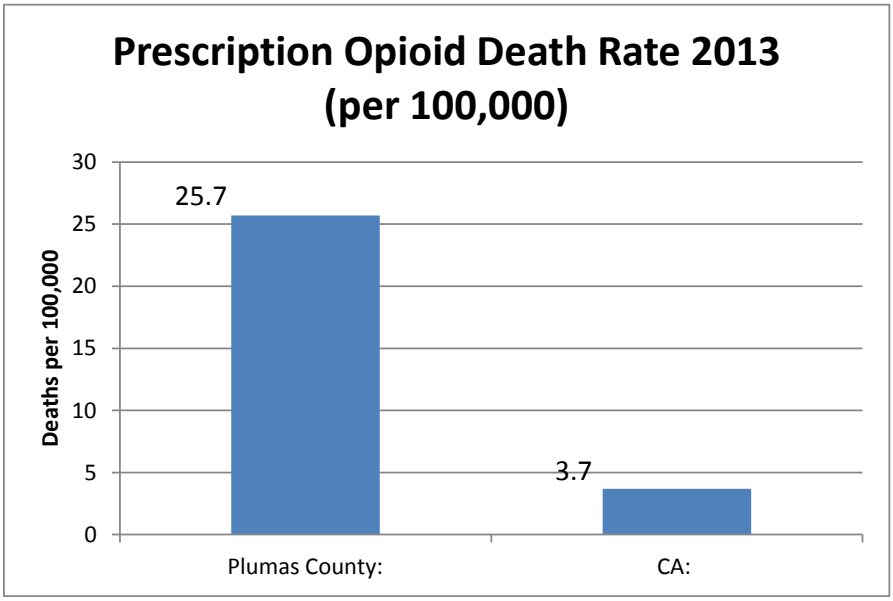
Figure 17: Suicide Death Rate, 2013



Source: CA Department of Public Health, 2011-13 Death Statistics

- Plumas County suicide rate is 113% higher than that of the CA.

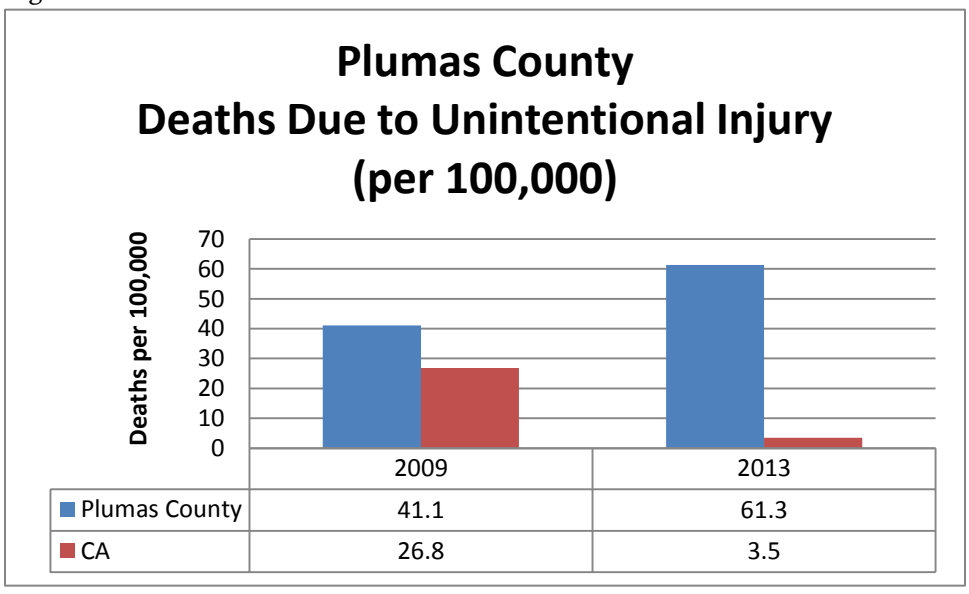
Figure 18: Opioid Overdose Death Rate, 2013



Source: CA Department of Public Health

- Plumas County has nearly 7 times the incidence of opioid overdose than CA

Figure 19: Accidental Deaths 2009 – 2013

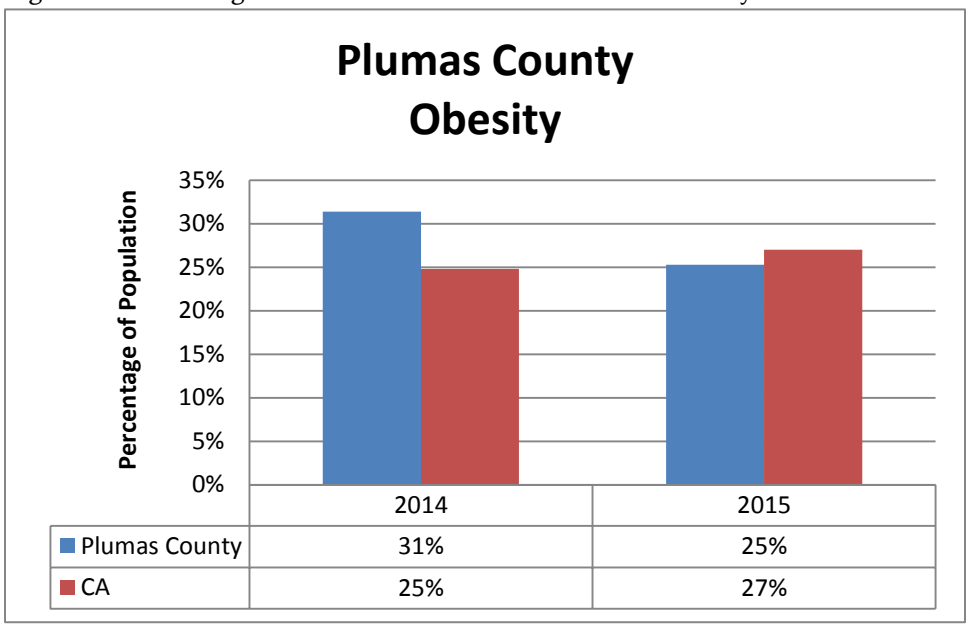


Source: CA Department of Public Health, Injury Data

- Accidental Deaths increased 50% from 2009 to 2013
- The rate of Accidental Deaths in Plumas County is 20 times that in CA

Health Issues and Access to Care

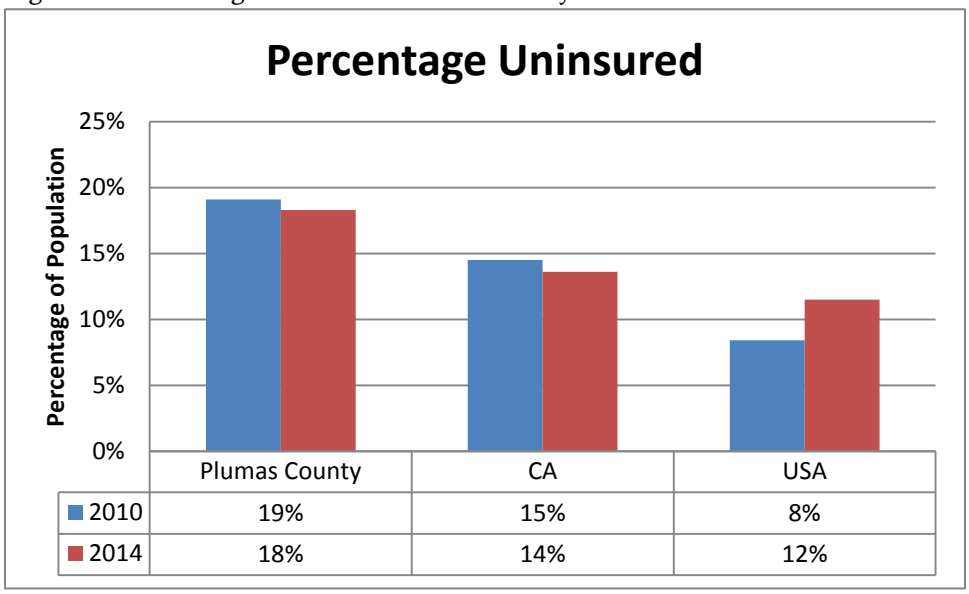
Figure 20: Percentage of Adults who are Obese in Plumas County



Source: CA Department of Public Health – SNAP-Ed Program

- Obesity rates in Plumas County have dropped nearly 20% in the past year.

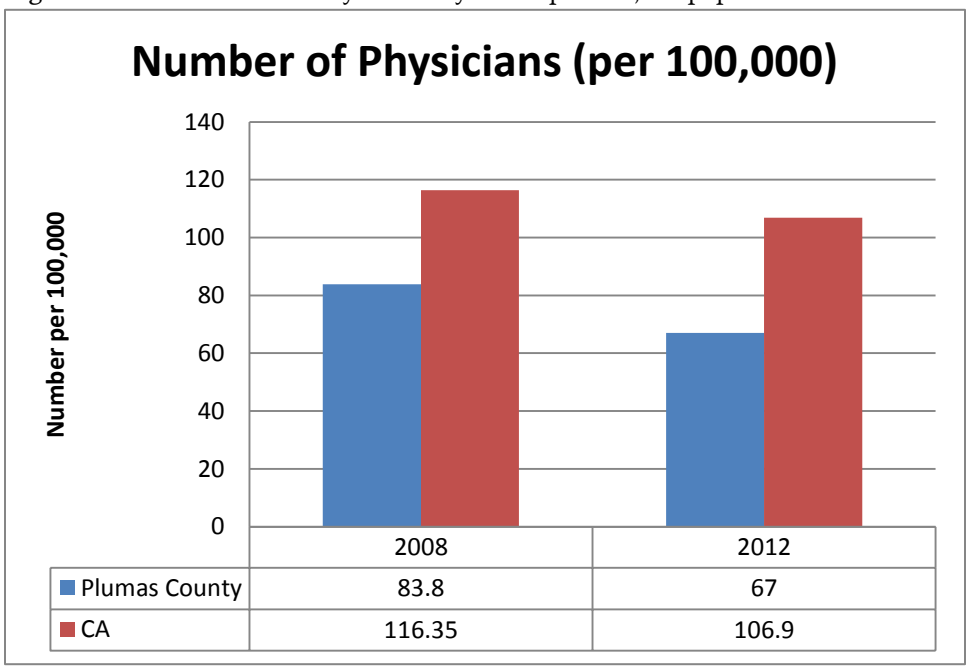
Figure 21: Percentage of adults in Plumas County with no health insurance



Source: US Census Bureau, American Community Survey

- The percentage of persons who are uninsured has remained fairly level between 2010 – 2014.

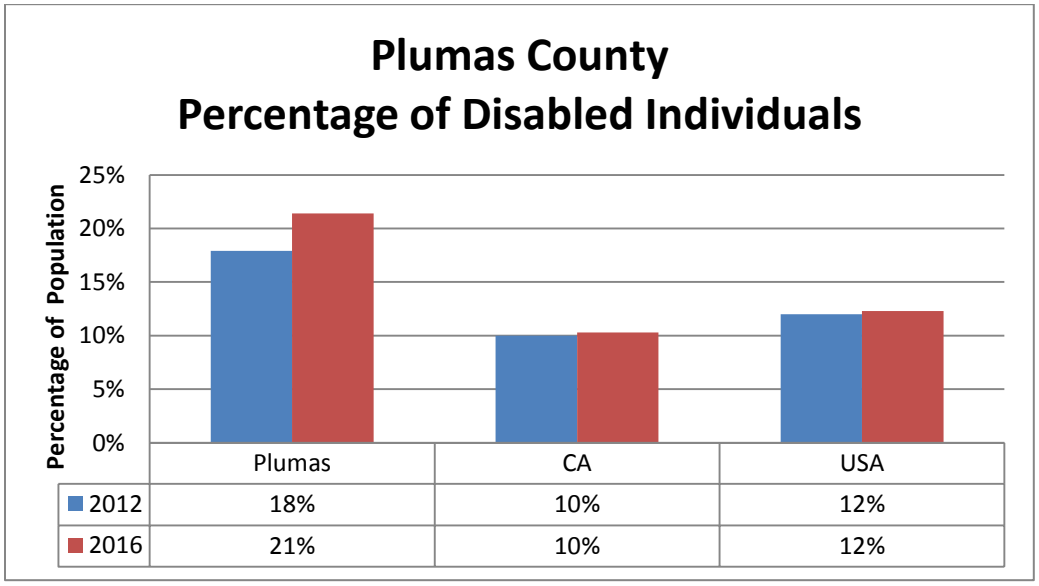
Figure 22: Number of Primary Care Physicians per 100,000 population



Source: HRSA Area Resource File

- The number of physicians in Plumas County declined 20% between 2008 and 2012 and is almost 60% lower than the rate of physicians per 100,000 in CA.

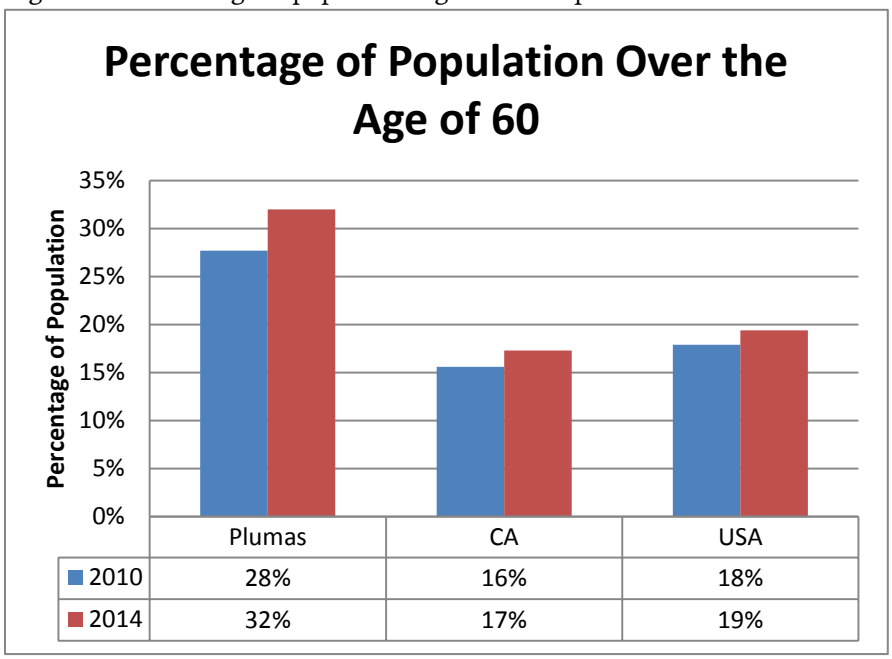
Figure 23: Percentage of the population who are disabled in Plumas County



Source: US Census Bureau

- The percentage of persons with disabilities living in Plumas County rose nearly 20% from 2012 to 2016 and is more than double the rate for CA.

Figure 24: Percentage of population ages 60 and up

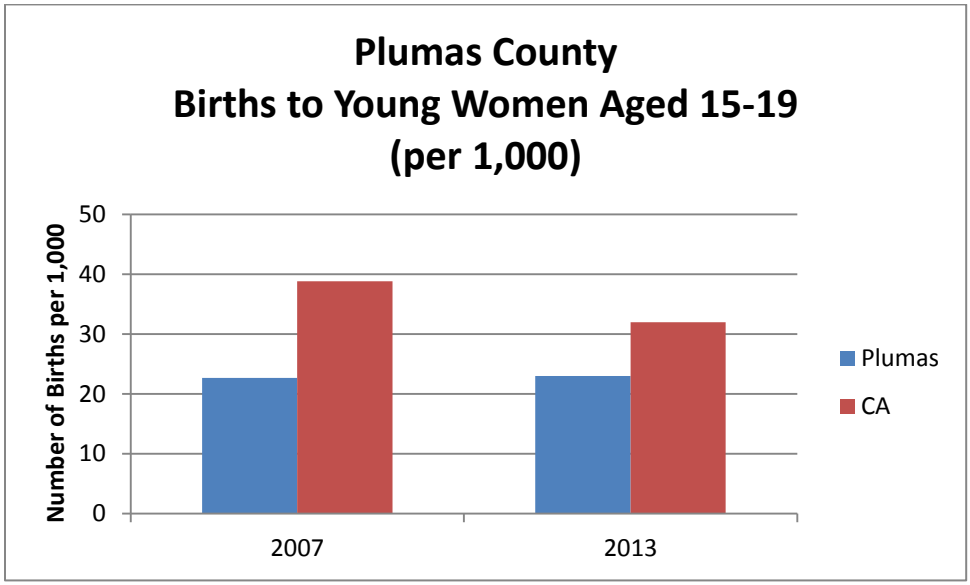


Source: US Census Bureau

- The percentage of residents age 60 and up living in Plumas County rose nearly 15% between 2010 to 2014 and is 85% higher than in CA.

Maternal & Child Health

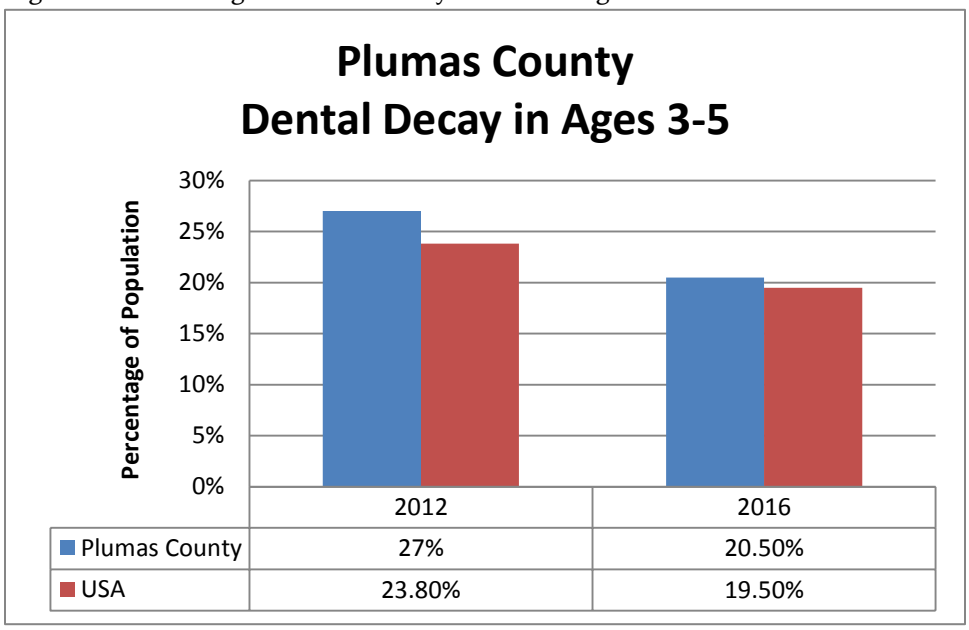
Figure 25: Teen (women ages 15-19) birth rate 2007 – 2013



Source: National Center for Health Statistics, County Health Rankings

- Births to young women ages 15-19 remained constant between 2007-13 and is significantly lower than the rate in CA.

Figure 26: Percentage of Dental Decay in children ages 3 to 5

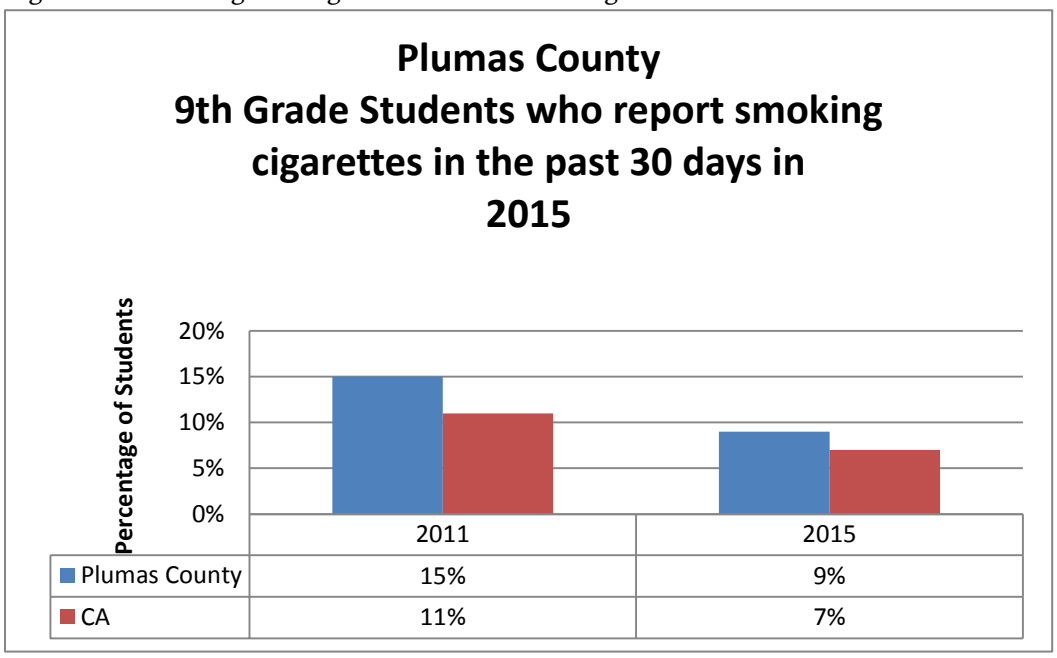


Source: Plumas County Public Health Agency, Oral Health Screening Program

- The rate of dental decay in children ages 3 to 5 fell 24% between 2012 and 2016.

Health Behaviors – Mental Health - Youth

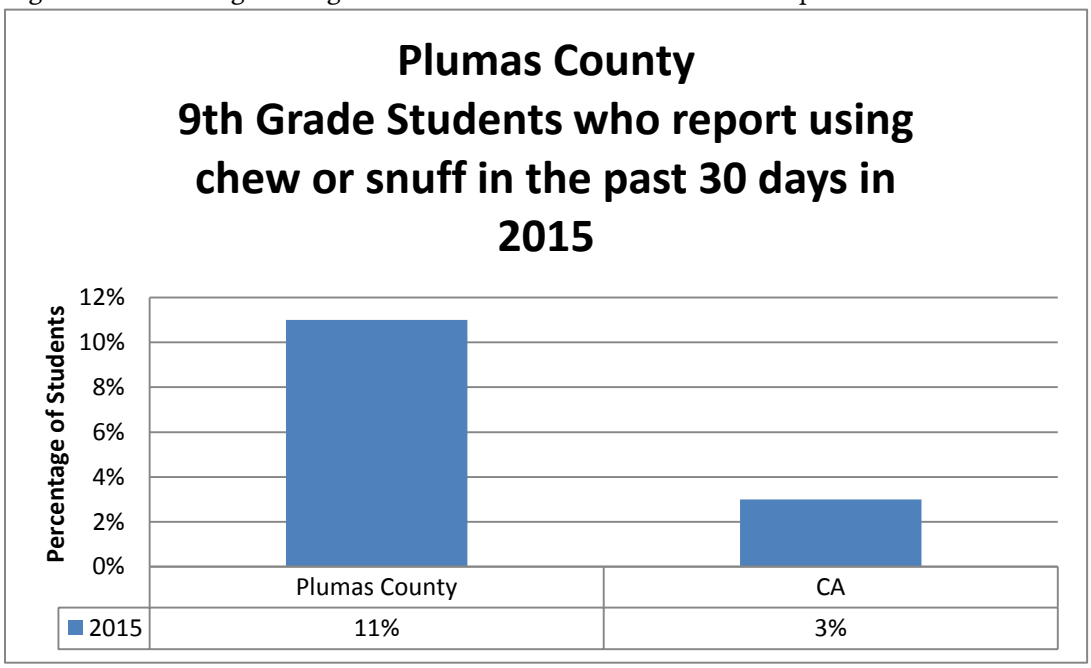
Figure 27: Percentage of 9th grade student who use cigarettes



Source: CA Healthy Kids Survey

- The percentage of youth who report using cigarettes in the past 30 days has dropped 40% between 2011 to 2015.

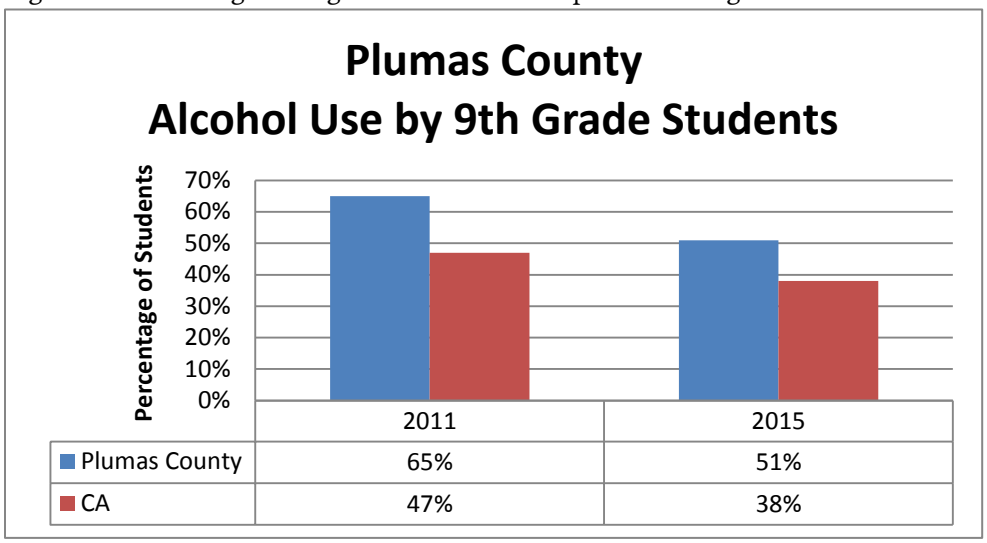
Figure 28: Percentage of 9th grade student who use smokeless tobacco products



Source: CA Healthy Kids Survey

- The rate of smokeless tobacco usage among 9th grade students in Plumas County is 2½ times greater than that of student in CA.

Figure 29: Percentage of 9th grade students who report ever using alcohol

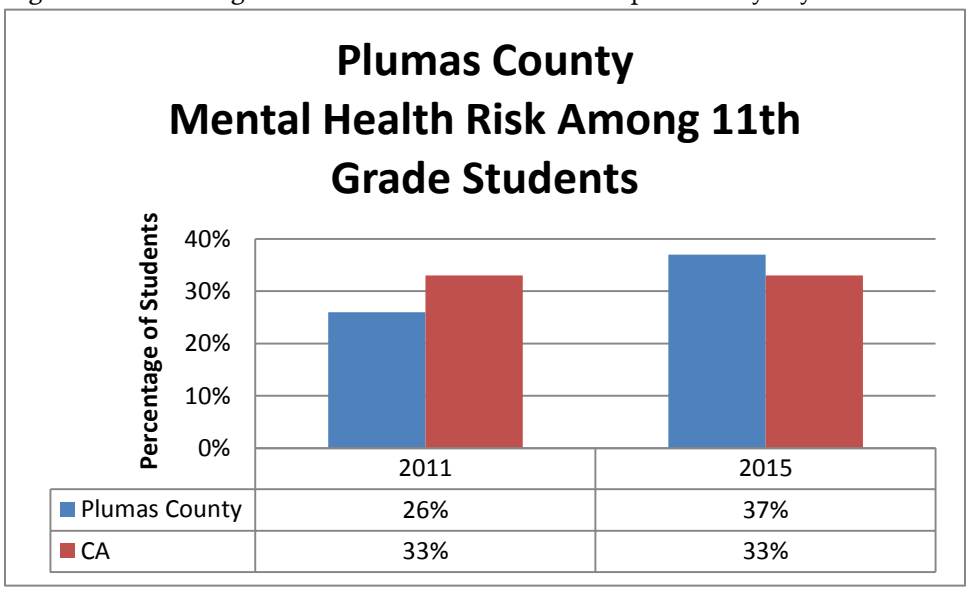


Source: CA Healthy Kids Survey

- The percentage of youth who report ever using alcohol has dropped 21.5% between 2011 to 2015.

- The rate of alcohol usage by youth in Plumas County is 25% higher than CA

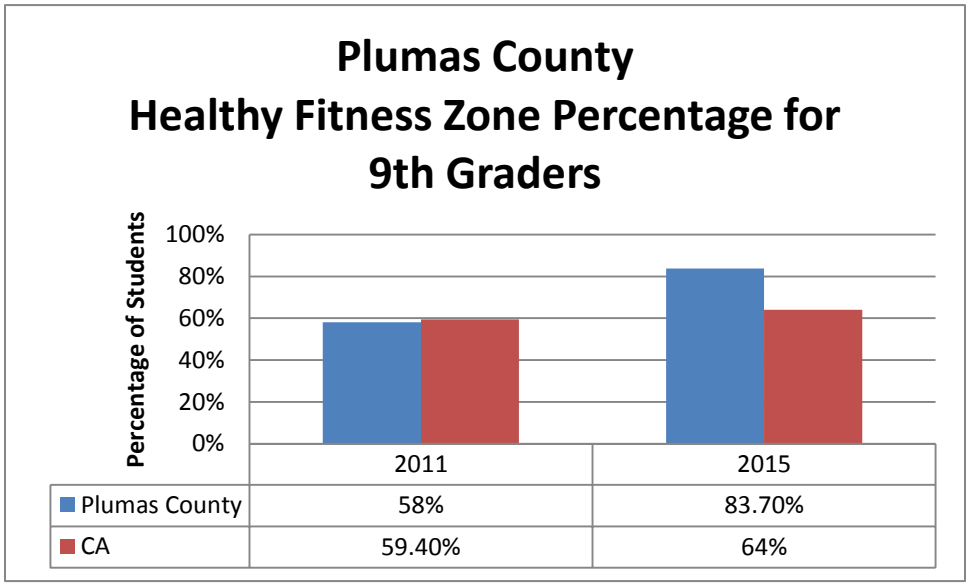
Figure 30: Percentage of adolescents who felt sad or hopeless every day for 2 weeks



Source: CA Healthy Kids Survey

- The percentage of 9th grade students in Plumas County who felt so sad or hopeless every day for 2 weeks or more that they stopped doing some usual activities increased 42% between 2011 and 2015.

Figure 31: Percentage of 9th grade students in the "Healthy Fitness Zone"



Source: CA Department of Education, Fitness Test Statistics

- The percentage of 9th grade students who were in the "Healthy Fitness Zone" for body composition during physical fitness testing increased by 44% between 2011 and 2015.

Summary of Major Findings

Plumas County is a unique and beautiful corner of far northeastern California. Encompassing 2,613 square miles of rugged mountain terrain in the Sierra Nevada Range, it is home to a low population density, and small, diffuse rural communities. The National Center for Frontier Communities ranks Plumas County as almost entirely Frontier Area, indicating the county's remoteness, geographic isolation, sparse population, lack of services, and extreme travel distances between communities. Travel within the county and to the nearest cities of Reno or Chico can be severely impacted due to adverse winter weather. All of these factors, and more, affect the health and wellbeing of county residents.

Beginning with the 2012 CHA/CHIP, impacts to health and wellbeing were divided into three broad categories: access to health services; healthy behaviors, and community resources[2]. These categories are helpful for understanding the benefits and challenges that confront Plumas County residents, and were used to set priorities for action when developing the CHIP in 2012. They are used here as a way to categorize the major findings resulting from CHA data collection, and can be easily cross-referenced to the forthcoming CHIP document developed from the information presented here.

The following is a narrative description of some of the most important factors that impact Plumas County health and wellbeing. These factors were selected for mention here during the data review and analysis process. They address some of the most important issues, and don't include all of the data collected.

Community Resources

Some of the major Social Determinants of Health (see definition on page 1) for Plumas County are local economic conditions. The majority of the land in Plumas County is part of the Plumas National Forest, and the area has a long economic history of natural resource extraction. The first European inhabitants migrated into the region for mining purposes, and timber harvest followed as one of the major economic drivers in the area. Employment in the timber industry has declined in recent decades, and high unemployment rates are common. In one extreme example during February of 2010, unemployment rates rose to 24%. The situation has improved since the official end of the Great Recession, but Plumas County unemployment rates are still consistently higher than the average for the State of California (see Figures 5 and 6 on page 14 and 15).

Unemployment rates in Plumas County are directly linked to seasonal employment of the area. During the winter months unemployment rises due to lack of outdoor jobs or reduced employment in industries that become less active due to winter weather. For example, in January of

[2] These categories were originally called "Increase Access to Health Care", "Improve Health Behaviors", and "Optimize Current Resources" in the 2012 CHIP.

2016 the unemployment rate was 14%, but dropped to 7% in August. This is higher than the unemployment rate for California, which experienced overall rates of 5.7% in January and 5.5% in August of 2016.

Even for the employed workforce, economic conditions may be less favorable than in other parts of California. The median household income in Plumas County is consistently lower than the California average. In 2014, the median household income for Plumas County was $48,032 and in California it was $61,489.

High unemployment and lower wages influence other socio-economic conditions. For example, rates of eligibility in Free & Reduced Priced Meals (FRPM) programs at most local elementary schools are higher than the California average (see Figure 10 and 11 on page 17). Although these rates have declined since the 2012/2013 school year (except at Plumas Charter), on average they are higher.

Enrollment for CalFresh benefits, formerly known as food stamps, continues to increase. Between 2013 and 2016, average monthly caseloads increased by 27.5%. CalFresh enrollment has almost doubled since 2010, even as more people find jobs in the post-Great Recession market. Food insecurity rates also continue to rise, and are higher than the California average. In 2015 the percentage of the population that was defined as food insecure was 18.6% in Plumas County, and 15% in California.

Lack of transportation options was a common concern mentioned during Community Forums, Focus Groups, and Key Informant Interviews. Long distances through mountainous terrain make travel between communities difficult in Plumas County. This is especially true for those without access to a vehicle. Public transportation does exist, but routes are limited due to the logistics of operating a financially viable system in such a geographically disperse area. Low-income individuals or those with limited resources are negatively impacted by this situation, which has implications for accessing health care, access to healthy and affordable food, and many other quality of life issues.

One issue not tied directly to economic factors is the role of social support networks. The importance of social support was mentioned multiple times across many different populations during Community Forums and Focus Groups. Some people indicated that one benefit of small town, rural life was the fact that there is a very strong social support system. Willingness of community members to help one another during difficult times was cited as a positive aspect of life in Plumas County. Conversely, some groups felt that they needed more social support or opportunities to interact with fellow community members. Many people felt that mental and emotional wellbeing could be increased through more frequent social interaction.

Lack of awareness of existing resources was also cited as a concern. Many Community Forum, Focus Group, and Key Informant Interview participants expressed that although helpful resources and services exist throughout Plumas County, many people don't know they are available or where to access them. This can be problematic for long-term residents trying to navigate through

a confusing system of agencies and organizations, as well as for new-arrivals to the county trying to orient themselves to a new community. A centralized resource guide that is well known and widely available was mentioned as a need.

Healthy Behaviors

Plumas County was ranked number one in the State of California in the rate of prescription opioid overdose deaths in 2013. The Plumas County rate of overdose death was 25.7 deaths per 100,000 people, while the rate for California was 3.7 that same year. That means prescription overdose deaths in Plumas County are almost seven times more frequent than in the rest of California. This striking figure highlights one of the most divergent trends in all the data reviewed.

High suicide rates are another area of concern. The average suicide rate in Plumas County between 2011 and 2013 was 22.2 suicides per 100,000 people, while the rate for California was 10.4 during that same time. This represents a 113% higher rate in Plumas County.

Another striking figure related to mental health issues is the rate of sadness or hopelessness among adolescents. In 2015, thirty-seven percent of 9th graders reported feeling so sad or hopeless every day for two weeks or more that they stopped doing some usual activities. There was a 42% increase in this trend between 2011 and 2015. The Plumas County rate surpassed that of California by 4% in 2015.

Lack of activities for youth was regularly cited as a concern during Community Forums, Focus Groups, and Key Informant Interviews. References to this concern included lack of infrastructure or formal space for recreation, lack of organized activities, and lack of non-sports options. Another concern was that even when these activities exist, low-income families are often unable to provide opportunities to their children. One difficulty is that funding for these types of activities is often limited or inconsistent, and some programs that have provided opportunities for youth in the past no longer exist. The perception of community partners is that lack of activities for youth leads to increased use of alcohol, tobacco, or other drugs, and general unhealthy behaviors.

Access to Health Services

One of the most traditional ways to think about health is in regard to medical services, health care clinics and hospitals, and doctor visits. One topic that was mentioned multiple times during Community Forums, Focus Groups, and Key Informant Interviews was the issue of health workforce recruitment and retention. Plumas County experiences a primary care physician density that is far lower than the rest of California. In 2008, Plumas County had 83.8 primary care physicians per 100,000 people, while California in general had 116.4. This number decreased in 2012, with only 67 primary care physicians per 100,000 Plumas County residents and 106.9 for California.

The downward trend in primary care provider numbers in Plumas County speaks to the difficulty of recruiting and retaining physicians. Although the region boasts beautiful natural amenities and a rural lifestyle that appeals to many, the remoteness, lack of retail options, and lower wages were mentioned as reasons some physicians decide not to relocate to the area. Competing job

markets in metropolitan and urban areas pay higher wages, and appear to be more attractive to potential candidates.

From the patient perspective, a major concern is the relative lack of access to specialty care. Many patients must travel outside the county for specialty care. This is a financial burden for some, and repeated trips to Reno, Chico, or beyond can be place real strain on families. This may be especially true for the high percentage of the population over 60 years of age. And even for those willing and able to seek specialty care outside the county, severe winter weather can sometimes make this impossible.

From the hospital perspective, the low population density of the county makes fully staffing many specialty care positions financially impractical. In many cases, the cost of hiring a specialist does not balance out with the relatively few patient visits that doctor would generate. This disconnect between patient need and financial viability of hiring specialists has been a long-recognized challenge for local hospitals.

Another concern from the patient perspective that became apparent during Focus Group sessions is a lack of appropriate customer service by front desk staff. Examples of this often included mention of discourteous behavior, unwillingness to accommodate non-English speakers, or difficulty with scheduling, referrals, or insurance verification. Feedback indicates that this shortcoming was generally limited to receptionists or other similar positions, and does not reflect on the attitude of nurses, doctors, or administrators.

Acknowledgements

The work presented here would not have been possible without the contribution and assistance of a number of committed individuals across Plumas County. Plumas County Public Health Agency would like to extend its sincerest gratitude to everyone that helped make the Community Health Assessment process a success. This includes not only staff from local health care providers and community benefit organizations, but also the participation of more than a hundred community members that came out to provide feedback. Special thanks go to staff and Administrators from Eastern Plumas Health Care, Greenville Rancheria Tribal Clinic, Plumas District Hospital, and Seneca Healthcare District. The work presented here would have been limited in scope and meaning without the help and commitment of these health care partners.

Appendix 1:

HEALTH INDICATORS

Access to Care				
1 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
1.1 Persons with medical Insurance	i. The proportion of the population with health insurance	***Local:***	80.90%	81.70%
		State:	85.50%	86.40%
		National:	83.20%	88.50%
	ii. The proportion of the population that has no health insurance	***Local:***	19.10%	18.30%
		State:	14.50%	13.60%
		National:	8.40%	11.50%
	iii.The proportion of children (<19 yrs) who have no health insurance	***Local:***	9.70%	10.30%
		State:	10%	8%
		National:	9.70%	4.50%
	iv. The proportion of ER visits which are self-pay	***Local:***	7.90%	5.20%
		State:		1.49%
		National:		14.30%
1.2 Persons with a usual primary care provider	i. Number of Primary Care Providers Per 100,000 population	***Local:***	83.8	67
		State:	116.35	106.9
		National:		

Chronic Diseases				
2 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
2.1 Cancer	i. Age adjusted rate of all cancers per 100,000 population	***Local:***	428.8	656.7
		State:	474.7	411.2
		National:		
	ii. Age adjusted rate of lung cancer per 100, 000 population	***Local:***	62.9	57.2
		State:	52.5	43.6
		National:		
	iii. Age adjusted rate of other respiratory cancers per 100,000 population	***Local:***	66	
		State:	56.2	
		National:		
2.2 Diabetes	i. Percentage of adults who are overwieght	***Local:***	***2014:*** 68.7%	***2015:*** 54.2%
		State:	***2014:*** 59.8%	***2015:*** 62.5%
		National:		
	ii. Percentage of adults who are obese	***Local:***	***2014:*** 31.4%	***2015:*** 25.3%
		State:	***2014:*** 24.8%	***2015:*** 27%
		National:		
2.3 Asthma	i. The age adjusted rate per 100,000 of hospitalizations due to asthma	***Local:***	6.94	7.66
		State:	9.42	9.98
		National:		
	ii. The age adjusted rate per 100,000 of ER visits due to asthma	***Local:***	56.61	46.02
		State:	47.99	49.69
		National:		

Clinical Care				
3 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
3.1 Healthcare Utilization	i. The rate of ER visits due to unitntentional injuries per 100,000	***Local:***	10,481.10	10,264.70
		State:	5,143	6104.2
		National:	9,219.30	9,062.59
Environment				
4 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
4.1 Air Quality	i Number of days during the year which the air quality was unhealthy for sensitive groups, generally unhealthy or very unhealhty (AQI >100)	***Local:***	9 days	14 days
		State:		
		National:	11 days	
	ii. Air pollution particulate Matter days	***Local:***	2 unhealthy air quality days	132 days had PM2.5 pollutant values
		State:	***1*** 6 unhealthy air quality days	
		National:		
	iii. Air pollution oozone days	***Local:***	0 unhealthy air quality days	0 unhealthy air quality days
		State:	51 unhealthy air quality days	
		National:		
4.2 Built Environment	i. The percentage of housing units which are vacant	***Local:***	43%	7.50%
		State:	8%	2.96%
		National:	12.80%	4.90%
	ii. Housing ownership rate	***Local:***	65.60%	71.50%
		State:	57.40%	54.80%
		National:	66.60%	64.40%
Health Behaviors				
5 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
5.1 Alcohol	i. The percentage of Adolescents who report ever using alcohol	***Local:***	***7th Grade:*** 32% ***9th Grade:*** 65% ***11th Grade:*** 77%	***7th Grade:*** *20%* ***9th Grade:*** *51%* ***11th Grade:*** *68%*
		State:	***7th Grade:*** 24% ***9th Grade:*** 47% ***11th Grade:*** 66%	***7th Grade:*** 19% ***9th Grade:*** *38%* ***11th Grade:*** 61%
		National:		
	ii. The percentage of adolescents who report drinking alcohol in the past 30 days	***Local:***	***7th Grade:*** 19% ***9th Grade:*** 37% ***11th Grade:*** 52%	***7th Grade:*** 9% ***9th Grade:*** 29% ***11th Grade:*** 42%
		State:	***7th Grade:*** 15% . ***9th Grade:*** 24% ***11th Grade:*** 42%	***7th Grade:*** 11% ***9th Grade:*** 20% ***11th Grade:*** 33%
		National:		

	iii. The Percentage of adolescents who report ever being sick or "drunk" from drinking	***Local:***	***7th Grade:*** 11% ***9th Grade:*** 45% ***11th:*** 60%	***7th Grade:*** 8% ***9th Grade:*** *3* 1% ***11th Grade:*** 51%
		State:	***State:***	***7th Grade:*** 9% ***9th Grade:*** 21% ***11th Grade:*** *30%*
		National:		
	iv. Number of DUI Arrests	***Local:***	243 arrests	164 DUI arrests (approx. 874 per 100,000)
		State:		172,893 712 per 100,000 or .07%
		National:		
5.2 Oral Health	i.The proportion of young children aged 3-5 with untreated dental decay in primary and permanent teeth.	***Local:***	27%	20.50%
		State:		
		National:	23.80%	19.50%
	ii. % of MediCal recipients ages 0-20 who do not have a dental home	***Local:***		55.45%
		State:		
		National:		
5.3 Fitness	i. The percentage of students who were in the "Healthy fitness Zone" for body composition during physical fitness testing	***Local:***	***5th Grade:*** *64.8%* ***7th Grade:*** *62.3%* ***9th Grade:*** *58%*	***5th Grade:*** *70.6%* ***7th Grade:*** *64.2%* ***9th Grade:*** *83.7%*
		State:	***5th Grade:*** *52.1%* ***7th Grade:*** *55.5%* ***9th Grade:*** *59.4%*	***5th Grade:*** *59.7%* ***7th Grade:*** *61.5%* ***9th Grade:*** *64%*
5.4 Tobacco	i. The percentage of adults who are current smokers.	***Local:***	18.70%	18.70%
		State:	13.20%	10.30%
		National:		
	ii. The percentage of adults who are daily smokers	***Local:***	14.10%	14.10%
		State:	9.20%	12.20%
		National:		
	iii. The percentage of adults who use smokeless tobacco	***Local:***	3.20%	3.20%
		State:	1.70%	0.50%
		National:		
	iv. Percentage of adolescents who report ever smoking a cigarrette in their lifetime.	***Local:***	***7th Grade:*** 10% ***9th Grade:*** 31% ***11th Grade:*** 44%	***7th Grade:*** 7% ***9th Grade:*** 24% ***11th Grade:*** 29%
		State:	***7th Grade:*** 7% ***9th Grade:*** 20% ***11th Grade:*** 34%	***7th Grade:*** 5% ***9th Grade:*** 15% ***11th Grade:*** 26%
		National:		
	v. The percentage of adolescents who report smoking a cigarrette in the past 30 days.	***Local:***	***7th Grade:*** 5% ***9th Grade:*** 15% ***11th Grade:*** 21%	***7th Grade:*** 3% ***9th Grade:*** 9% ***11th Grade:*** 15%
		State:	***7th Grade:*** 6% ***9th Grade:*** 11% ***11th Grade:*** 17%	***7th Grade:*** 5% ***9th Grade:*** 7% ***11th Grade:*** 12%
		National:		

	vi. The percentage of adolescents who report ever using chew or snuff	***Local:***	***7th Grade:*** 7% ***9th Grade:*** 22% ***11th Grade:*** 41%	***7th Grade:*** 7% ***9th Grade:*** 24% ***11th Grade:*** 22%
		State:		***7th Grade:*** 3% ***9th Grade:*** 7% ***11th Grade:*** 11% .
		National:		
	vii. The percentage of adolescents who report using chew or snuff in the past 30 days.	***Local:***	***7th Grade:*** 4% ***9th Grade:*** 12% ***11th Grade:*** 16%	***7th Grade:*** 4% ***9th Grade:*** 11% ***11th Grade:*** 8%
		State:		***7th: Grade*** 3% ***9th Grade:*** 3% ***11th Grade:*** 4%
		National:		

Health Outcomes

6 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
6.1 Mortality	i. Deaths due to cancer per 100,000 population (Age - adjusted rate)	***Local:***	131.14 in Plumas, Lassen and Modoc counties in 2007 (48 total deaths due to cancer in 2009, deaths due to cancer were the number one cause of death in 2009)	
		State:	164	
		National:	178.4	
	ii. Deaths due to digestive system cancers per 100,000 (Age-Adjusted rate)	***Local:***	43.69	
		State:	42.02	
		National:		
	iii. Deaths due to Respiratory Cancers	***Local:***	30.94	
		State:	38.98	
		National:		
	iv. Deaths due to lung cancers	***Local:***	30.94	
		State:	37.81	
		National:	50.6	
	v. Deaths due to coronary heart disease per 100,000 population	***Local:***	73.6	
		State:	136.2	
		National:	135.5	
	vi. Rate of deaths due to motor vehichle crashes per 100,000	***Local:***	19.9	17
		State:	12.2	9
		National:	15.3	
	vii. Rate of deaths due to unintentional injury	***Local:***	41.1	61.3
		State:	26.8	3.5
		National:	40	
	viii. Drug overdose death rate per 100,000	***Local:***		41.1
		State:		11.6
		National:		
	ix. Prescription opioid death rate per	***Local:***		25.7

	100,000	***State:***		3.7
		National:		
	x. Heroin death rate per 100,000	***Local:***		5.1
		State:		1.3
		National:		

Maternal and Infant Health

7 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
7.1 Teen Birth	i. The number of births to females aged 15-19 years of age per 1,000 teens	***Local:***	22.7	23
		State:	38.8	32
		National:	40.5	
	ii. The percentage of all live births to teenage mothers ages 15-19	***Local:***	11%	11%
		State:	9.10%	8.50%
		National:		
7.2 Low Birthweight	i. The percentage of babies weighing less than 2500 grams (5lbs 8 oz) at birth	***Local:***	4.50%	6.80%
		State:	6.80%	6.90%
		National:	8.20%	
7.3 Late or no Prenatal Care	i. The percentage of mothers who received care in the third trimester or no prenatal care at all.	***Local:***	4.80%	2.90%
		State:	3.20%	2.70%
		National:		
7.4 Pre-term Births	i. Percentage of babies born before 37 weeks gestation (pre-term)	***Local:***	4.30%	11.40%
		State:	10.40%	10.90%
		National:	12.70%	
7.5 Growth and Nutrition	i. Percentage of mothers exclusively breastfeeding at the time of hospital discharge.	***Local:***		91.50%
		State:		66.60%
		National:		

Mental Health and Substance Abuse

8 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
8.1 Mental Health	i. Suicides per 100,000 population	***Local:***	18.4	20 Regional Data for NoCal 28.6
		State:	9.4	9.4
		National:	11.3	11.3
	ii. The percentage of adolescents who in the past 12 months felt so sad or hopeless every day for two weeks or more that they stopped doing some usual activities.	***Local:***	***7th Grade:*** 32% ***9th Grade:*** 30% ***11th Grade:*** 26%	***7th Grade:*** 30% ***9th Grade:*** 30% ***11th Grade:*** 37%
		State:	***7th Grade:*** 29% ***9th Grade:*** 32% ***11th Grade:*** 33%	***7th Grade:*** 25% ***9th Grade:*** 31% ***11th Grade:*** 33%
	iii. The rate of non-fatal ER visits due to self-inflicted injury	***Local:***	128.8	93
		State:	72	80.4
		National:	125.3	153
8.2 Substance Abuse	i. The rate of non-fatal emergency visits due to alcohol or other drugs per 100,000 population	***Local:***	620.9	
		State:	335.9	280
		National:		
	ii. The rate of non-fatal	***Local:***	193.2	

	hospitalizations due to alcohol or other drugs per 100,000 population	***State:***	145.8	95.2
		National:		

Social Determinants of Health

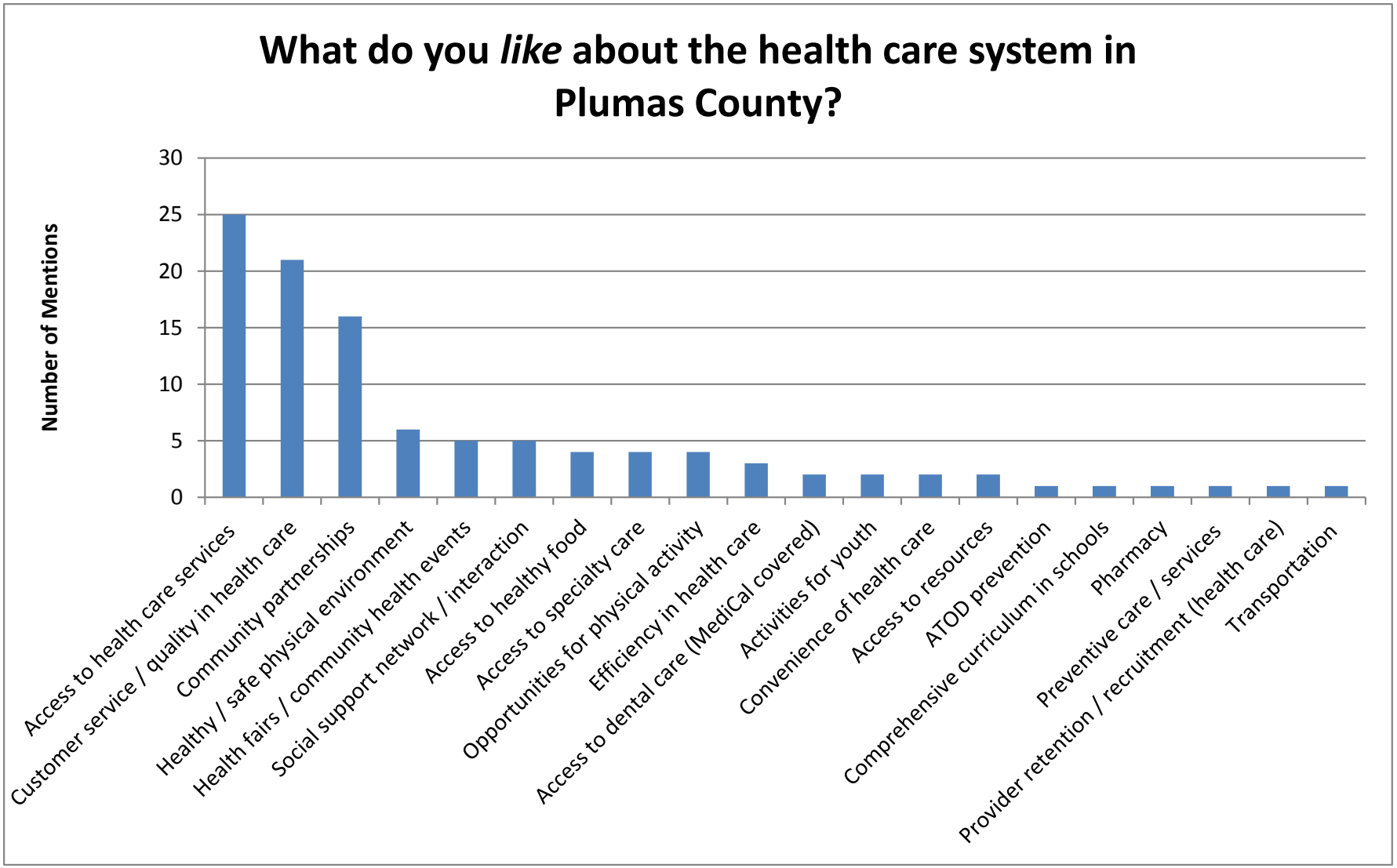
9 ***Indicator***	***Measure***	***Data Perimeters***	***Data Collected in 2012***	***Data Collected in 2016***
9.1 Education	i. Educational Attainment among persons aged 25 years or older	***Local:***	90.7% - high school diploma 20.5% -bachelor's degree or higher	89.8% - high school diploma 22.7% - bachelor's degree or higher
		State:	80.6%- high school diploma 30% - bachelor's degree or higher	81.5% - high school diploma 31% - bachelor's degree or higher
		National:	84.6% - high school diploma 24.6% - bachelor's degree or higher	86.3% - high school diploma 29.3% - bachelor's degree or higher
	ii. High school graduation rate (Percentage of ninth graders who graduate in four years)	***Local:***	90.40%	86.36% (90.2% for PUSD & 69.7% for Plumas Charter)
		State:	80.50%	80.80%
		National:		82.30%
9.2 Unemployment	i. Unemployment Rates	***Local:***	16.40%	10.4% (8.5% in July vs. 12.4% in Dec.)
		State:	12%	6.20%
		National:	9.60%	5%
9.3 Poverty	i. Percentage of all people living below the federal poverty level	***Local:***	13.90%	15.90%
		State:	14.50%	16.40%
		National:	15.10%	14.80%
	ii. The percentage of families living below the federal poverty level	***Local:***	9.40%	10.10%
		State:	10.80%	12.30%
		National:	13.20%	15.90%
	iii. Percentage of Individuals 18 years of age or younger living below the federal poverty level	***Local:***	24.30%	20.10%
		State:	20.30%	22.40%
		National:	22%	21.10%
	iv. Percentage of Individuals over age 65 living below the federal poverty level	***Local:***	7.1%	8.3%
		State:	9.5%	10.2%
		National:	9.4%	9.4%
9.4 Income	i. Median Household Income	***Local:***	$41,520 annuallly	$48,032 annuallly
		State:	$54,459 annually	$61,489 annually
		National:	$49,445 annually	$53,482 annually
	ii. Median Family Income	***Local:***	$47,019 annually	$60,709 annually
		State:	$67,874 annually	$70,187 annually
		National:	$60,395 annuallly	$65,433 annuallly
9.5 Single parent households	i. Percentage of single parent households	***Local:***	35.70%	35.70%
		State:	29.10%	29.10%
		National:		32.10%
9.6 Age	i. Percentage of total population by age range	***Local***	***0-5:*** 4.2% ***6-19:*** 17.3%	***0-5:*** 4.8% ***6-19:*** 15.0%

			20-59: 50.8% ***60 & up:*** 27.7%	***20-59:*** 48.2% ***60 & up:*** 32.0%
		State:	***0-5:*** 6.9% ***6-19:*** 21.6% ***20-59:*** 55.9% ***60 & up:*** 15.6%	***0-5:*** 6.6% ***6-19:*** 20.4% ***20-59:*** 55.6% ***60 & up:*** 17.3%
		National:	***0-5:*** 6.6% ***6-19:*** 20.7% ***20-59:*** 54.8% ***60 & up:*** 17.9%	***0-5:*** 6.4% ***6-19:*** 19.9% ***20-59:*** 54.3% ***60 & up:*** 19.4%
9.7 Disability	i. Percentage of total population who are disabled.	***Local:***	17.9%	21.4%
		State:	10.0%	10.3%
		National:	12.0%	12.3%
9.8 Food	i. Food Insecurity Rates	***Local:***	17.6% (26.9% for children)	18.6% (28.6% for children)
		State:	17.4% (27.3% for children)	*15.0%* *(25.1% for children)*
		National:		

Appendix 2:

COMMUNITY FORUMS

QUESTION #1


What do you *like* about the health care system in Plumas County?
Number of Mentions
30
25
20
15
10
5
0
Access to health care services
Customer service / quality in health care
Community partnerships
Healthy / safe physical environment
Health fairs / community health events
Social support network / interaction
Access to healthy food
Access to specialty care
Opportunities for physical activity
Efficiency in health care
Access to dental care (MediCal covered)
Activities for youth
Convenience of health care
Access to resources
ATOD prevention
Comprehensive curriculum in schools
Pharmacy
Preventive care / services
Provider retention / recruitment (health care)
Transportation

Town Hall Summary (all sites)
"Likes" by Category

Community feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] *(Code in blue font associated with spreadsheet)*

What do you like about the health care system in Plumas County?

Access to health care services (A_01)

1. Emergency services
2. After hours care
3. Availability of non-traditional medicine & treatment
4. Options / choice in medical care
5. Access to Flight Care services
6. Emergency services; blessed with good work force (physicians)
7. Healthcare availability; thorough & rapid access to care
8. Access to emergency care
9. Flights /stabilizing /care flight
10. Amazing first response system
11. Access to critical emergency services (Careflight)
12. Great ER services for visitors
13. Improvement in care over the past 10 years; no need to go outside the county for care anymore
14. Accessible in equal areas; distributed evenly
15. Locally available testing (ex. labs, etc.)
16. Lucky to have what we have; allows us to live here; better quality of life
17. Close proximity to your doctors
18. Shorter wait times
19. Timely access to appointments
20. Can access most of your health care locally
21. Easy access for follow-up services; continuity of care
22. Wide variety of technology to treat patients
23. Keeps available "same day" appointments to reduce ER impacts
24. More choices = better choices
25. Alternative health care practitioners; good array

Customer service / quality of health care (A_02)

1. Providers with local knowledge of what the community needs
2. Good record keeping [at hospitals / clinics]; [thorough] patient histories
3. Commitment of hospital to provide high quality services
4. Genuine care of staff that want to help community
5. Providers really congenial

6. Good quality of care; has improved over time [10 year reference]
7. New hires coming in are able to spend time to get to know you (ex. your lifestyle, habits; full conversation)
8. Quality assurance / quality improvement process for hospital to review and allow them to be better informed to make changes as needed
9. Excellent care at Seneca; able to diagnose accurately; good staff, service providers, management
10. High customer satisfaction
11. Compassionate care
12. Wonderful skilled nursing; family and residents happy
13. Kindness
14. More time that providers can take with patients [versus urban areas]
15. Commitment of volunteer first responders to our county
16. Doctors' willingness to communicate with patients outside of the clinic / hospital setting [and during off work hours]
17. Direct communication possible with providers
18. Same doctor / long standing relationship
19. Personal / intimate services
20. [Providers get] to know your patients; friendly atmosphere
21. Personal relationship between providers and patients

Community partnerships (A_03)

1. Executive health care personnel involved in events like this [town hall meeting]
2. Community meetings [like this one]
3. Public Health presence in the community
4. Collaborative effort
5. It's personal; healthcare and hospital services
6. Health care system not overloaded / still able to provide personalized care
7. Personal health care
8. Collaboration between health care and other organizations; schools, local businesses, yoga center, Co-op
9. Involved in collaboration / services to work towards common goal
10. Efforts to coordinate healthcare outside the traditional healthcare center; community, schools, churches
11. Level of partnerships with everyone: schools, CBOs, health care
12. Collaborations in District / county
13. 20,000 Lives; Availability of Public Health services
14. Coordination and collaboration between health care districts
15. Health care communities are working together
16. Providers at community events (sports)

Healthy / safe physical environment (A_04)

1. Sense of safety in our community
2. Fresh air; excellent H2O

3. Space, quietness, slower pace
4. Walkability / safe for all ages
5. Artist and musicians' contributions (e.g. theater, Plumas Arts)
6. Opportunities for a positive environment (fresh air, fresh environment)

Health fairs / community health events (A_05)

1. Outreach to community to provide free screenings, etc.
2. Annual dental care / flu vaccines (for children needing access)
3. Special health care events [advertised, discount specials available at EPHC clinic]; save money and time
4. Health fairs
5. Services to general public; health screenings; community participation (ex. blood drives)

Social support network / interaction (A_06)

1. Sexual Assault Response Team (SART) working together; support system for victims
2. Feather River College bringing in international students to expose all to a broader perspective
3. Diversity of spiritual support
4. Families moving back
5. Community support; not alone

Access to healthy food (A_07)

1. Farmers' Market
2. Small farmers – growing [community of]
3. Co-op; food choices / ownership
4. Summer Meals program

Access to specialty care (A_08)

1. Variety of specialists
2. Expanded access to specialists
3. Access to specialty care
4. Traveling providers (fortunate)

Opportunities for physical activities (A_09)

1. The pools
2. Lots of outdoors / trails access
3. Great dance program; Mountain Mamas
4. Feather River Fitness Center

Efficiency in health care (A_10)

1. Capable management
2. Quick action; responsive; strong communication between providers; caring
3. Providers / services are up-to-date (e.g. telehealth)

Access to dental care (MediCal covered) (A_11)

1. Expanded dental services [EPHC opening new dental clinic; no new dentists]
2. Dental that accepts MediCal

Activities for youth (A_12)

1. Quircus giving youth other things to learn other than sports or hunting
2. Friday Night For Teens [in Greenville, separate from Friday Night Live]

Convenience of health care (A_13)

1. Close to home / convenient
2. Convenience (distance)

Access to resources (A_14)

1. Connections to wide variety of services / resources
2. [Indian Valley] Community Center

ATOD prevention (A_15)

1. AA and other 12 Step Programs are strong

Comprehensive curriculum in schools (A_16)

1. Opportunities for youth to learn about gardening; the Feather River Land Trust Outdoor Learning [Landscapes program]

Pharmacy (A_17)

1. Local pharmacy that works in community to address challenges

Preventative care / services (A_18)

1. Increased emphasis on preventative care
2. Personalized care beyond immediate needs

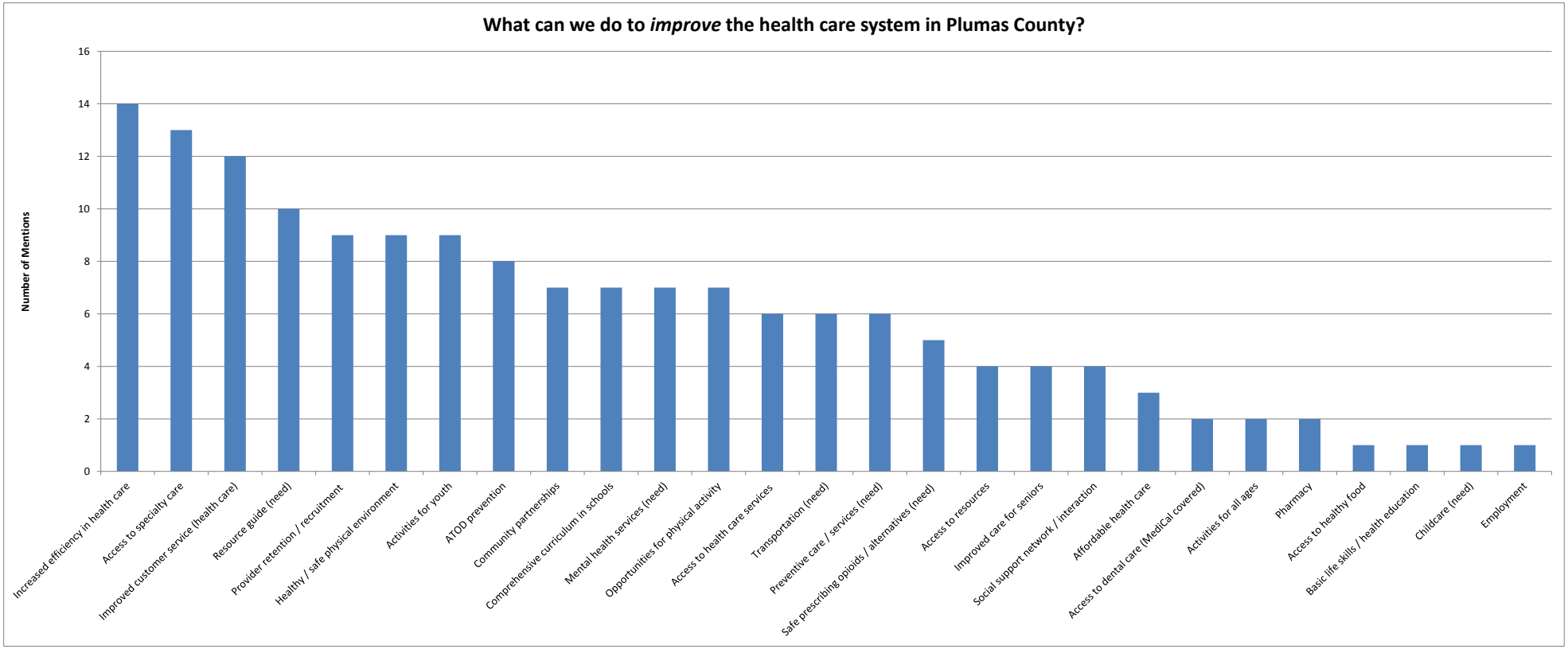
Provider retention / recruitment (health care) (A_19)

1. Broad range of support for new providers and families, including the environmental benefit

Transportation (A_20)

1. Buses running more routes longer

QUESTION #2


What can we do to *improve* the health care system in Plumas County?
Number of Mentions
16
14
12
10
8
6
4
2
0
Increased efficiency in health care
Access to specialty care
Improved customer service (health care)
Resource guide (need)
Provider retention / recruitment
Healthy / safe physical environment
Activities for youth
ATOD prevention
Community partnerships
Comprehensive curriculum in schools
Mental health services (need)
Opportunities for physical activity
Access to health care services
Transportation (need)
Preventive care / services (need)
Safe prescribing opioids / alternatives (need)
Access to resources
Improved care for seniors
Social support network / interaction
Affordable health care
Access to dental care (MediCal covered)
Activities for all ages
Pharmacy
Access to healthy food
Basic life skills / health education
Childcare (need)
Employment

Town Hall Summary (all sites)
"Improvements" by Category

Community feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

What can we do to improve the health care system in Plumas County?

Increased efficiency in health care (B_01)

1. Opportunity for institutional decision making / influencing available resources / that increases equity
2. Clear communication between staff and patients to minimize confusion
3. Using data across the lifespan?
4. Closer look at available financial resources [hospital accounting]
5. Reasonable and practical financial decision making
6. Income / revenue drops with visit decreases
7. Need more up-to-date equipment; diagnostic equipment
8. EHR slows down services and reduces the capacity of providers
9. Improve EHR; to assist providers in providing streamlined services
10. Need for more efficient [technological] tools [or software interfaces] for accessing medical history; to free up provider time [during office visits] so more face-to-face time is available
11. Policy review; when to refer to Reno
12. Clearly written processes and training for patient triage
13. Intake staff for ER / Annex visits need more hours and better training; better training of all staff in procedures and how to share information
14. Discharge planner

Access to specialty care (B_02)

1. More specialty care with more frequent or full time providers (ex. pulmonary, podiatry, etc.)
2. Pain management and self-medication; services for pain management (specialist)
3. Without money or family people cannot leave for cancer treatment / care
4. Balancing need vs. skill set vs. reimbursement for specialty medical needs
5. Medical physical therapy
6. Add oncology services
7. Dialysis services
8. MediCal [reimbursable] optometry services
9. Infusion center needed / not leave community for services (e.g. chemo, dialysis)
10. Increased access to physical therapy locally
11. Lack of access to specialty care; need for more telehealth services
12. Provide services for dialysis, chemo, and radiation to avoid long travel for these services
13. [Address the need for] travel for treatments like chemo / radiation

Improved customer service (B_03)

1. Need for better or more consistent customer service; front line staff customer service varies from place-to-place
2. Need for customer feedback [easy way to provide this]
3. Providers need to be better at explaining why a referral is being made
4. Need for better follow-up locally [provider checking in with patients]
5. ER needs better signage to make it clear where to go
6. Front office staff needs to acknowledge patients; better customer service
7. Changes in Medicare causing changes in doctors' ability to give same quality of care; less financial appeal to become doctor [referring specifically to the 15 or 30 minute time limit on in-person visits, and reduced reimbursement value for Medicare covered services]
8. Improve referral process & explanation for referral to outside facilities
9. Hospital Community Liaison for outreach and education
10. Text appointment information to inform patients if there's still a long wait, or if they are ready to see you to eliminate waiting in the ER or Clinic
11. Survey patients / clients on the best way to receive notifications for events
12. Text information

Resource guide (need) (B_04)

1. More outreach to people moving in to the area to let them know where to access services & resources
2. Better information to the community about services that are available (ex. transportation); provide Senior Newsletter to hospital staff
3. Communicating what we do have so people know what resources [are available]
4. Awareness of available programs
5. Need to employ a broader set of ways to disseminate information; e.g. use of technology, Facebook, texts, Youtube
6. Better promotion of improved bus service
7. More ways to advertise / promote educational events and community programs
8. Utilize social media more
9. Utilize bus sides to advertise stuff
10. Communicate more effectively about available services

Provider retention / recruitment (B_05)

1. Physician retention; how do we maintain our services?
2. Loss of local physicians; need for exit interviews to better understand why
3. Loss of local doctors; reduction in local patient visits; people going outside the area for care
4. Need to look at the reasons we are losing providers / retention issues; what can we do to fix it?
5. Exit interview with departing providers
6. Decline in physicians; need solutions
7. Need more local nurses
8. Sustainable wages for nurses / retention
9. Rural issues with recruitment and retention

Healthy / safe physical environment (B_06)

1. Burning at mill; air quality needs improvement
2. Need to move the smoking kiosks further away from foot traffic
3. Yard burning; affects individuals with COPD
4. Smoke free housing
5. Air quality issues, especially open [residential] burns causing respiratory issues; need an alternative to pine needle disposal
6. [Residential] burning issues; causes migraines, COPD, etc.; can't go outside when all the neighbors are burning
7. US Forest Service use of burning as the primary solution
8. Prescription drop off and sharps disposal more than once a year, and not at Sheriff's Office
9. Bike paths and sidewalks

Activities for youth (B_07)

1. More youth based services
2. Financial difficulties in participating in school sports [teams]
3. Other ways to have summer programs for kids that are low cost / no cost; make accessible
4. More exercise options [for kids] besides P.E., like dance
5. Affordable activities for youth
6. After school program support
7. More activities for youth in the summer
8. What do we do for kids that don't do sports
9. Need more opportunities for youth / teens

ATOD prevention (B_08)

1. Marijuana use among adolescents; awareness
2. [Reduce] drug use
3. Large drug use / abuse issue; how to address it?
4. Need for smoking cessation for adults and children
5. Alcohol abuse services needs
6. More smoking cessation
7. Need for marijuana education
8. Education on marijuana; data on use; educate youth

Community partnerships (B_09)

1. More community involvement and support for fun / creative events
2. Need for a community group to work with Seneca
3. Transparent process
4. Work more with community-based organizations, youth organizations, etc., to provide information and education for health
5. Better collaboration and support for all those who are promoting health and healthy behaviors
6. Need for improved collaboration between schools and health care providers
7. More emphasis on coordination and collaboration

Comprehensive curriculum in schools (B_10)

1. Education system; currently challenged to provide comprehensive curriculum
2. Better structure for high school P.E. classes; e.g. circuit training; require actual physical exercise
3. Updated sex ed. in schools
4. 4 year P.E. requirement in addition to sports; P.E. [is currently a] "joke"
5. Lack of fast internet means decreased access to information and students don't graduate with a competitive skill set
6. Need for improved sex ed. curriculum in schools
7. [Need for] higher high school educational options (e.g. computer programming, increased math skills)

Mental health services (need) (B_11)

1. Seasonal mental health; access to outdoors when air quality is poor [during winter]
2. Care coordination with primary care and mental health (ex. brief depression screenings)
3. Lack of mental health facilities & services; in-patient facilities
4. Inclusive / connection to behavioral health; need mental health participation
5. Important that mental health is in all communities; repetitive / inadequate access to mental health services
6. Robust mental health program [that identifies] gaps
7. NAMI

Opportunities for physical activity (B_12)

1. Lack of a swimming pool / swimming lessons; senior water aerobics or physical activity
2. Indoor recreation facility like YMCA with pool, tennis courts; open year round
3. Year round exercise facility that is senior friendly
4. Sport fundraising for participation
5. Innovative / fun ways to promote physical activity
6. Athletic trainer in the high school for sports teams, or utilize local doctors to go into the school
7. Bike safety programs / events

Access to health care services (B_13)

1. Same day appointments [keep some in reserve]
2. Residents putting off treatment because of low number of providers
3. Additional alternative health care options
4. Need urgent care services
5. More providers locally that will accept the VA Choice Program so vets don't have to travel
6. Greater access to birth control

Transportation (need) (B_14)

1. Expanded / improved public transportation
2. Abuse of the emergency system; use of ambulance / transportation
3. Non-emergency transportation, especially with elderly

4. Non-urgent transportation to appointments for seniors
5. On call patient transportation for non-emergency appointments to and from providers' offices
6. [More] non-emergency transportation

Preventative care / services (need) (B_15)

1. Need to find better ways to get patients involved in their own health
2. Be proactive in promoting healthy living
3. Prevention / early intervention; a need to move "upstream" toward "whole health"
4. Increased education on nutrition and physical activity by physicians
5. Prevention education to community, including alternative medicines
6. Diet / nutrition and wellness outreach

Safe prescribing opioids / alternatives (need) (B_16)

1. Addressing legal drug abuse [referring to opioids]
2. Alternative pain remedies
3. Better management of medications; need to be careful not to rapidly change doses [was also referring to need to reduce stigma about the use of opioid pain medication; use doesn't necessarily indicate an addiction problem]
4. Alternatives to opiates from trusted sources
5. Need for alternatives to opiates use for pain management

Access to resources (B_17)

1. Bring back ABC Center
2. High speed internet would make a big difference in access and information for all of our communities
3. Jobs affected by decreased access to internet (limited options)
4. Available grant funding to support limited resources

Improved care for seniors (B_18)

1. Elderly patients who need more assistance
2. More long term beds for seniors; Skilled Nursing Facility
3. [Need for] affordable special needs respite care; no options in Portola, other areas
4. [Need for] affordable respite care for elderly; and caregiver support

Social support network / interaction (B_19)

1. Need for support from cradle to adult
2. Volunteer support groups for <u>all</u> issues; e.g. mental health, chronic disease, etc. CA support [?]
3. Mentorship programs needed
4. Need for activities for our pets

Affordable health care (B_20)

1. Need to be able to clearly identify "Annex" visits at ER [in order to charge services at clinic visit rates when appropriate]
2. Price of health care; need consistency across all facilities
3. Bill appropriately for ER use when you just needed a clinic visit but couldn't get in

Access to dental care (MediCal covered) (B_21)

1. Hospitalized dental (pediatric); MediCal [reimbursable]
2. Preschool dental services; need for local MediCal [reimbursable] pediatric and hospital dental services

Activities for all ages (B_22)

1. Integration of youth and seniors to give them things to do & learn from each other
2. Dog training classes

Pharmacy (B_23)

1. Better access to prescription drugs 24/7; evenings and weekends means having to go to Reno
2. Pharmacy services

Access to healthy food (B_24)

1. More affordable Farmers' Markets / produce

Basic life skills / health education (B_25)

1. Need for increased health education so people have the ability to take care of themselves

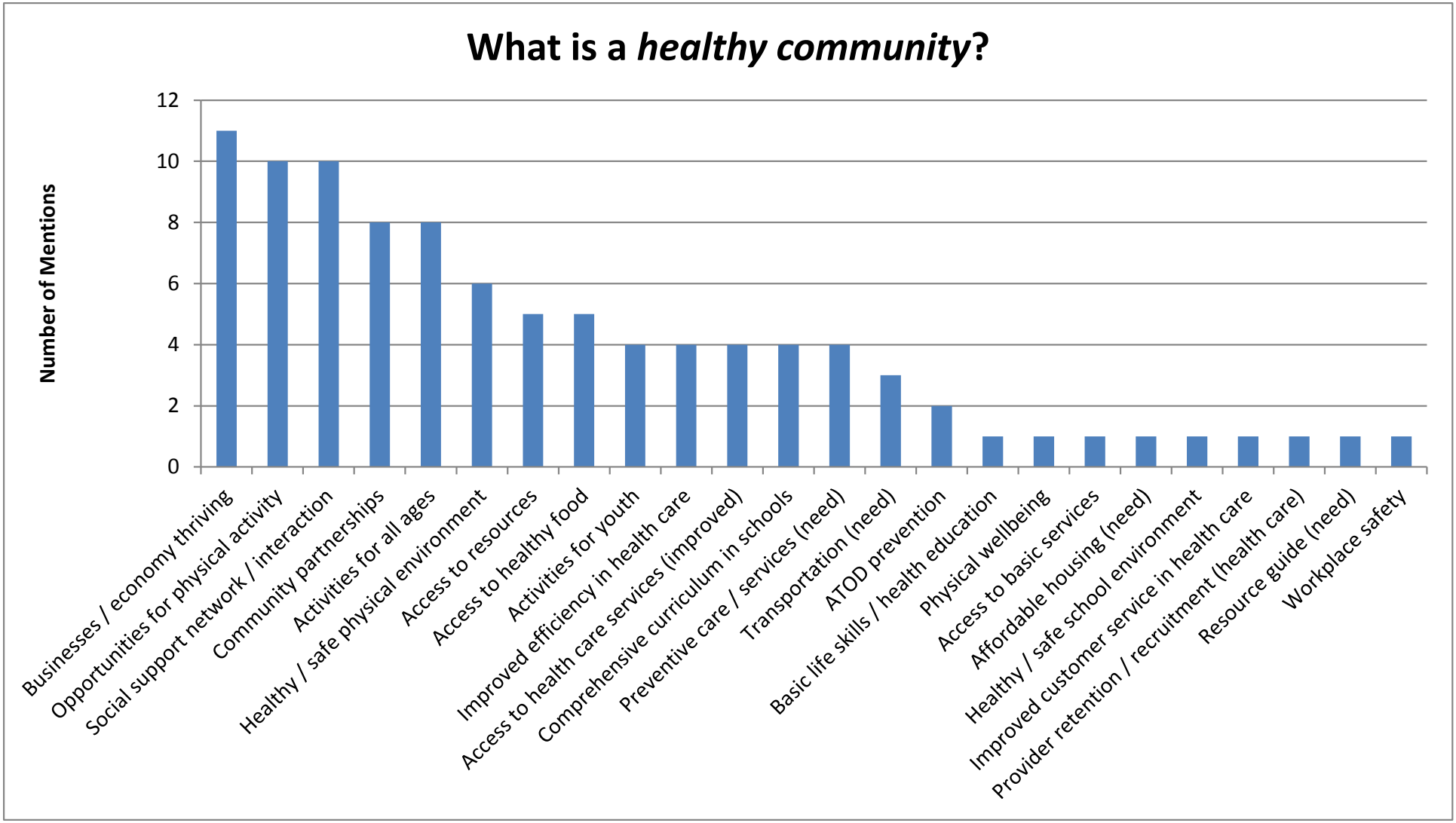
Childcare (need) (B_26)

1. Childcare availability for all ages, all seasons, all incomes, after school; [there is currently a]
2. shortage

Employment (B_27)

1. Employment opportunities for adults versus lack of child care

QUESTION #3


What is a *healthy community*?
Number of Mentions
12
10
8
6
4
2
0
Businesses / economy thriving
Opportunities for physical activity
Social support network / interaction
Community partnerships
Activities for all ages
Healthy / safe physical environment
Access to resources
Access to healthy food
Activities for youth
Improved efficiency in health care
Access to health care services (improved)
Comprehensive curriculum in schools
Preventive care / services (need)
Transportation (need)
ATOD prevention
Basic life skills / health education
Physical wellbeing
Access to basic services
Affordable housing (need)
Healthy / safe school environment
Improved customer service in health care
Provider retention / recruitment (health care)
Resource guide (need)
Workplace safety

Town Hall Summary (all sites)
"Healthy Community" by Category

Community feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

What is a healthy community?

Businesses / economy thriving (C_01)

1. Strong investment in local business; thriving businesses that put back into the community
2. Thriving businesses to increase tourism; economic growth; county investment (shop local)
3. Jobs that create stable homes and good wages
4. Economic development
5. Economic growth / technology
6. Vibrant downtown
7. Vibrant downtown
8. Robust, competitive job market
9. Healthy community = working community
10. Innovation to create industry and improved economy
11. Willing and engaged workforce

Opportunities for physical activity (C_02)

1. Golf course
2. YMCA
3. Recreation liaisons
4. More resources for physical activity
5. New pool
6. Swimming pool; free / no cost
7. Year round activity site & controlled indoor environment [during winter months]
8. Incentives for physical activity for school age children
9. Interpretive mini-golf / intergenerational
10. Free bike access [community bike program]

Social support network / interaction (C_03)

1. Support for single parents
2. Healthy community is caring & supportive
3. Robust community involvement in service organizations
4. Social opportunities for everyone to interact
5. Strong sense of community
6. Sense of community
7. More broad community involvement
8. Community / social interactions

9. Celebrate cultural diversity
10. Opportunities for meaningful social connections at every stage of life

Community partnerships (C_04)

1. Need to focus on the whole community in order to better serve the whole individual; engage with community partners
2. Everyone working together to improve the community
3. Strong collaboration between organizations large and small to improve community health; leverage funds & efforts
4. Community active in the sustainability of programs to empower each other
5. Meaningful community connections (ex. between schools and health care providers)
6. A health care community that is linked with the schools; services at schools
7. Strong community collaboration between agencies, schools, and service organizations; develop community-based solutions
8. [Feather River] College involvement to provide activities for kids year round

Activities for all ages (C_05)

1. Arts programs
2. Active, sustainable programs for all ages (cradle-to-grave)
3. Sustainable and quality programming and opportunities for healthy lifestyles from cradle-to-grave
4. Active Community Center that is fully funded and sustainable
5. Low or no cost inclusion of locals in events
6. Night life other than the bar; family friendly
7. More activities for vets and their families
8. Events that locals are invited to participate in (e.g. bike races, etc.) [not advertised primarily to people outside the county]

Healthy / safe physical environment (C_06)

1. Feels safe
2. Smoke-free environments
3. Smoke free hospital campuses
4. Maintained walking routes
5. User friendly streets; pedestrian crossing notification system
6. Safe community where you can walk after dark on well-lit streets

Access to resources (C_07)

1. Healthy community has good libraries
2. Robust access to resources to fund activities for youth
3. Resource Centers with a wide variety of classes & activities where people can connect
4. Well-funded communities
5. Financial stability to allow for community events / programs; sustainability

Access to healthy food (C_08)

1. Healthier eating options
2. Secure, healthy food
3. Food bank
4. Fresh, local, affordable, healthy foods
5. Healthy retail environment; healthy and affordable food choices with a wide variety of options

Activities for youth (C_09)

1. Youth Leadership Council that drives programs to give kids things to be able to express themselves and grow
2. Examine available recreational resources; spirit of young people is a reflection of our community
3. 4-H promotion to provide other youth opportunities outside of [just] agriculture
4. Future Farmers of America in schools

Improved efficiency in health care (C_10)

1. Manageable workload for providers, with proper workforce support
2. More efficient EHR; better support for physicians
3. Quality training & more efficient use of EHR
4. Closer relationships with larger health care facilities to be able to provide more services [ex. Tahoe Forest]

Access to health care services (improved) (C_11)

1. Health & mental health support for the entire community
2. Health care facilities that provide specialty services 24/7/365, including prescriptions
3. On site pharmacy at the hospital
4. New hospital

Comprehensive curriculum in schools (C_12)

1. Comprehensive school health curriculum
2. More alternatives for students; activities / educational programming; robust & well-rounded programs in arts, music, etc.
3. Teaching about health in all school grades and curriculums
4. Meaningful / relevant education for youth

Preventative care / services (need) (C_13)

1. Prevention services (especially dental)
2. Individuals that are engaged with their own health
3. Creating a culture of health along the lifespan
4. Health as part of the culture; i.e "the norm"

Transportation (C_14)

1. Medical transport company

2. Uber!; less burden on facility
3. Tesla charging station [for electric cars]

ATOD prevention (C_15)
1. Education of youth: alcohol, drugs, tobacco
2. Expanded prevention and cessation programs for youth

Basic life skills / health education (C_16)
1. Diversity of health & wellness educational opportunities

Physical wellbeing (C_17)
1. Mind, body, spirit

Access to basic services (C_18)
1. Waste Management pick-up recycling in East Quincy

Affordable housing (need) (C_19)
1. Affordable housing to draw young families

Healthy /safe school environment (C_20)
1. No bullying in schools

Improved customer service in health care (C_21)
1. Trust and understanding between health care providers and patients; multiple / complex needs addressed

Provider retention (health care) (C_22)
1. We want to see health care providers that want to come here

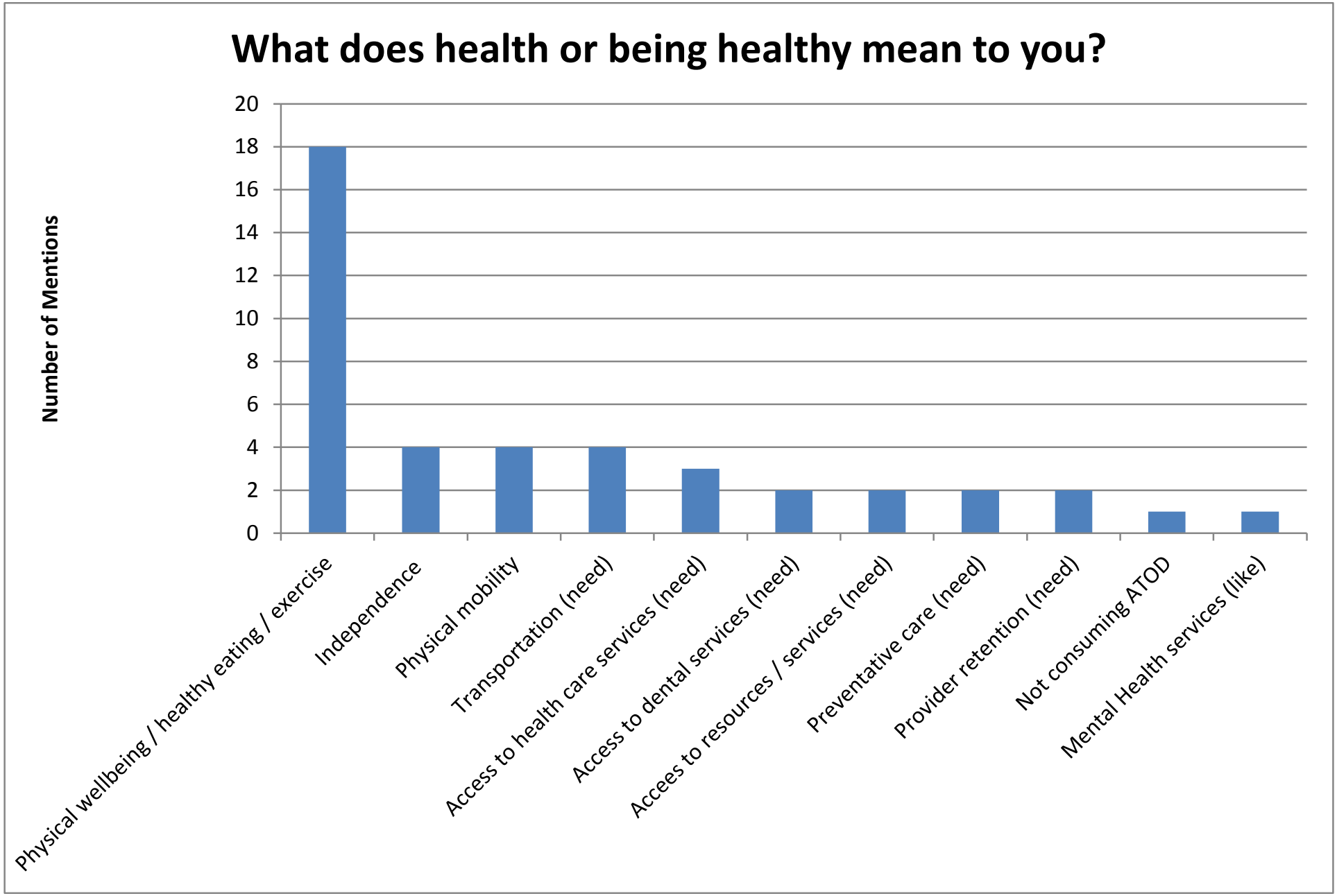
Resource guide (need) (C_23)
1. Strong community awareness of available services

Workplace safety (C_24)
1. Work place safety for all fields

Appendix 3:

FOCUS GROUPS

QUESTION #1


What does health or being healthy mean to you?
Number of Mentions
20
18
16
14
12
10
8
6
4
2
0
Physical wellbeing / healthy eating / exercise
Independence
Physical mobility
Transportation (need)
Access to health care services (need)
Access to dental services (need)
Accees to resources / services (need)
Preventative care (need)
Provider retention (need)
Not consuming ATOD
Mental Health services (like)

Focus Group Summary (all groups)
Question #1 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

What does health or being healthy mean to you?

Physical wellbeing / healthy eating / exercise (D_01)

1. To live healthy, be healthy
2. Mental and physical health
3. To be physically healthy
4. There are different types of health. It's important to exercise and eat well
5. Great health; eating right; exercise
6. Eating right; staying active
7. Well-balanced diet; reading articles and books about nutrition; using food to heal the brain
8. Use exercise to feel better, relax, and reduce stress
9. Trying to stay motivated to exercise
10. Getting good sleep
11. Getting good sleep
12. Getting good sleep
13. Being outdoors; hiking in nature on Mental Health sponsored excursions
14. Physical wellbeing; no disability or ailment
15. Being able to get up and function every day
16. Living a long and healthy life; not drinking, no drugs, eating well, and exercise
17. Having all the necessities to be strong and fit; good food, clean water
18. Being aware and smart about what goes in your body by eating right and not doing drugs; also, being mentally healthy

Independence (D_02)

1. Independence
2. Independence
3. Independence
4. Independence

Physical mobility (D_03)

1. Mobility; both transportation and physical mobility
2. Mobility; both transportation and physical mobility
3. Mobility; both transportation and physical mobility
4. Mobility; both transportation and physical mobility

Transportation (need) (D_04)

1. Mobility; both transportation and physical mobility; being able to afford car repairs
2. Mobility; both transportation and physical mobility
3. Mobility; both transportation and physical mobility
4. Mobility; both transportation and physical mobility

Access to health care services (need) (D_06)

1. Places to go for health care
2. There are no Medi-Cal covered services in Chester
3. Having good service in clinics so that you can find out what's going on

Access to dental services (need) (D_05)

1. Dental services covered by Medi-Cal; she has to travel past Vacaville to get some services
2. Need dental appointments that aren't too long; long waits mean going outside the county for services

Access to resources / services (need) (D_07)

1. Having access to resources; *"We have lots of services."* [Chester]
2. Having access to the Community Connections program

Preventative care (need) (D_10)

1. Hispanics [sic] don't go to the doctor until they are sick and can't take the pain anymore [context: don't seek preventative care]
2. Seeking [preventative] care is expensive, especially without insurance

Provider retention (need) (D_13)

1. Need incentives for better retention of dental providers in area; the Medi-Cal dentist in Quincy left
2. Providers in the county leave for better pay elsewhere

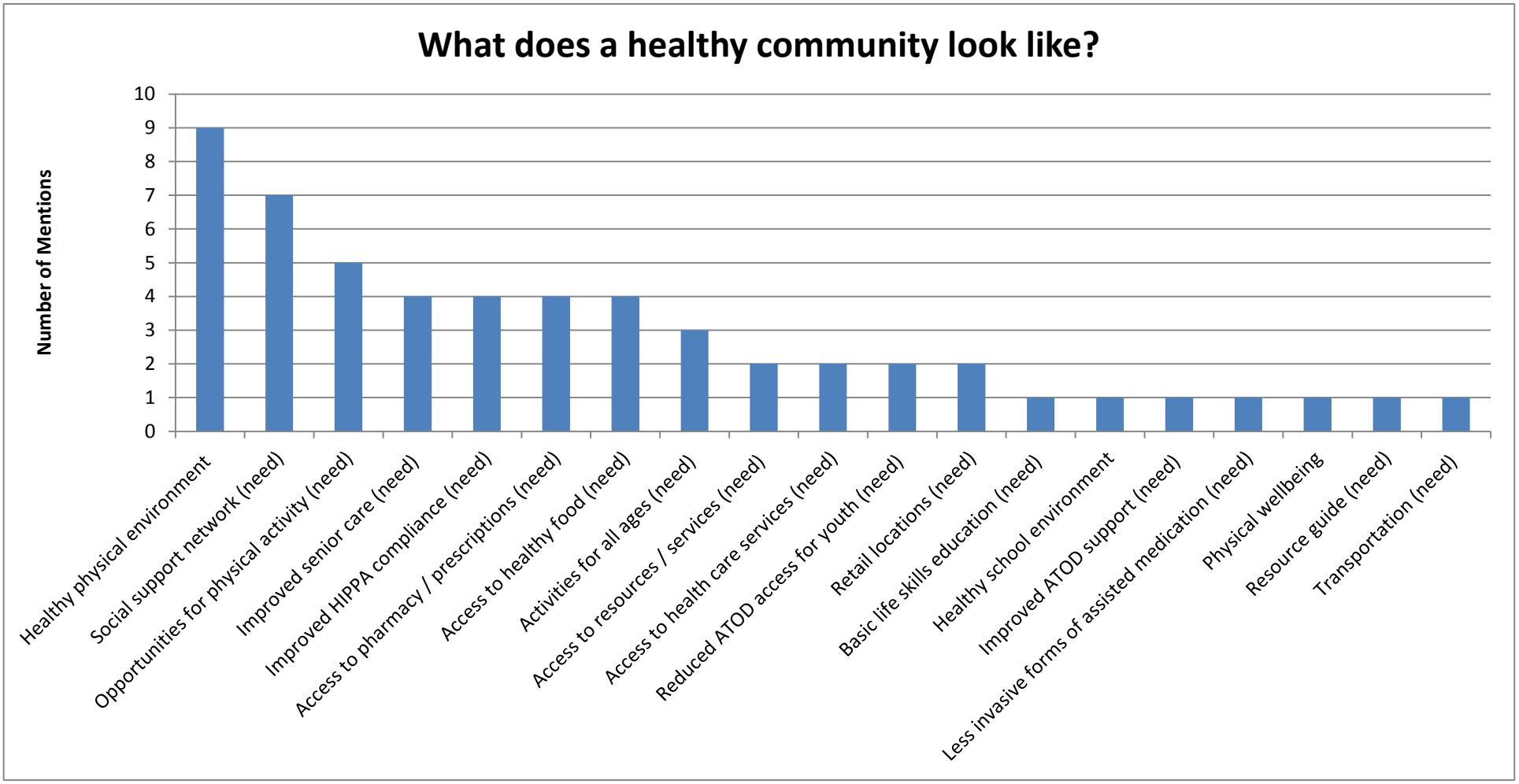
Not consuming ATOD (D_09)

1. Living a long and healthy life; not drinking, no drugs, eating well, and exercise

Mental Health services (like) (D_12)

1. Quincy has good mental health services

QUESTION #2


What does a healthy community look like?
Number of Mentions
10
9
8
7
6
5
4
3
2
1
0
Healthy physical environment
Social support network (need)
Opportunities for physical activity (need)
Improved senior care (need)
Improved HIPPA compliance (need)
Access to pharmacy / prescriptions (need)
Access to healthy food (need)
Activities for all ages (need)
Access to resources / services (need)
Access to health care services (need)
Reduced ATOD access for youth (need)
Retail locations (need)
Basic life skills education (need)
Healthy school environment
Improved ATOD support (need)
Less invasive forms of assisted medication (need)
Physical wellbeing
Resource guide (need)
Transportation (need)

Focus Group Summary (all groups)
Question #2 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

What does a healthy community look like?

Healthy physical environment (E_01)

1. There are lots of trees, and no pollution. The water is clean
2. Clean storefronts; this could be a task that Mental Health clients help with
3. Clean emission cars that put out less pollution
4. Clean community; highway clean-up
5. Need smoking and non-smoking areas at the Quincy shopping center [individual wanted a place to smoke there]
6. No trash in the streets or in the community; no alcohol or tobacco advertising in stores; no advertising of unhealthy products near kids' products
7. Healthy spaces for activities
8. Green spaces, less trash, and fewer beer bottles; no being afraid to go outside
9. Less open advertising / placement of alcohol and tobacco in stores

Social Support network (need) (E_02)

1. Receive help/support from neighbors, and from the community
2. Good social connections with other people in the community; having chances to meet new people
3. Religion; churches or places of worship
4. Being able to help others
5. Everyone doing their part to keep things clean and make the community better
6. Places to hang out
7. Need places to socialize; *"non-clients"* are often wary of mental health "*clients"*

Opportunities for physical activity (need) (E_03)

1. Lots of physical activities for the kids. This helps build a sense of community
2. Lots of outdoor recreation opportunities
3. Swimming pool with year-round swimming classes and exercise classes [Chester]
4. Discounts at gym
5. Spaces for physical activity

Improved senior care (need) (E_04)

1. Long-term care facility for Quincy
2. There is a problem with seniors not wanting to leave their apartments; *"They've given up."*

3. Closure of the nursing home in Quincy was devastating; need a nursing home or independent living facility
4. Including seniors as community members that still matter

Improved HIPPA (need) (E_05)

1. HIPPA needs to be explained better, to both clients and providers; sometimes HIPPA hurts people rather than protects them [example of sex offender participating in group sessions, but other clients not being aware]
2. Families should be able to find out certain medical information without lots of HIPPA required release documents [example of a grandmother not being told whether this person was admitted to the hospital or not]
3. Situations come up where Mental Health staff should be given more freedom to decide who participates in which group sessions
4. There should be more ability for everyone to talk openly about their personal stories without HIPPA restrictions [in group sessions]

Access to pharmacy / prescriptions (need) (E_06)

1. Access to a pharmacy; when Quincy Drug closed it left people paying higher prices at Rite-Aid; some people have stopped filling prescriptions for things like blood-pressure, anxiety, and depression; people with mental health prescriptions need them filled [Quincy]
2. Medi-Cal doesn't cover all prescriptions; many people have to choose to not fill prescriptions due to lack of money
3. Used to be able to get generic prescriptions, but now it's all top-dollar brands
4. Need to be able to afford prescriptions

Access to healthy food (E_07)

1. The food assistance from WIC
2. The [USDA Summer Meals Program] free lunches for kids
3. Businesses with fresh, organic produce; possibly a mobile food truck
4. Need access to community garden space [Quincy]

Activities for all ages (need) (E_08)

1. Activities for all age groups
2. Having activities very near where people live; at Wildwood Manor they have activities, but people are too sick to leave their apartments [Chester]
3. Need trips to places like the lake, excursions, and picnics

Access to resources / services (need) (E_09)

1. Need a shorter waiting list for The Manor [Quincy]; shorter waiting list for energy assistance H.E.A.T. program
2. Everyone is taken care of, and there is money for services

Access to health care services (need) (E_10)

1. Services at Greenville Rancheria are good, but Quincy is the only place to get kids immunized
2. Need audiologist services

Reduced ATOD access for youth (E_11)

1. Prevent tobacco sales to minors so they don't start smoking
2. Healthy activities for youth so they don't do drugs; things for youth to do

Retail locations (need) (E_12)

1. It doesn't have fast food chains
2. Expansion of businesses in the community

Basic life skills education (E_13)

1. Teaching kids life skills

Healthy school environment (E_14)

1. Needs a positive school environment; green spaces, clean, and comfortable

Improved ATOD support (E_15)

1. Need improved services for people dealing with recovery from alcohol or illegal drug abuse; these people also need a place to go to socialize

Less invasive forms of assisted medication (E_16)

1. Don't use syringes in mental hospitals; there are too many blood draws; need less invasive forms of assisted medication [individual sounded traumatized]

Physical wellbeing (E_17)

1. Having a reason to get up and go out

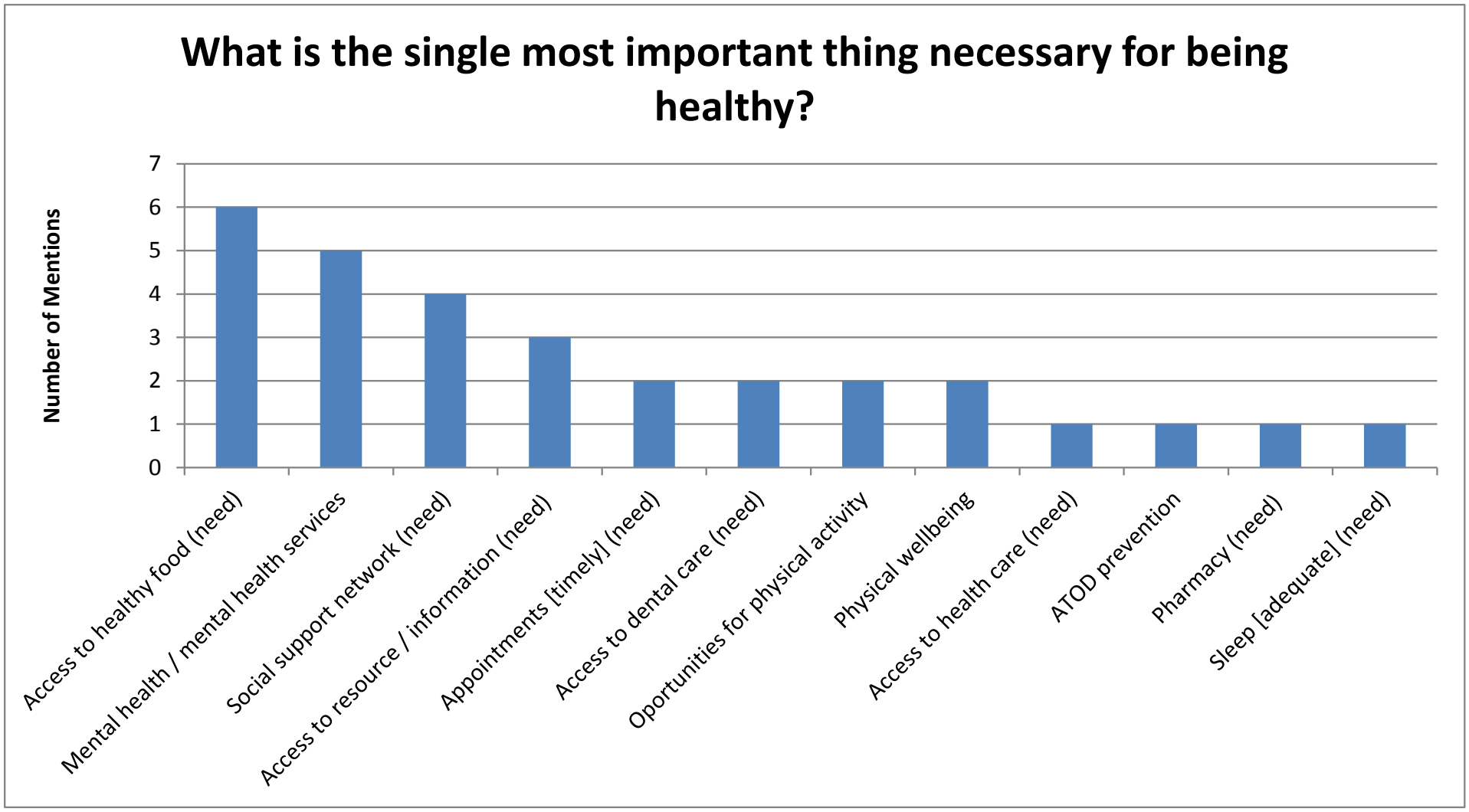
Resource guide (need) (E_18)

1. Need more advertisement for activities so that people are aware of what's happening / being offered. Also, advertise in Spanish

Transportation (need) (E_19)

1. Access to transportation to-and-from medical appointments

QUESTION #3


What is the single most important thing necessary for being healthy?
Number of Mentions
0
1
2
3
4
5
6
7
Access to healthy food (need)
Mental health / mental health services
Social support network (need)
Access to resource / information (need)
Appointments [timely] (need)
Access to dental care (need)
Oportunities for physical activity
Physical wellbeing
Access to health care (need)
ATOD prevention
Pharmacy (need)
Sleep [adequate] (need)

Focus Group Summary (all groups)
Question #3 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

What is the single most important thing necessary for being healthy?

Access to healthy food (F_01)

1. To eat well, and not eat junk food
2. To eat more fruits and vegetables
3. Having access to healthy food that works with your body chemistry; this helps you stay balanced and think clearly
4. Access to healthy food
5. What and how much you eat
6. What you put in your body; what you consume can make you healthy or unhealthy

Mental health / mental health services (F_02)

1. Mental health and wellbeing
2. Need mental health services
3. A positive attitude and staying motivated
4. Staying motivated and keep going
5. Need to be happy; you can't feel good when you're depressed

Social support network (F_03)

1. Marriage/happy family that is taken care of/car/house
2. Being able to socialize with people in the community
3. Supportive social network, including family, friends, and pets
4. Faith, either in yourself or in a religion, to keep you motivated

Access to resources / information (F_04)

1. Education about basic life skills (e.g. speech therapy [communication skills]; driving)
2. Access to internet and information
3. Resources to get what you need; therapists, doctor, food

Appointments [timely] (need) (F_05)

1. It is very hard to get appointments with a new doctor that accepts Medi-Cal; some have to travel to Oroville
2. Ability to choose provider and not get locked-in to one doctor

Access to dental care (need) (F_06)

1. Dental care with local providers; it is a hardship to travel long distance for dental care, and people often forego / postpone services because of this; *"I'm poor, so I only have teeth in the front."*
2. Need dental services for children that are covered by insurance

Opportunities for physical activity (F_07)

1. Going to the gym for exercise
2. Getting regular exercise (e.g. going on regular walks); having a walkable community

Physical wellbeing (F_08)

1. Eating well, exercise, taking care of yourself
2. Good hygiene is important

Access to health care (need) (F_09)

1. To get regular check-ups. There are yearly discounted services for things like blood panels [offered through EPHC]

ATOD (F_10)

1. Being smart about what you put in your body; no drugs or alcohol

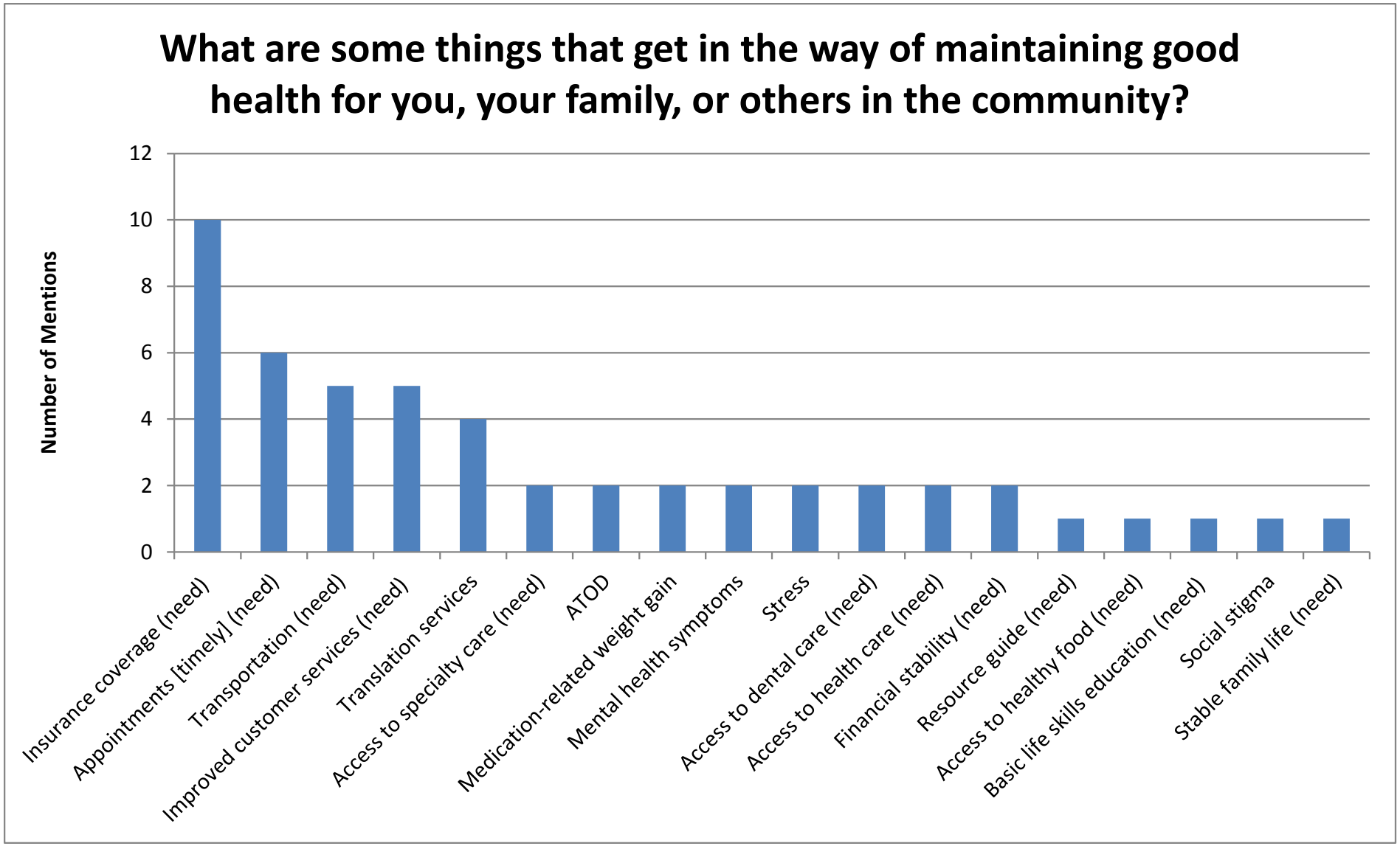
Pharmacy (need) (F_11)

1. Pharmacy services

Sleep [adequate] (need) (F_12)

1. Good sleep

QUESTION #4


What are some things that get in the way of maintaining good health for you, your family, or others in the community?
Number of Mentions
12
10
8
6
4
2
0
Insurance coverage (need)
Appointments [timely] (need)
Transportation (need)
Improved customer services (need)
Translation services
Access to specialty care (need)
ATOD
Medication-related weight gain
Mental health symptoms
Stress
Access to dental care (need)
Access to health care (need)
Financial stability (need)
Resource guide (need)
Access to healthy food (need)
Basic life skills education (need)
Social stigma
Stable family life (need)

Focus Group Summary (all groups)
Question #4 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

What are some things that get in the way of maintaining good health for you, your family, or others in the community?

Insurance coverage (need) (G_01)

1. Lack of insurance
2. Lack of insurance
3. I've have been denied services because I didn't have insurance at the time. I said I would pay in cash, but they wouldn't schedule the appointment
4. Clinic scheduler staff has said that if you don't have insurance you need to bring at least $100 to the visit, and be able to pay the rest in cash
5. There have been multiple occasions when the clinic staff has been confused about the insurance status of infants, even though the parent brings the Medi-Cal insurance card
6. If you show up without insurance they want you to have enough cash in hand to pay immediately
7. The dental clinic staff had difficulty verifying Medi-Cal status because the person had an expired Medi-Cal insurance card, and were unable to activate the new card. They didn't say anything to the patient, who had been waiting for more than an hour
8. A person that tried to make a dental appointment through EPHC was told that he should go to a private provider instead, since his Plumas County employee insurance was better. Staff said EPHC treatment was very basic and would take 3-4 months to schedule, and that he should use another provider, even though it's more expensive
9. Insurance doesn't cover everything you need; sometimes they deny medication that they have been covering for years
10. Medicare and Medi-Cal should cover everything you need

Appointments [timely] (need) (G_02)

1. It's hard to get into appointments, and this often leads to going to the ER; this is expensive; quality care is reduced because they aren't your primary care provider [all 5 have primary care providers, but find it difficult to get appointments]
2. Need shorter wait times for dental appointments
3. They tell you to arrive 15 minutes early for appointments, but then you often wait anywhere from 45 minutes to 1.5 hours after the scheduled time to be seen [in clinic]
4. If you arrive 5-10 minutes late for appointments, they won't see you
5. One time, even though I had signed-in for my appointment, they gave it away to another person. They didn't say anything, but after waiting more than an hour I asked, and they said they had given the appointment slot to another person

6. My mother arrived at the emergency dental clinic at 7am to wait to be seen. She's gone various times, and on this occasion the receptionist [redacted] let someone that arrived after her go first. My mother doesn't speak much English, but she said, "No, me first. I arrived first, and I should get to go first." My mother and the receptionist argued. Just because someone doesn't speak English they think the other person should go first [unclear if this was a misunderstanding about appointments or an intentional rebuff]

Transportation (need) (G_03)

1. Transportation; the bus system gets you around the county, but not farther; need services on weekends
2. Transportation; the bus system gets you around the county, but not farther; need services on weekends
3. Transportation; the bus system gets you around the county, but not farther; need services on weekends
4. Transportation; the bus system gets you around the county, but not farther; need services on weekends
5. Transportation; the bus system gets you around the county, but not farther; need services on weekends

Improved customer service (need) (G_04)

1. They don't have a monthly payment plan option. They send the debt to collections instead of negotiating a reasonable monthly payment
2. Non-urgent ER visits often take 5+ hours to be seen
3. In the clinic, there is a [front desk / receptionist] person named [redacted] with curly hair that is ignorant [very rude]. If you ask her a question she ignores you. She doesn't try to help you
4. The nurses are all good people and very helpful. It's the receptionists that are rude and ignore you
5. If the receptionist doesn't speak Spanish, she won't try to help you

Translation services (G_05)

1. There's no reliable [Spanish] translator
2. [redacted] is very helpful and speaks Spanish, but she's often unavailable because her primary job isn't as translator [she is a nurse that works in another department], so she can't always help. A nurse named [redacted] [[redacted]?] is also very helpful, and speaks Spanish
3. There is a poster that says they [EPHC] can provide you with translator services with advanced notice, but they never help you with this service
4. If one doesn't speak much English, even if you try to explain yourself, they [receptionist staff] don't try to help you. They just say, "I don't understand." You can't do anything, because you don't speak English

Access to specialty care (need) (G_06)

1. Traveling specialists only come 1-2 times per month
2. Inability to get proper eye care locally; she has been relying on Dollar Tree reading glasses for 6 years; local eye doctor doesn't accept Medi-Cal [Quincy]

ATOD (G_07)

1. It's too easy for youth to get alcohol
2. Parents allowing kids to drink or do drugs sets a precedent, and makes it seem cool; if they do it in front of you it makes it seem okay

Medication-related weight gain (G_08)

1. Self-sabotage at attempts to improve health; trying to lose weight but not always being motivated; weight gain is an issue for many mental health clients due to medications
2. Weight gain because of medications

Mental health symptoms (G_09)

1. Mental health symptoms (e.g. voices in head/auditory hallucinations) can cause lack of sleep, interruption of normal activities; creates negative moods that interfere with daily life; causes confusion and difficulty making healthy choices
2. Mental health symptoms can cause anxiety, and makes social interaction more difficult; makes it difficult to communicate well with others

Stress (G_10)

1. Stress; this causes reduced appetite, weight loss, lack of sleep, or makes you unable to make sure you get everything you need
2. Stress because of school work, sports, or a job; everyone at school is stressed out

Access to dental care (need) (G_11)

1. Dental appointments take 5 months to schedule, and 2-3 months for children
2. Need access to dentist; only one dentist in Quincy accepts Medi-Cal

Access to health care (need) (G_12)

1. The fact that the clinic closes at 5pm, because a lot of people don't get off of work until then. You can't be seen after 5pm because if it's not an emergency they tell you that you have to make a clinic appointment
2. You need to have access to health care, both medical and mental

Financial stability (G_13)

1. Not having enough money to cover basic needs
2. When parents aren't able afford necessities it makes young people think that this is the norm; this affects what kind of things you think are important as an adult

Resource guide (need) (G_14)

1. Need a list of available resources

Access to healthy food (G_15)

1. Need access to healthy and affordable groceries

Basic life skills education (need) (G_16)

1. Need access to classes on technology (e.g. computers, printers, etc.)

Social stigma (G_17)

1. The social stigma faced by mental health clients

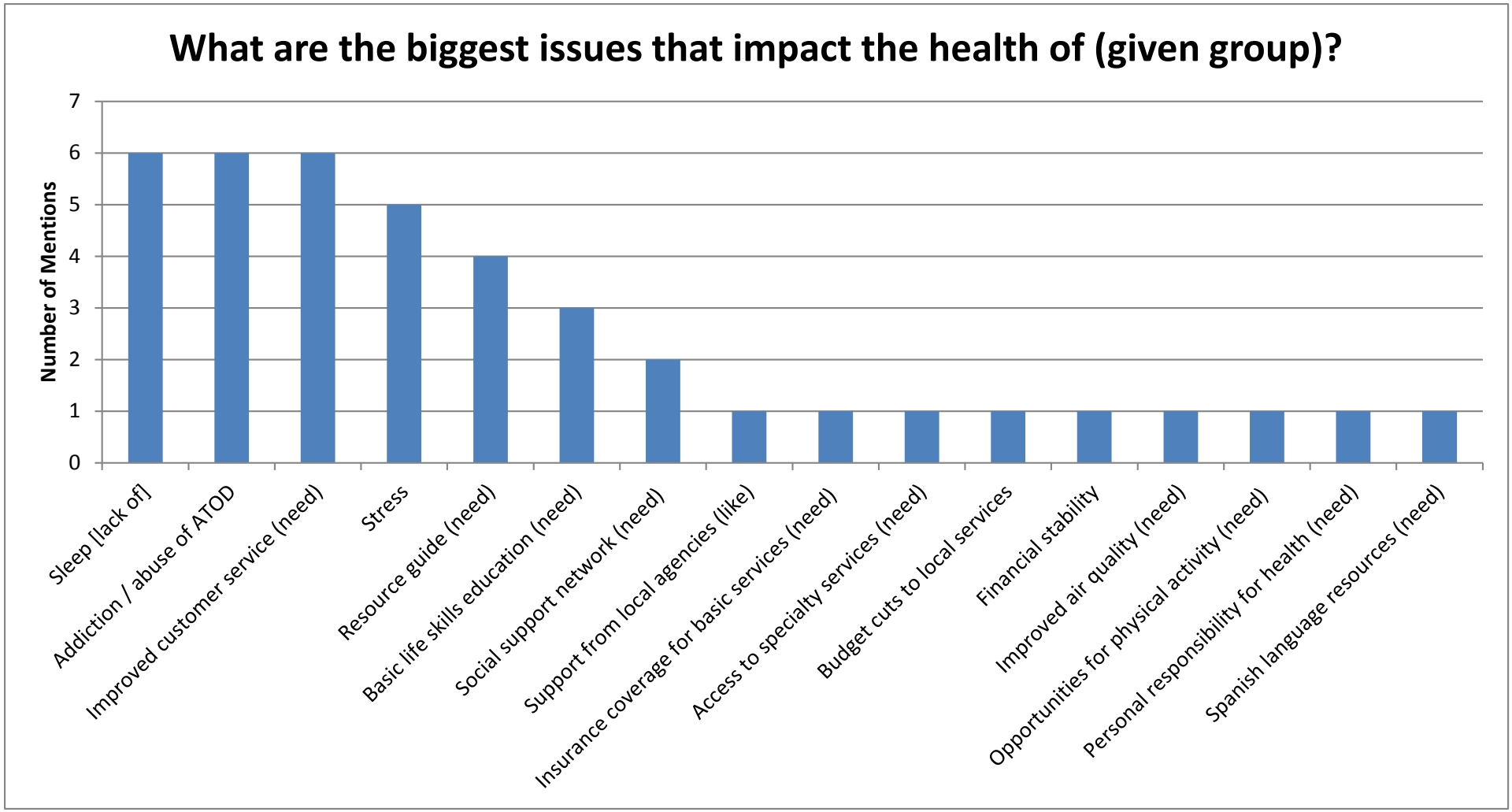
Stable family life (need) (G_18)

1. If parents are fighting, or if friends or family are doing drugs; this makes it harder to concentrate on school or yourself, and can cause you to be depressed

Unhealthy retail environment (G_19)

1. When stores have too much alcohol advertising; this makes you want to drink because it seems cool; things like beer caves make it seem like a goal to get to

QUESTION #5


What are the biggest issues that impact the health of (given group)?
Number of Mentions
0
1
2
3
4
5
6
7
Sleep [lack of]
Addiction / abuse of ATOD
Improved customer service (need)
Stress
Resource guide (need)
Basic life skills education (need)
Social support network (need)
Support from local agencies (like)
Insurance coverage for basic services (need)
Access to specialty services (need)
Budget cuts to local services
Financial stability
Improved air quality (need)
Opportunities for physical activity (need)
Personal responsibility for health (need)
Spanish language resources (need)

Focus Group Summary (all groups)
Question #5 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

What are the biggest issues that impact the health of (given group)?

Sleep (lack of) (H_01)

1. Need adequate sleep to perform well in school / sports, but you're so overloaded that you can't sleep [due to stress]
2. Need adequate sleep to perform well in school / sports, but you're so overloaded that you can't sleep [due to stress]
3. Need adequate sleep to perform well in school / sports, but you're so overloaded that you can't sleep [due to stress]
4. Need adequate sleep to perform well in school / sports, but you're so overloaded that you can't sleep [due to stress]
5. Need adequate sleep to perform well in school / sports, but you're so overloaded that you can't sleep [due to stress]
6. Need adequate sleep to perform well in school / sports, but you're so overloaded that you can't sleep [due to stress]

Addiction / abuse of ATOD (H_02)

1. Smoking, abuse of drugs or alcohol, and addiction are huge issues among mental health clients
2. There is too much easy access to drugs and alcohol
3. Living in a bad home life leads to the use of drugs and alcohol in order to cope
4. Underage drinking is a problem, and there is a lot of peer pressure; even people that know it's wrong still do it
5. Having a bad family life leads to use of drugs and alcohol, and then those individuals try to pressure their friends
6. Most people follow what's cool, so peer pressure is a problem

Improved customer service (need) (H_03)

1. The receptionists don't try to help you if you don't speak English
2. Mental health staff not listening well enough, or not understanding correctly; wants to be able to communicate with staff better
3. There needs to be more patience, better communication, and more education for mental health clients; one-on-one education is best
4. Mental Health staff is overwhelmed by client needs; this leads to lower quality services (e.g. fewer outings); need adult programs; need to interact with others so staff don't have to do so much

5. Independent living clients often need help remembering to take medication
6. Slow appointments for services that are covered

Stress (H_04)

1. Stress; from too much homework, or being overloaded every day
2. Having too many commitments (e.g. families, jobs, sports, clubs) makes teens feel like they can't experience life, and then when they turn 18 they do what they want instead of taking care of themselves [i.e. engaging in unhealthy behavior]
3. High teacher expectation and schedule overload is stressful; failing because you are overwhelmed is stressful
4. Stress from too much homework or too many commitments like school, sports, chores, taking care of siblings; parents pressure you to be involved in lots of things because they don't want you to get into trouble, but this is stressful
5. Even during the summer there are so many activities like jobs and sports that it is stressful

Resource guide (need) (H_05)

1. One thing that could be done is to standardize the communication system. It's very inconsistent right now, and one doesn't know where to go to get information. Even if things appear in the paper, not everyone uses the same system for getting information
2. There should be one website that has all of the information about services, both in English and Spanish, with links to all of the different things available
3. People don't know where to go for resources, or what resources are available; the resources exist, but people don't know how to access them
4. Need for a printed resource guide to show all services for getting people back on their feet, with a special emphasis on mental health clients

Basic life skills education (need) (H_06)

1. Need continuing life skills & and independent living skills classes for clients transitioning to independent living; budgeting can be a problem for people without these skills, and they often face financial difficulty towards the end of the month due to their limited incomes; need education on cooking healthy meals on a budget
2. Need education on social skills and social interaction
3. Need better communication skills; need to be able to communicate with other people in the community; need more opportunities to practice these skills away from Mental Health staff

Social support network (need) (H_07)

1. Need for increased social interaction between *"clients"* and *"non-clients"*; need opportunities to give back to the community [gave example of previous work as an adult mentor with a sober teen program]
2. Need more social events (e.g. barbeques)

Support from local agencies (like) (H_08)

1. Alternative Sentencing and Drug Court are great support systems (e.g. good mental health services, good counselors, serve as advocates in front of the court); the programs provide participants with critical support and tools to cope with their recovery

Insurance coverage (need) (H_09)

1. Medicare not covering necessary services, tests, medication, and equipment; dental care is not covered

Access to specialty services (need) (H_10)

1. Access to doctors and specialists; Quincy has doctors, but Chester doesn't

Budget cuts to local services (H_11)

1. Local budget cuts and lack of resources

Financial stability (H_12)

1. Coming from a low-income family leads to having to have multiple jobs to pay for college

Improved air quality (need) (H_13)

1. Winter smoke and burning of pine needles; this is a problem for people with COPD; have to use air purifiers / inhalers / oxygen

Opportunities for physical activity (H_14)

1. Need better parks

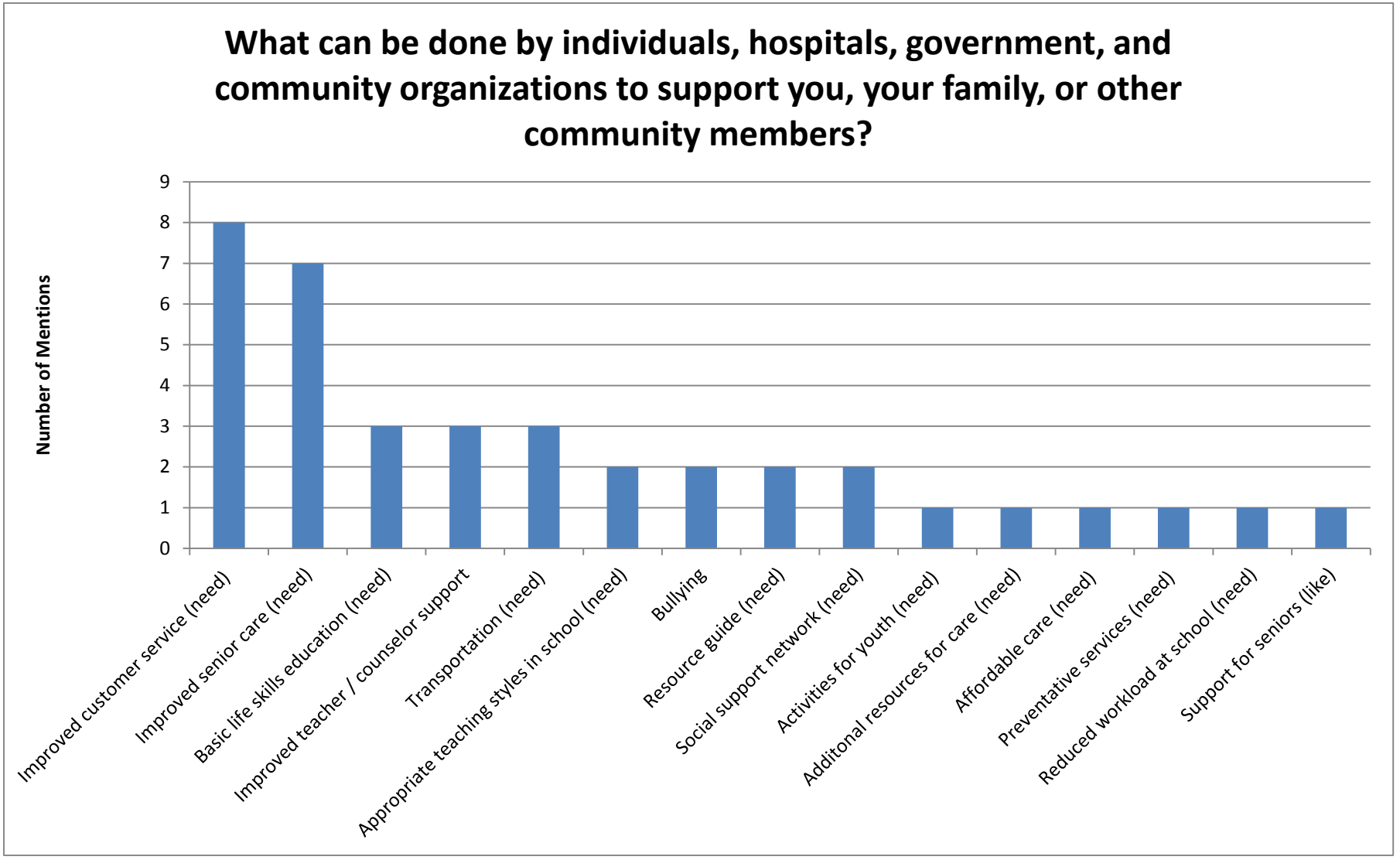
Personal responsibility for health (need) (H_15)

1. Seniors don't always take responsibility for their own health; often look for the *"miracle pill"* instead of taking ownership

Spanish language resources (need) (H_16)

1. Could the Plumas County website have a section in Spanish?

QUESTION #6


What can be done by individuals, hospitals, government, and community organizations to support you, your family, or other community members?
Number of Mentions
0
1
2
3
4
5
6
7
8
9
Improved customer service (need)
Improved senior care (need)
Basic life skills education (need)
Improved teacher / counselor support
Transportation (need)
Appropriate teaching styles in school (need)
Bullying
Resource guide (need)
Social support network (need)
Activities for youth (need)
Additonal resources for care (need)
Affordable care (need)
Preventative services (need)
Reduced workload at school (need)
Support for seniors (like)

Focus Group Summary (all groups)
Question #6 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] *(Code in blue font associated with spreadsheet)*

What can be done by individuals, hospitals, government, and community organizations to support you, your family, and other community members?

Improved customer service (need) (I_01)

1. Doctors, nurses and staff need to be able to provide good service, even if someone doesn't speak English, doesn't have insurance, or can't pay. Cultural sensitivity. Better customer service
2. Sometimes you arrive, and it's like they are doing you a favor to provide services
3. "*I don't want to call it this, but maybe it's racism sometimes because we're Latinos, or not from the United States. But, we're paying with insurance or anything else we have. It's not like we're getting something for free."*
4. They [staff] know that there aren't consequences for poor customer service
5. You arrive with the best attitude, to ask a question or try and understand. But they treat you poorly, and then you react by acting poorly, and it goes on and on. So, they're not treating us well
6. They need to explain why they say they can't provide services. Sometimes people arrive with children that have Medi-Cal, but they give excuses for why they can't see them, like they don't have vaccinations. They don't need to lie; they need to send them to the right place for services
7. Why can't they explain why they aren't going to serve you? They don't tell you why, or where else you can go
8. Need to provide written instructions for how, when, and why to seek services for children, like they do in Truckee

Improved senior care (need) (I_02)

1. There is a need for improved senior care across the county; senior family members are often given inadequate or inappropriate care at hospitals, or sent home too early
2. There is neglectful care for some seniors (e.g. not performing necessary tests) [she inferred that this was due to the fact that doctors thought they were too old, and "not worth" additional medical procedures]
3. There needs to be better medication management for seniors; she feels her mother has been over-prescribed pain medication, and is considering taking her to Enloe (Chico) for better care
4. The stress of caring for aging family members negatively affects recovery from addiction
5. Need a nursing home facility in Quincy
6. The elderly need more assistance

7. Need visits from nurses for homebound seniors; seniors will often listen to an outside person more than a family member

Basic life skills education (need) (I_03)

1. Teaching healthy habits and healthy life skills in schools; parents don't always teach these at home
2. Teach young people to take care of themselves and the community
3. Need more classes available for things like nutrition and exercise

Improved teacher / counselor support (I_04)

1. You can't talk to teachers because they're not actually supportive; they don't talk to you like a caring friend, but more like an authority figure; "*I might as well talk to my mom.*"
2. Counselors need to talk to specific students when there's a problem, not the entire group
3. Counselors need to be more confidential; rumors spread because they talk about students openly in the office

Transportation (need) (I_05)

1. Need better transportation; lack of this is a big barrier; buses not running on the weekend is a problem; trips to Reno would be nice
2. Need bigger buses
3. Getting to meetings after dark is hard without transportation

Appropriate teaching styles in school (need) (I_06)

1. Teachers need to modify their teaching styles to be more appropriate to the needs of individual students; more equal opportunity and support in schools
2. Teachers need to take more time to explain material to students that are not grasping concepts [the change to Common Core material seems to have caused frustration on the part of both teachers and students; some teachers unable to teach this new style well]

Bullying (I_07)

1. Bullying affects a lot of people; teachers and staff need to be more supportive, understanding, and more on the affected students' side
2. Teachers often turn bullying into "victim blaming", and make it feel like it's your fault

Resource guide (need) (I_08)

1. Have one website where you could find all of the information you need
2. Need a way to let mental health clients know about what events are happening in the community

Social support network (need) (I_09)

1. Have seniors help others in the community, including children, as a way for them to stay busy
2. Have more opportunities to help others, and create a stronger social support system; this helps people stay busy and feel better

Activities for youth (need) (I_10)

1. Need more activities for youth like dances or fairs; this provides drug-free socialization

Additional resources (need) (I_11)

1. Need to look for additional resources for healthy lifestyle support (e.g. dental health)

Affordable care (need) (I_12)

1. Health Fairs are still too expensive, and often only serve to find a problem

Preventative services (need) (I_13)

1. Need more preventative services

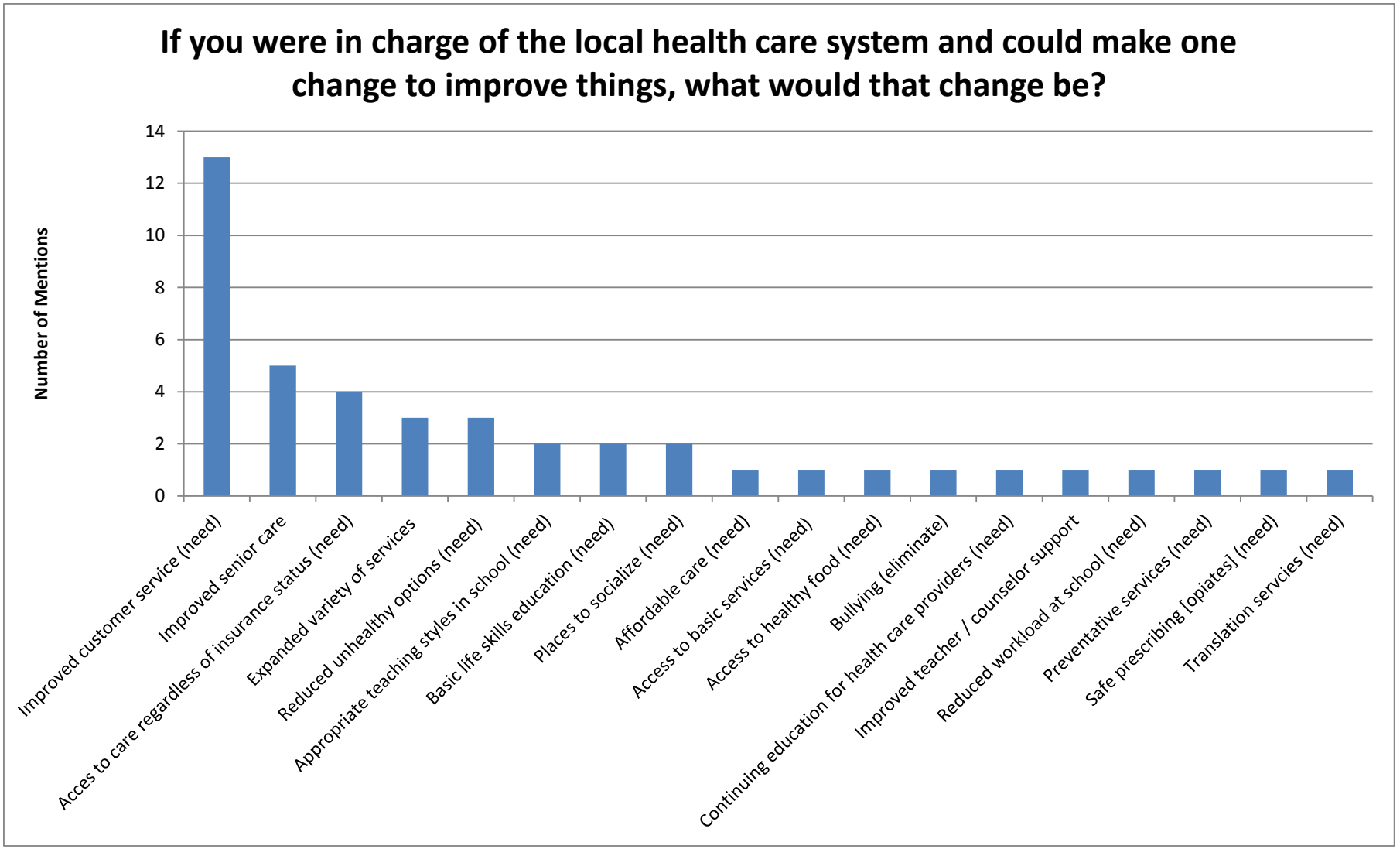
Reduced workload at schools (I_14)

1. Schools need to limit an overload of homework assignments

Support for seniors (like) (I_15)

1. Senior nutrition and transportation are great services

QUESTION #7


If you were in charge of the local health care system and could make one change to improve things, what would that change be?
Number of Mentions
0
2
4
6
8
10
12
14
Improved customer service (need)
Improved senior care
Acces to care regardless of insurance status (need)
Expanded variety of services
Reduced unhealthy options (need)
Appropriate teaching styles in school (need)
Basic life skills education (need)
Places to socialize (need)
Affordable care (need)
Access to basic services (need)
Access to healthy food (need)
Bullying (eliminate)
Continuing education for health care providers (need)
Improved teacher / counselor support
Reduced workload at school (need)
Preventative services (need)
Safe prescribing [opiates] (need)
Translation servcies (need)

Focus Group Summary (all groups)
Question #7 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

If you were in charge of the local health care system and could make one change to improve things, what would that change be?

Improved customer service (need) (J_01)

1. Fire the clinic front staff [joking to make point]
2. Train staff for cultural sensitivity
3. I would ask the clients and community what they need
4. Provide better customer service
5. They [front staff, billing, and referrals] need a lot of training in order to improve customer service
6. Hire a social worker that could help navigate patients through the system
7. Better customer service at hospitals and clinics; nurses and doctors need to be kind to patients
8. Train providers and nurses to treat clients with kindness and dignity
9. Make the medical system less about profits, and more about quality of care
10. Give the public an opportunity to conduct an annual review of doctors and hospitals (e.g. anonymous survey)
11. Less rush on the part of providers when seeing patients
12. Reduce unnecessary testing that can be very expensive
13. Doctors listening more to patients about their own health, and respecting informed patients

Improved senior care (J_02)

1. Need long-term beds at hospitals for senior care; families have to travel too far to visit nursing homes out of the county, which reduces frequency of visits
2. Establish a senior nursing home
3. Establish a senior nursing home
4. Need in-home care for seniors, especially to check medications
5. Need better screening and monitoring of in-home caregivers of seniors to avoid medication theft, theft of belongings, and fraud; opiate medication theft from seniors is a problem

Access to care regardless of insurance status (need) (J_03)

1. Don't deny anyone care, even if they don't have insurance
2. Don't deny anyone care, even if they don't have insurance
3. Don't deny anyone care, even if they don't have insurance
4. Payment plans for people that don't have Medi-Cal

Expanded variety of services (need) (J_04)

1. Need baby delivery capability in every hospital; had pre-natal care at Greenville Rancheria, but had to make emergency trip to Susanville for delivery after first arriving at Seneca
2. Invest in modern equipment; need an open-sided MRI in Quincy
3. More services offered in county

Reduced unhealthy options (J_05)

1. Remove sugar from every event; *"Wipe sugar off the face of the world."*
2. Have a completely separate store for alcohol
3. Put a limit on how much they can sell [alcohol]

Appropriate teaching styles in school (J_06)

1. Let kids with good grades attend study hall sessions, not just kids that are falling behind
2. Need to encourage actual learning, not just good test scores / grades

Basic life skills education (need) (J_07)

1. Need places that can teach hands-on cooking classes (e.g. like the Cooking Cottage); need very basic cooking classes for mental health clients that may not know how to eat balanced diets
2. Need to teach parents of small kids how to cook to encourage healthy eating

Places to socialize (need) (J_08)

1. Having fast food restaurants; this is also a place to hang out
2. Need more places to hang out, or longer hours for businesses where you can hang out; this is important for social connection

Affordable care (need) (J_09)

1. Realistic pricing at hospital pharmacy

Access to basic services (need) (J_10)

1. Basic services are needed throughout the community [Quincy] (e.g. laundromats); this is especially true for people that don't have access to transportation

Access to healthy food (need) (J_11)

1. Having more options for take away dinners that are healthy; these could be chains, not just family owned; this would also be a place to hang out

Bullying (eliminate) (J_12)

1. Have a zero tolerance policy on bullying; have an action plan for dealing with it when it happens

Continuing education for health care providers (need) (J_13)

1. Send some doctors back to medical school [not kidding]; make sure doctors are up-to-date with current preventative services, nutrition guidelines, and alternative treatments

Improved teacher / counselor support (J_14)

1. Have trusted peer counselors in schools, much like the way the REACH conference is structured; confidentiality is crucial

Reduced workload at schools (J_15)

1. Put a limit on homework; students are at school for 8 hours, why isn't this enough time to explain concepts?

Preventative services (J_16)

1. Mandate preventative check-ups, at low cost

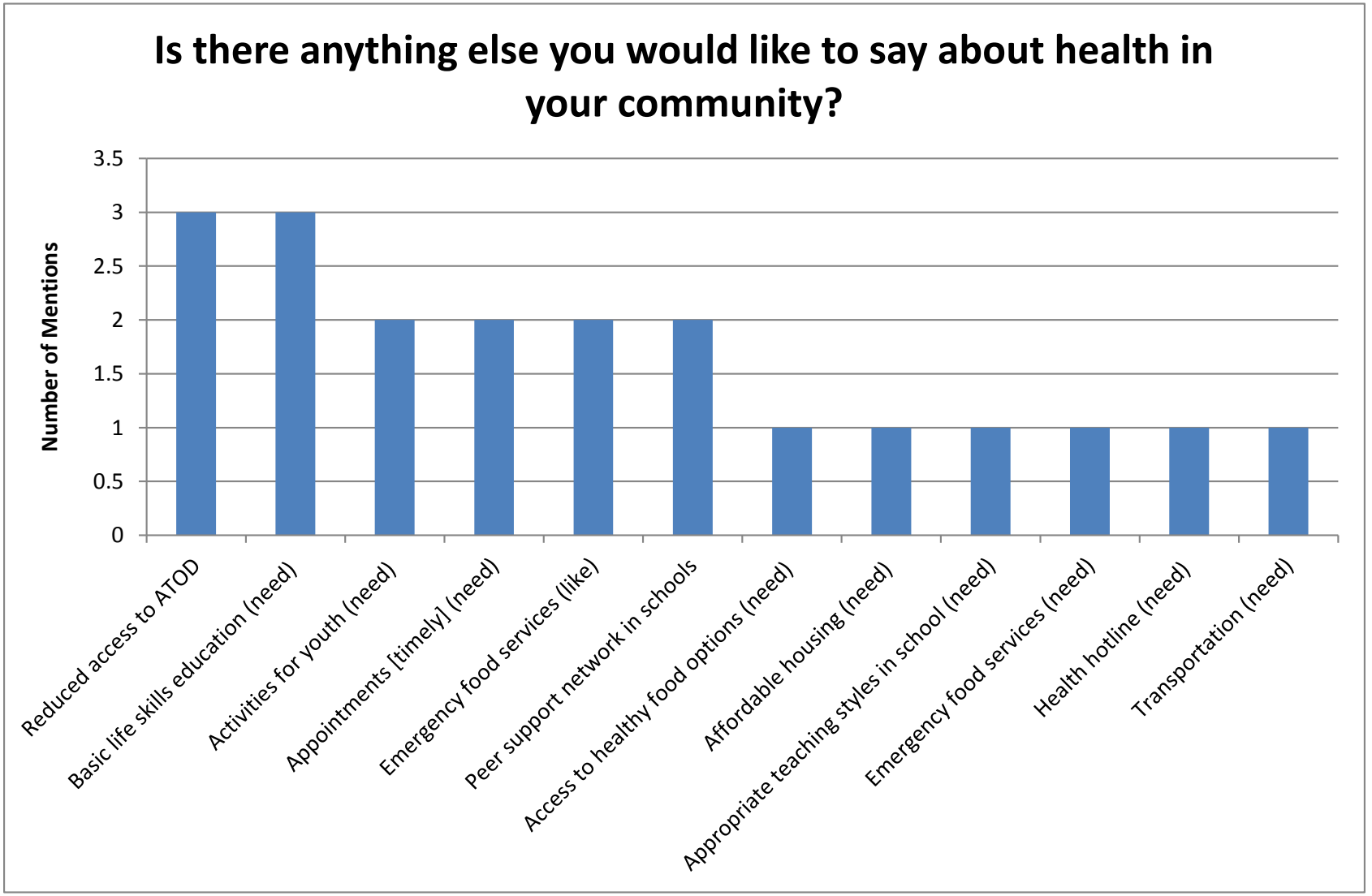
Safe prescribing opiates (J_17)

1. Make sure providers don't over-prescribe opiate medications, and monitor dosage carefully; she has had one near-miss overdose with her mother

Translation services (J_18)

1. Hire Spanish-speaking, bilingual staff

QUESTION #8


Is there anything else you would like to say about health in your community?
Number of Mentions
3.5
3
2.5
2
1.5
1
0.5
0
Reduced access to ATOD
Basic life skills education (need)
Activities for youth (need)
Appointments [timely] (need)
Emergency food services (like)
Peer support network in schools
Access to healthy food options (need)
Affordable housing (need)
Appropriate teaching styles in school (need)
Emergency food services (need)
Health hotline (need)
Transportation (need)

Focus Group Summary (all groups)
Question #8 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

Is there anything else you would like to say about health in your community?

Reduced access to ATOD (K_01)

1. Growing marijuana needs to stop in order to improve the quality of life
2. School is the biggest place people get drugs and alcohol; teachers either don't notice, or ignore
3. Need to teach more in school about the dangers of drugs and alcohol

Basic life skills education (need) (K_02)

1. Lots of mental health clients have poor hygiene, often because of a lack of ability or motivation to care for themselves
2. There needs to be a better transition from living at the Sierra House to independent living
3. The school district needs to have life skills classes similar to home economics so that kids learn how to budget, shop for healthy food

Activities for youth (need) (K_03)

1. Need more activities for children
2. Need more activities for youth 16-18. For example, a Boys & Girls Club

Appointment [timely] (need) (K_04)

1. It is hard to get appointments when you need to see a doctor; this often leads to getting handed off to a nurse practitioner with less expertise
2. Too many people go to the ER because they can't get into appointments

Emergency food services (like) (K_05)

1. The Crisis Center and Food Banks provide very good services, and are an important resource
2. The Community Supper is a great service

Peer support network in schools (need) (K_06)

1. We need to get more kids involved with Club Live, Friday Night Live, and REACH
2. Need to show Photovoice projects at the schools, and educate other students about the things documented

Access to healthy food options (need) (K_07)

1. Need nutritious foods that are simple to prepare; need hands-on instruction about how to prepare these foods; this would reduce the consumption of unhealthy or highly processed foods

Affordable housing (need) (K_08)

1. There's a need for more affordable housing options; SSI checks limit ability to pay higher rent

Appropriate teaching styles in school (need) (K_09)

1. Need for more consistency in teaching and continuity of material / concepts

Emergency food services (need) (K_10)

1. The Greenville Food Bank needs improvement; she has stopped going because of the quality of the assistance

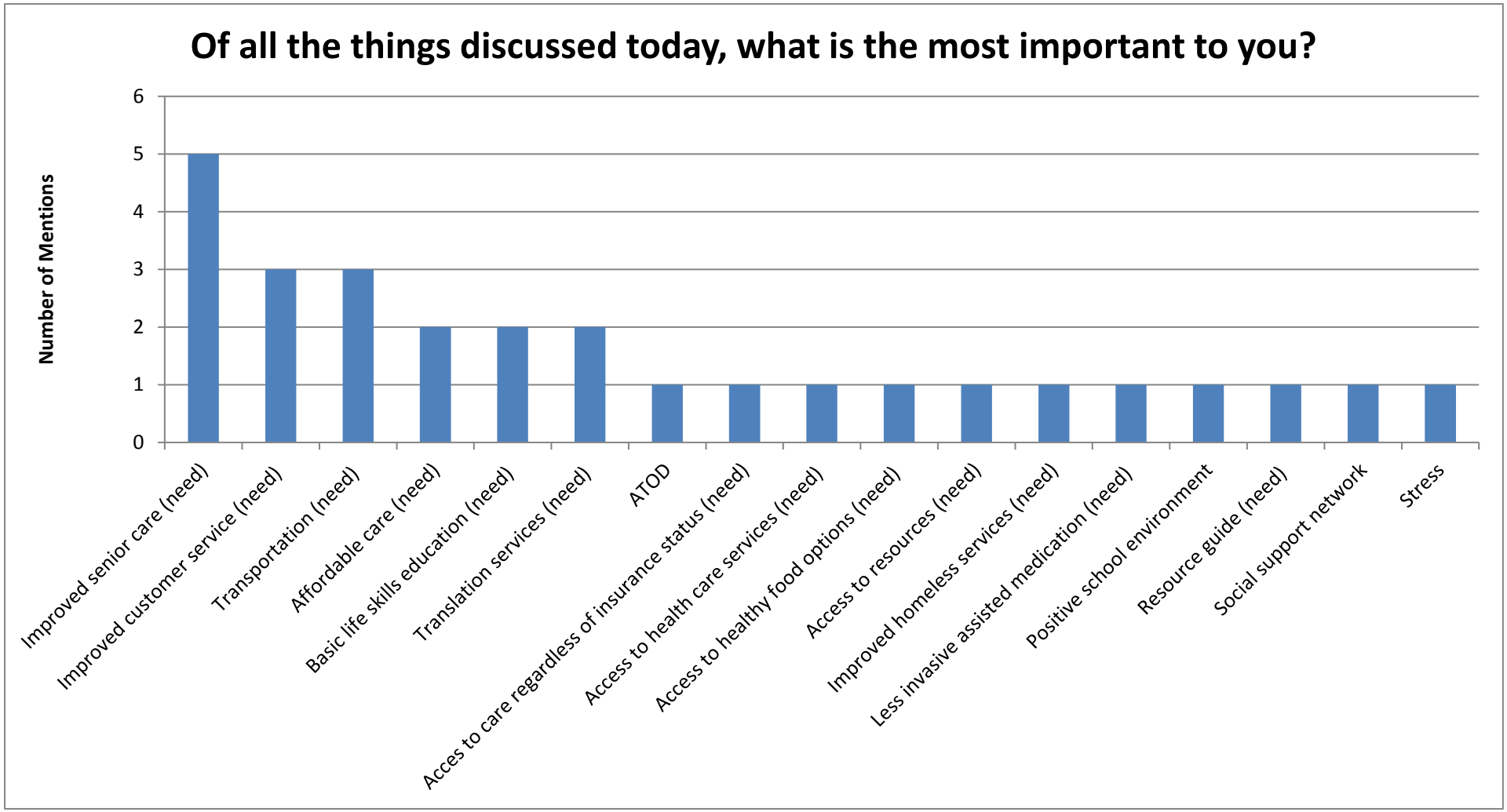
Health hotline (need) (K_11)

1. Need a 24/7 health hotline; this would reduce ER visits

Transportation (need) (K_12)

1. Use of ambulance for non-emergency transportation

QUESTION #9


Of all the things discussed today, what is the most important to you?
Number of Mentions
0
1
2
3
4
5
6
Improved senior care (need)
Improved customer service (need)
Transportation (need)
Affordable care (need)
Basic life skills education (need)
Translation services (need)
ATOD
Acces to care regardless of insurance status (need)
Access to health care services (need)
Access to healthy food options (need)
Access to resources (need)
Improved homeless services (need)
Less invasive assisted medication (need)
Positive school environment
Resource guide (need)
Social support network
Stress

Focus Group Summary (all groups)
Question #9 by Category

Focus Group feedback summary

Bullet points under the guiding question represent individual responses. [Editorial comments or after-action clarification in red font (ZR)] (Code in blue font associated with spreadsheet)

Of all the things discussed today, what is most important to you?

Improved senior care (need) (L_01)

1. Improved senior care; including better care at hospitals, in-home, and prescription management
2. Improved senior care; including better care at hospitals, in-home, and prescription management
3. Improved senior care; including better care at hospitals, in-home, and prescription management
4. Improved senior care; including better care at hospitals, in-home, and prescription management
5. Improved senior care; including better care at hospitals, in-home, and prescription management

Improved customer service (need) (L_02)

1. How they treat you. The quality of service in the clinic and hospital. Does the hospital administration know how clients are treated? Do they know what quality of service is being provided?
2. Better customer service
3. Better customer service

Transportation (need) (L_03)

1. Transportation
2. Transportation
3. Transportation

Affordable care (need) (L_04)

1. Access to affordable care; specifically eye doctor
2. Affordability of tests, or whatever Medicare doesn't cover

Basic life skills education (need) (L_05)

1. Budgeting and nutritious meal planning
2. Personal hygiene, and how you take care of yourself

Translation services (need) (L_06)

1. Having bilingual staff that could help us better. That they put themselves in our shoes, and provide quality service even if we're not that important [gave a theoretical example of how staff would act if their boss was standing right there: they would do a better job at customer service]
2. Having bilingual staff

ATOD (L_07)

1. There is a lot of access to drugs and alcohol, and something should be done about it

Access to care regardless of insurance status (need) (L_08)

1. Working with people without insurance

Access to health care services (need) (L_09)

1. Access to pharmacy services and medical treatment

Access to healthy food options (need) (L_10)

1. Food, nutrition, and how to cook

Access to resources (need) (L_11)

2. Being healthy and having everything you need

Improved homeless services (need) (L_12)

1. Improving services for homeless people; access to permanent housing [first mention, but included here]

Less invasive assisted medication (need) (L_13)

1. Fewer shots for blood pressure [less invasive/traumatic treatment]

Positive school environment (L_14)

1. Positive school environment where kids are supposed to go to build futures, not be exposed to drugs

Resource guide (need) (L_15)

1. Need to know where the information & resources are; similar to the one-page fact sheets sent out with Obamacare information

Social support network (L_16)

1. Everyone in the community doing their part

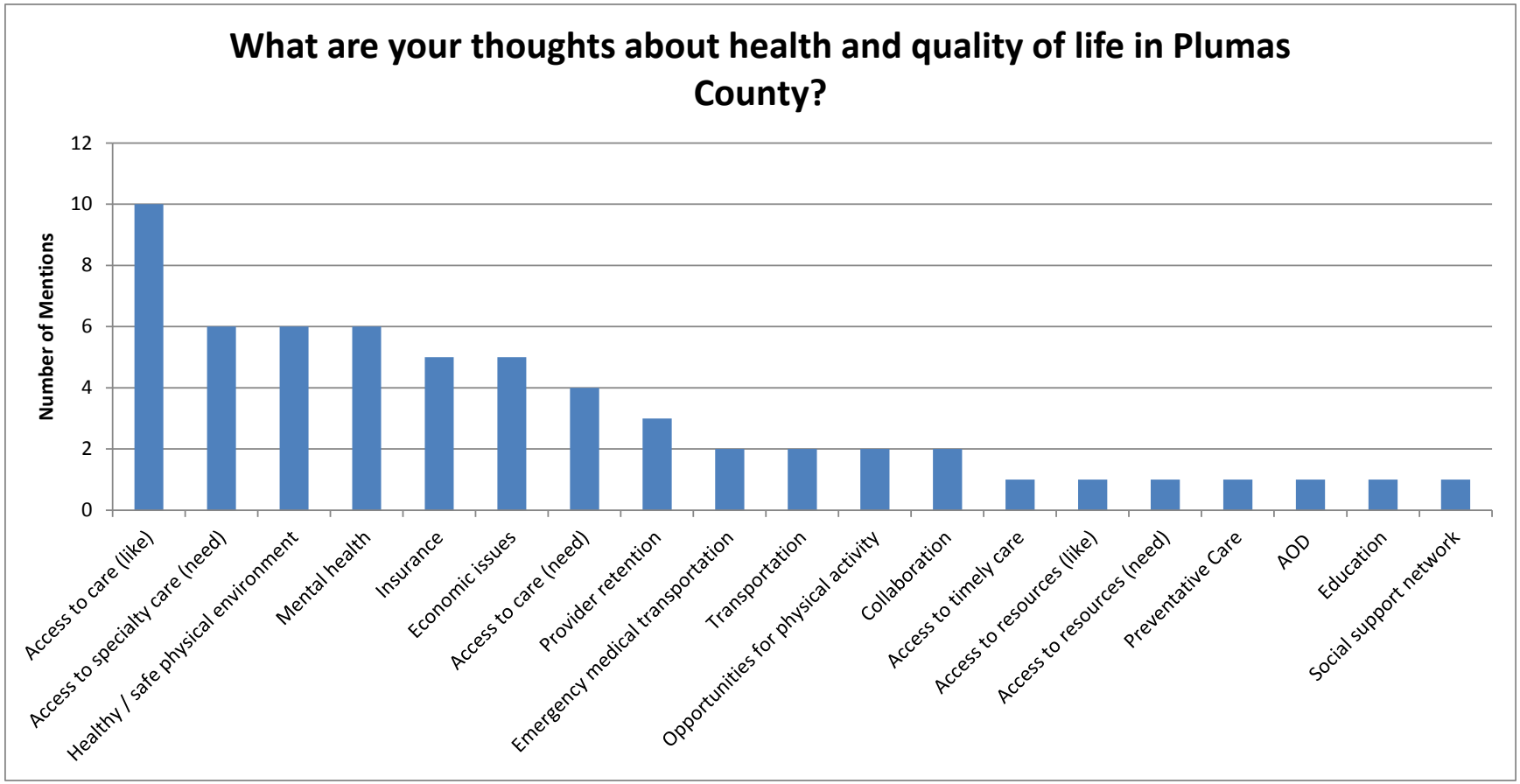
Stress (L_17)

1. Stress leads to poor behavior and drug and alcohol use

Appendix 4:

KEY INFORMANT INTERVIEWS

Question #1


What are your thoughts about health and quality of life in Plumas County?
Number of Mentions
0
2
4
6
8
10
12
Access to care (like)
Access to specialty care (need)
Healthy / safe physical environment
Mental health
Insurance
Economic issues
Access to care (need)
Provider retention
Emergency medical transportation
Transportation
Opportunities for physical activity
Collaboration
Access to timely care
Access to resources (like)
Access to resources (need)
Preventative Care
AOD
Education
Social support network

Key Informant Interview Summary (all individuals)
Question #1 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories. (Code in blue font associated with spreadsheet)

What are your overall thoughts about health and quality of life in Plumas County? For example, access to health care services or barriers to accessing care.

Access to care (like) (M_01)

1. Good access if you live reasonably close to hospitals or clinics.
2. Have committed to keeping emergency surgery and obstetrics available, even though it's a financial challenge.
3. Generally positive
4. Rural Health Clinic status allows for treatment of people with MediCal; equity of access
5. Can get labs and clinic services locally
6. Health care is personalized
7. Telehealth option increases services
8. Health care is readily available
9. Having three hospitals is good
10. There are good providers

Access to specialty care (need) (M_02)

1. Major surgery and specialty care is lacking
2. Pain management is an issue
3. Diabetic care is lacking, and people often can't afford basic diabetic medication or supplies
4. Lack of specialty care like neurology and psychiatry
5. Deficit of access to care
6. Need geriatric specialty care for aging population

Healthy / safe physical environment (M_03)

1. There is very little crime
2. Very good physical / natural environment
3. Natural beauty and good quality of life
4. High quality of life due to outdoor amenities
5. Fresh air, clean water
6. People come here for outdoor experiences

Mental health (M_04)

1. Behavioral Health is an issue that needs improvement; need coordination / collaboration
2. Mental health is an issue

3. Mental health issues are common in both low-income and affluent people in county, and accessing mental health care is difficult
4. Mental health services need improvement; local non-profits have had to take up a lot of slack
5. Suicide prevention needs improvement
6. Lack of mental health providers is a big problem; primary care providers are often tasked with treating mental health issue that merit a trained psychiatrist / psychologist

Insurance (M_05)

1. Local people still have difficulty accessing insurance, and often can't afford health care
2. There is a difference between potential access to health care, and actually accessing it
3. There has been a dramatic increase in people with health insurance
4. There are more potential patients due to increased insurance coverage, but the number of providers hasn't expanded
5. Some services are limited for those with MediCal or new ACA insurance coverage

Economic issues (M_06)

1. Natural beauty is counterbalanced with rural poverty; this dichotomy impacts health
2. High prevalence of low-income, at-risk people
3. Lack of employment opportunities
4. Need more funding for activities
5. Poverty, lack of employment, and low SES

Access to care (need) (M_07)

1. Reduced access to clinical services
2. There is not enough access to immunizations for people living outside Quincy
3. Reduced clinic hours create a backlog of patients seeking care, or patients not accessing care
4. Hospital billing is dismal; has caused some people to seek services elsewhere

Provider retention (M_08)

1. Provider retention is a problem; high turnover causes difficulty for support staff
2. High turnover in staffing for social programs does a disservice to clients, and lowers quality of care
3. There is a lack of providers

Emergency medical transportation (M_09)

1. There are good ambulance and quick response transportation
2. Good access to emergency care, and emergency transportation

Transportation (M_10)

1. Transportation is a problem, and lack of transportation leads to not accessing care
2. Transportation out of county can be difficult, but has improved

Opportunities for physical activity (M_11)

1. There are a number of outdoor activities available
2. There are opportunities for outdoor physical activities, but not everyone takes advantage

Collaboration (M_12)

1. There is good collaboration across the county
2. Collaboration is happening, but can always be improved

Access to timely care (M_13)

1. They are working to improve patient access times, and are tracking results. Have enacted "quick visit" program, where doctors keep 2-4 quick visit slots to avoid emergency room visit for minor conditions

Access to resources (like) (M_14)

1. Can connect students and families to existing services easily

Access to resources (need) (M_15)

1. Need resource guide, and repeated exposure to tools for self-improvement

Preventative Care (M-16)

1. There are great opportunities to be healthy in Plumas County, and we need to get more and more people into a "culture of health" mindset

AOD (M_17)

1. AOD abuse is a problem, but is only a symptom of larger issues

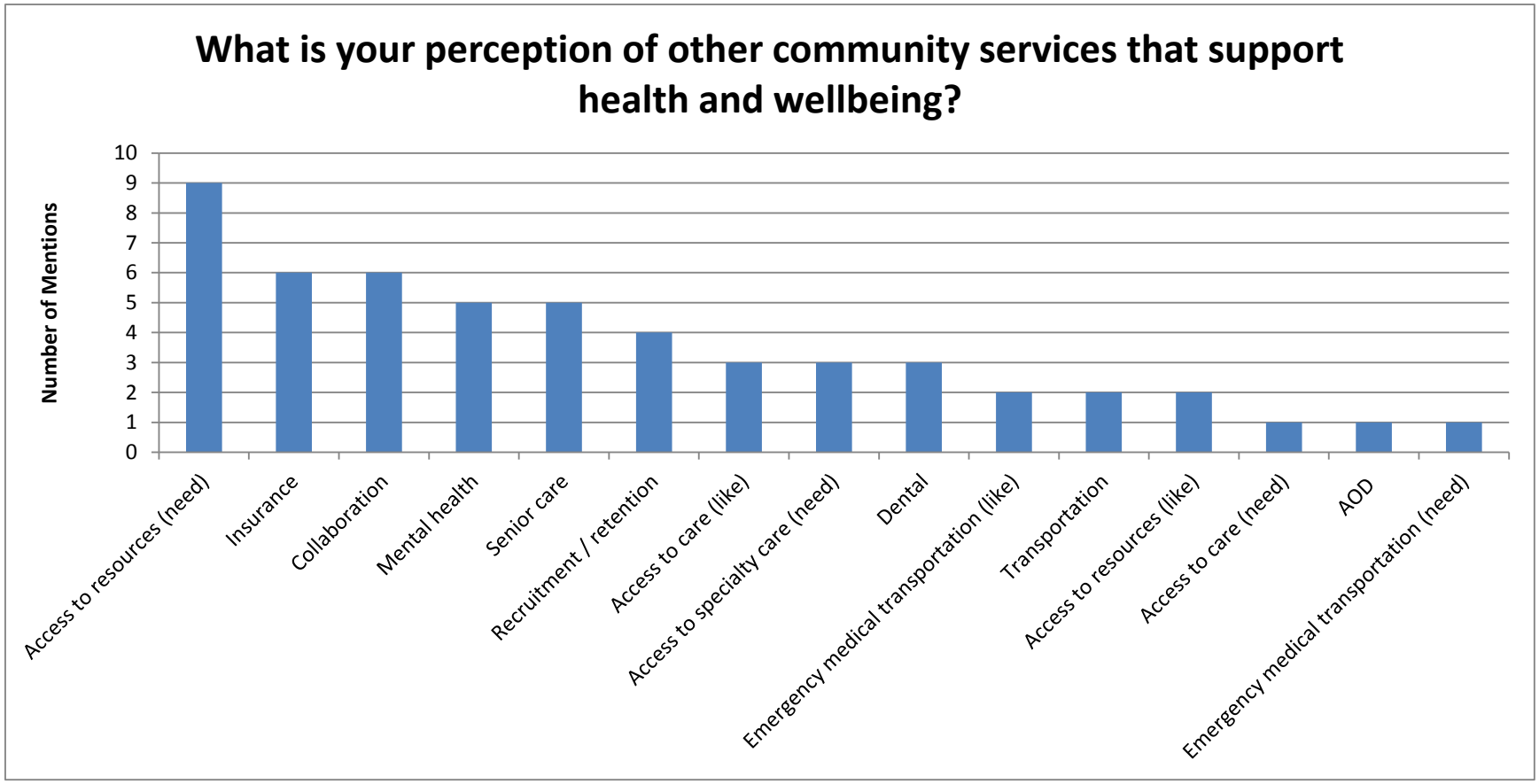
Education (M-18)

1. Education needs improvement

Social support network (M_19)

1. Strong sense of community

Question #2


What is your perception of other community services that support health and wellbeing?
Number of Mentions
10
9
8
7
6
5
4
3
2
1
0
Access to resources (need)
Insurance
Collaboration
Mental health
Senior care
Recruitment / retention
Access to care (like)
Access to specialty care (need)
Dental
Emergency medical transportation (like)
Transportation
Access to resources (like)
Access to care (need)
AOD
Emergency medical transportation (need)

Key Informant Interview Summary (all individuals)
Question #2 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories.
(Code in blue font associated with spreadsheet)

What is your perception of other community services that support health and wellbeing such as: ambulance services, mental health, alcohol and drug services, nursing homes, physical therapy, home health, vision, and dental care.

Access to resources (need) (N_01)

1. Need a resource guide
2. Housing needs
3. Access to resources (ex. winter energy assistance) takes a long time
4. Need for child care
5. Some resources are being lost; ex. nursing home
6. Resources sometimes take a long time to access
7. All of them face challenges
8. All things listed need improvement
9. The county needs a CAO

Insurance (N_02)

1. There is a gap in physical therapy and vision treatment for MediCal patients
2. Reduced access to clinical services due to lack of insurance has caused problems
3. Vision and dental care didn't expand adequately to cover the newly insured
4. Access is difficult for everything; insurance and transportation
5. Dental care is lacking, especially for MediCal patients
6. Only one optometrist in area, and they don't accept MediCal

Collaboration (N_03)

1. Need for integrated services across agencies. The work of the Opioid Coalition is a good example of this
2. Need to identify needed services, and coordinate / collaborate to address needs
3. There is good collaboration
4. Need expanded partnership to provide more screenings in schools
5. There has been improvement in health outreach
6. Collaboration between agencies is good

Mental Health (N_04)

1. There has been a historic lack of leadership in mental health, but an integrated behavioral health will be critical to improving services
2. Need a wider variety of mental health services; including CLAS mental health

3. Lack of mental health services for mild-to-moderate; lots of resources go towards trying to address this need, but take away from severely mentally ill patients
4. Mental health services need improvement and consistency
5. New leadership for mental health will help improve services

Senior care (N_05)

1. Lack of long-term senior care is disruptive to communities
2. Closure of nursing home in Quincy was devastating
3. Senior home health care workers need better training and higher pay
4. Need to improve training and vetting of IHSS workers
5. Lots of need for senior home health care providers; all levels of home care

Recruitment / retention (N_06)

1. Difficulty in recruiting experienced AOD counselors
2. Recruiting professionals is difficult without competitive pay
3. Need to avoid burnout in the relatively few dedicated people trying to make change
4. It is very hard to recruit providers

Access to care (like) (N_07)

1. Moving in a positive direction
2. Eye and vision services exist
3. Clinical services for low-income people is good

Access to specialty care (need) (N_08)

1. Need optometrist services, including MediCal
2. There is only one physical therapist in the area, and he is overbooked
3. The skilled nursing facility at the hospital is always full, and many rehab patients are sent out-of-county

Dental (N_09)

1. Dental care is lacking, especially for MediCal patients
2. Need improved dental services for children and seniors
3. Dental care is an issue, especially for children

Emergency medical transportation (like) (N_10)

1. Emergency medical transport out of county is good
2. Emergency medical transportation is critical, and in good shape

Transportation (N_11)

1. Lack of transportation to medical care
2. Access is difficult for everything; insurance and transportation

Access to resources (like) (N_12)

1. Having three hospitals is a benefit for such a rural community
2. Community benefit organizations are trying to help meet need with limited funding, and doing a good job

Access to care (need) (N_13)

1. Access is difficult for everything; insurance and transportation

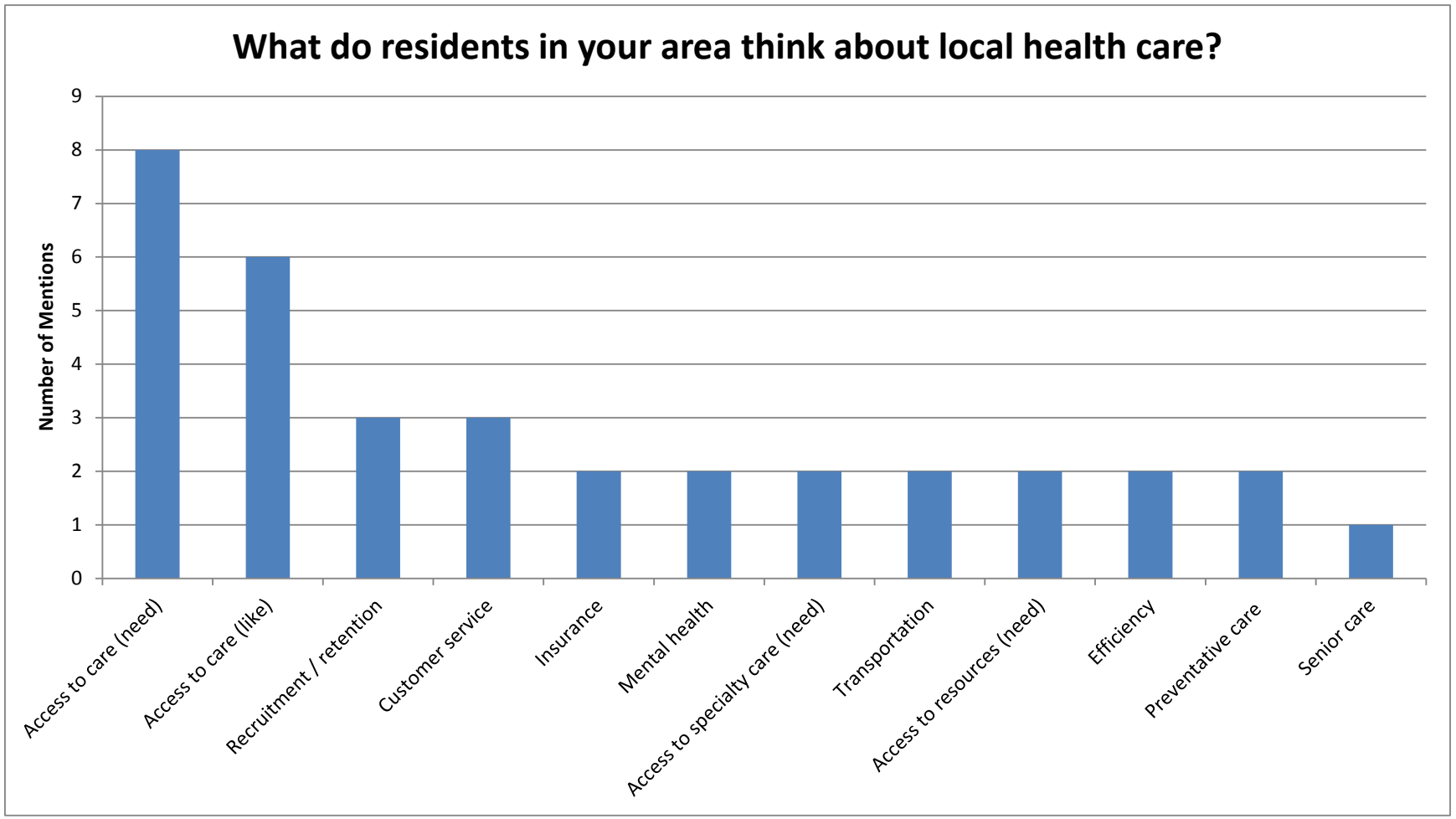
AOD (N_14)

1. Still lots of work to do in improving AOD services

Emergency medical transportation (need) (N_15)

1. Ambulance service in area is volunteer based; emergency medical transportation needed

Question #3


What do residents in your area think about local health care?
Number of Mentions
0
1
2
3
4
5
6
7
8
9
Access to care (need)
Access to care (like)
Recruitment / retention
Customer service
Insurance
Mental health
Access to specialty care (need)
Transportation
Access to resources (need)
Efficiency
Preventative care
Senior care

Key Informant Interview Summary (all individuals)
Question #3 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories.
(Code in blue font associated with spreadsheet)

What do residents in your area think about local health care?

Access to care (need) (O_01)

1. Continuity of care and prescription management is a problem
2. Often have to go out of county for care
3. Lack of cancer treatments locally
4. Access to health care is still problematic, particularly for MediCal patients
5. Difficulty establishing medical homes for people 45-60 years old
6. Appointments or immediate access to care is not always possible
7. Complaints about lack of appointments
8. People don't utilize walk-in clinic that was established to address problem with appointments

Access to care (like) (O_02)

1. Many elderly people want and need to have services close-by and pay attention to doctor's advice
2. Middle age usually only access care when needed, but like having it here
3. Some communities are in close proximity to clinics / hospitals
4. Services are good
5. We're lucky to have 3 hospitals
6. People are generally happy with services, and happy they are available

Recruitment / retention (O_03)

1. People are frustrated with high rate of provider turnover; continuity of care is negatively impacted and some people have stopped seeking care
2. Lack of providers is a problem
3. Lack of providers

Customer service (O_04)

1. There is low satisfaction with quality of service / customer service
2. Need to improve customer service, especially in the ability to spend time with patients
3. There needs to be better procedure for billing; ex. billing a wellness visit instead of ER

Insurance (O_05)

1. Access to health care is still problematic, particularly for MediCal patients
2. An unknown number of people still don't have insurance coverage

Mental Health (O_06)

1. Not enough resources for mental health
2. Mental health combined with AOD abuse are huge issues

Access to specialty care (need) (O_07)

1. Need more cancer treatment locally
2. Community wants more specialty care like chemotherapy, dialysis

Transportation (O_08)

1. Transportation to appointments outside of county is lacking
2. Transportation for cancer treatment outside of county is needed

Access to resources (need) (O_09)

1. Not enough sober living housing, or housing in general
2. Not everyone knows about available services

Efficiency(O_10)

1. Young folks will likely start preferring "retail medicine" or more technological approaches
2. Public doesn't always use / show up to opportunities to provide feedback; most feedback is anecdotal; wants to know more

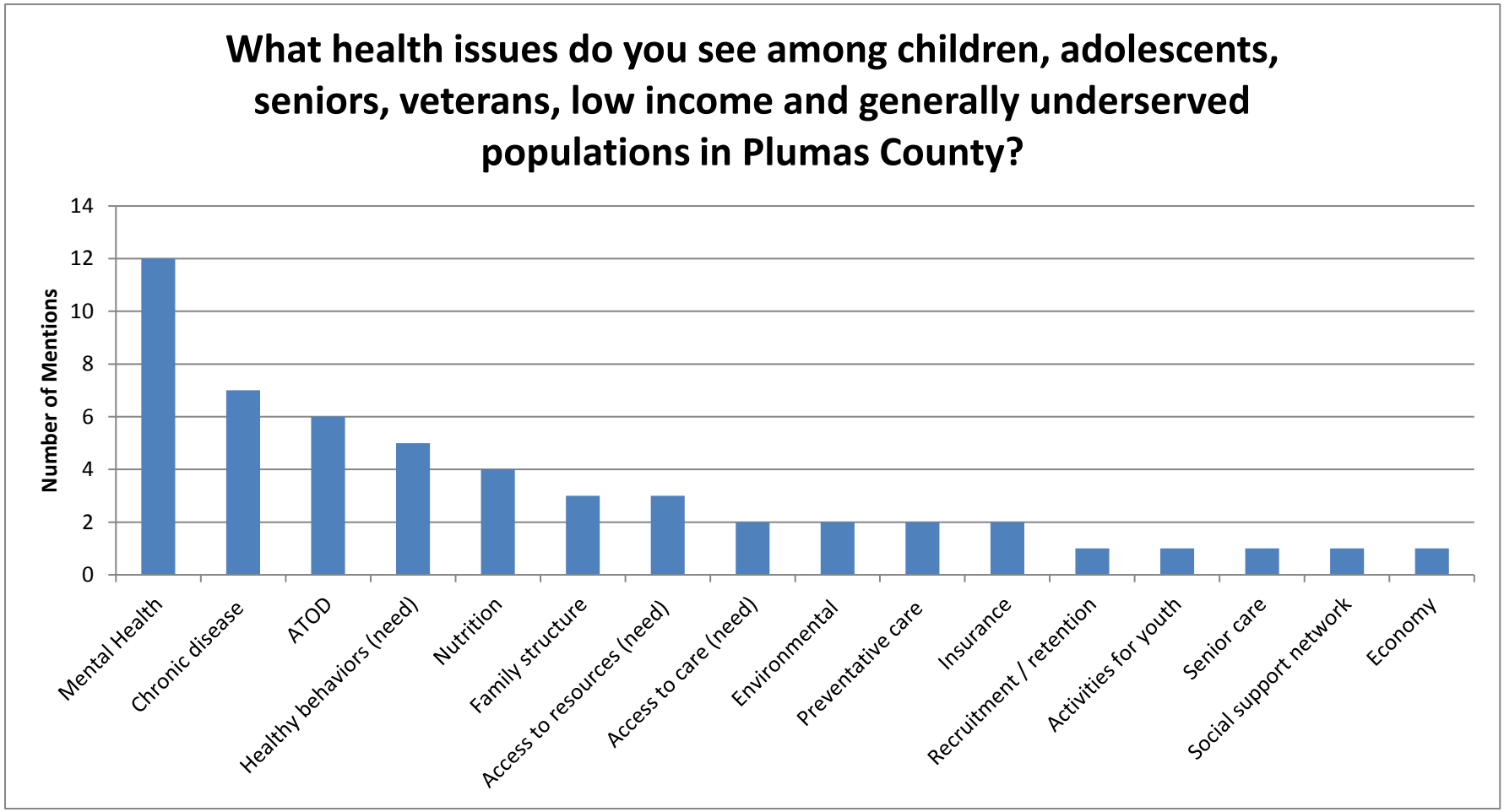
Preventative care (O_11)

1. Unhealthy lifestyles and social determinants impact health
2. Patients frustrated with loss of providers

Senior care (O_12)

1. In home health care for seniors that want to live independently is a huge issue

Question #4


What health issues do you see among children, adolescents, seniors, veterans, low income and generally underserved populations in Plumas County?
Number of Mentions
14
12
10
8
6
4
2
0
Mental Health
Chronic disease
ATOD
Healthy behaviors (need)
Nutrition
Family structure
Access to resources (need)
Access to care (need)
Environmental
Preventative care
Insurance
Recruitment / retention
Activities for youth
Senior care
Social support network
Economy

Key Informant Interview Summary (all individuals)
Question #4 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories.
(Code in blue font associated with spreadsheet)

What health issues do you see among children, adolescents, seniors, veterans, low income and generally underserved populations in Plumas County?

Mental health (P_01)

1. Mental health issues
2. Mental health services for children is a need
3. Mental health issues are number one
4. People don't always know how to access mental health care
5. Isolation
6. Isolation and associated mental health issues
7. Children experience behavioral and mental health problems
8. Adolescents face issues with suicide, mental health, bullying, and substance abuse
9. Seniors experience mental health issues and lack of proper nutrition
10. Veterans face mental health issues, substance abuse, and overall health problems
11. Low-income people experience substance abuse, mental health, nutrition, and lack of insurance
12. Mental health

Chronic disease (P_02)

1. Diabetes and related heart problems
2. Diabetes
3. Chronic pain
4. High blood pressure
5. High cholesterol
6. Obesity
7. Pain management; cut-backs in opioid prescriptions have led to complaints

ATOD (P_03)

1. Poor nutrition, smoking, and domestic violence are problems among low-income patients
2. Tobacco / vaping use
3. Adolescents face issues with suicide, mental health, bullying, and substance abuse
4. Veterans face mental health issues, substance abuse, and overall health problems
5. Low-income people experience substance abuse, mental health, nutrition, and lack of insurance
6. AOD abuse leading to suicide attempts

Healthy behaviors (need) (P_04)

1. Lack of education and lack of physical activity are problems among youth
2. Certain activities (e.g. violent video games) create negative mental health outcomes
3. Improved physical education in schools and early education about healthy lifestyles is needed, and healthy activities need to be promoted
4. Need some sort of recreation center, or activity hub for youth
5. General poor health

Nutrition (P_05)

1. Poor nutrition, smoking, and domestic violence are problems among low-income patients
2. Lack of nutrition education or access to healthy foods
3. Seniors experience mental health issues and lack of proper nutrition
4. Low-income people experience substance abuse, mental health, nutrition, and lack of insurance

Family structure (P_06)

1. Poor nutrition, smoking, and domestic violence are problems among low-income patients
2. Lack of family structure leads to poor health outcomes
3. Disruptive behavior with children / adolescents; symptom of what they are going through in life

Access to resources (need) (P_07)

1. People often don't know how to access services
2. Limited resources countywide have forced some departments to take on responsibilities outside their funding
3. Getting children linked with resources and services should be a priority for everyone

Access to care (need) (P_08)

1. The VA needs to allow for treatment of veterans locally
2. Lack of eye and dental for children

Environmental (P_09)

1. Allergies
2. Problems with winter weather for seniors

Preventative care (P_10)

1. There is a lack of preventive care; willingness to take responsibility for one's own health
2. ACA has put too much emphasis on hospitals/clinics fixing medical problems, as opposed to making preventative care and healthy lifestyles a priority

Insurance (P_11)

1. Low-income people experience substance abuse, mental health, nutrition, and lack of insurance
2. People that are eligible for MediCal sometimes don't apply; this leads to delay of care, and usually more severe cases

Recruitment / retention (P_12)

1. Lack of staff to treat any of these populations

Activities for youth (P_13)

1. Need youth prevention programs to address mental health and physical well-being

Senior care (P_14)

1. Need improved senior care; closure of nursing home was a loss

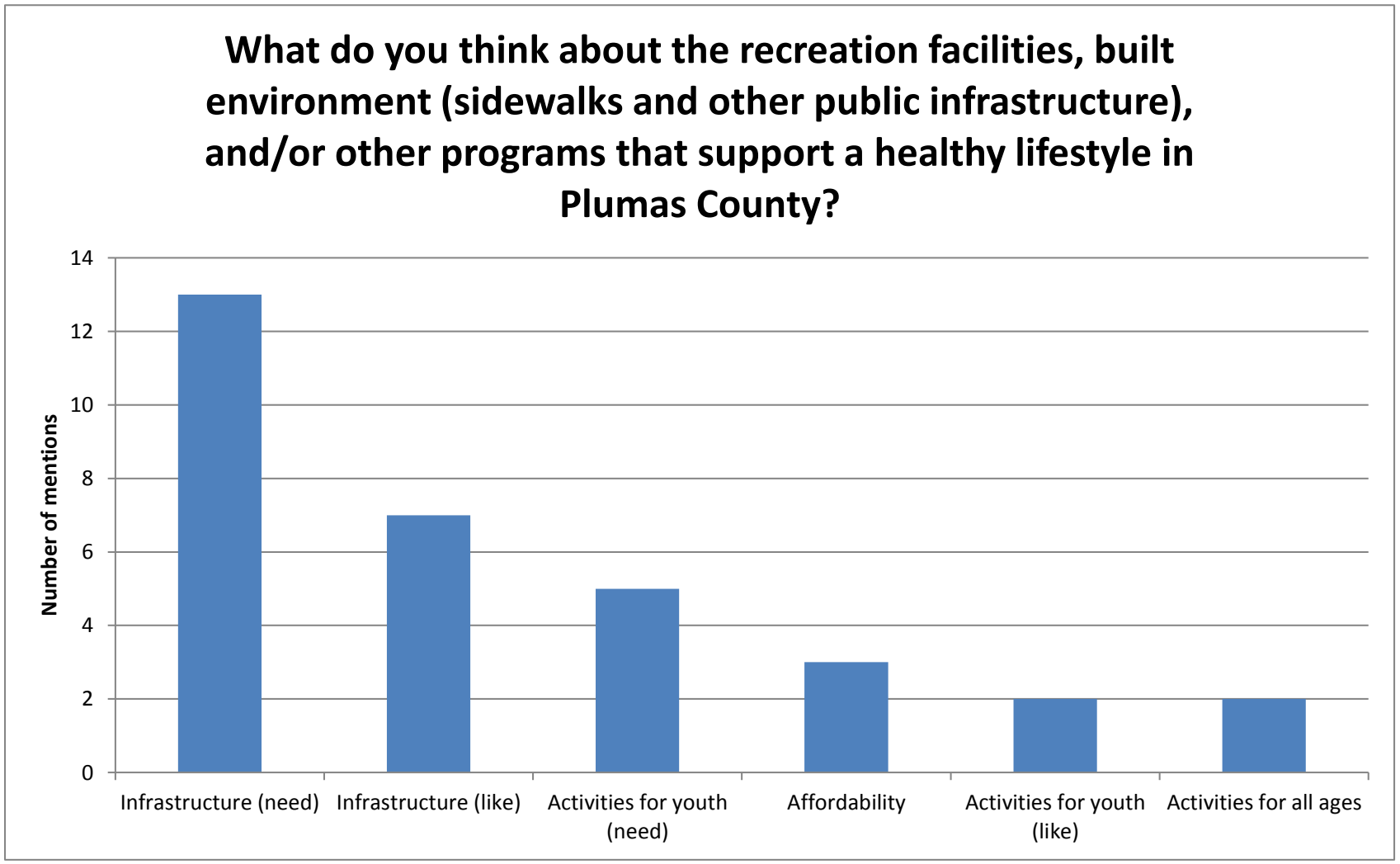
Social support network (P_15)

1. Need a stronger social support system for people with different issues

Economy (P_16)

1. Lack of employment leads to health problems; loss of local businesses

Question #5


What do you think about the recreation facilities, built environment (sidewalks and other public infrastructure), and/or other programs that support a healthy lifestyle in Plumas County?
Number of mentions
14
12
10
8
6
4
2
0
Infrastructure (need)
Infrastructure (like)
Activities for youth (need)
Affordability
Activities for youth (like)
Activities for all ages

Key Informant Interview Summary (all individuals)
Question #5 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories.
(Code in blue font associated with spreadsheet)

What do you think about the recreation facilities, built environment (sidewalks and other public infrastructure), and programs which support a healthy lifestyle in Plumas County?

Infrastructure (need) (Q_01)

1. An all-season swimming pool would benefit many age groups, and make low-impact exercise available
2. Public infrastructure is very poor; makes getting around community difficult
3. There is no real infrastructure
4. Sidewalks have been completely torn up, leaving an unsafe walking environment, especially for seniors
5. No walking trails
6. Sidewalks and other public infrastructure for walking need improvement
7. Need a go-to facility for children, like Boys & Girls Club, in all four major communities
8. Community or recreation facility could be location for skills training, social support, mentorship programs
9. Need an ice-skating rink
10. Need to be more bicycle friendly in towns and on highways
11. Slowly being improved; ex. walkability / bikeability survey by Public Works
12. Need better sidewalks
13. Need more physical activity infrastructure, but there is a lack of funding and volunteers

Infrastructure (like) (Q_02)

1. There are lots of parks, trails, and opportunities for outdoor physical activity
2. Sierra Buttes Trail Stewardship has done great work improving trails
3. There are gyms in many communities that offer classes
4. Lots of hiking, trails, and biking opportunities
5. Lots of summer water sports
6. Good parks in each community
7. Local groups have done the best they could with limited budgets and limited infrastructure

Activities for youth (need) (Q_03)

1. Need more programs / activities for youth
2. There aren't enough non-sport activities for kids
3. Winter activities are fewer than before; ex. busing kids to Johnsville ski area
4. Need for youth activities
5. There are lots of outdoor recreation opportunities, but they're not utilized (ex. no guided activities; kids don't know how to access)

Affordability (Q_04)

1. Some options are available, but low-income families can't pay to participate
2. The ski program is great, especially when there are scholarship / transportation for low-income kids
3. Can't afford to pay for or travel with children in organized sports

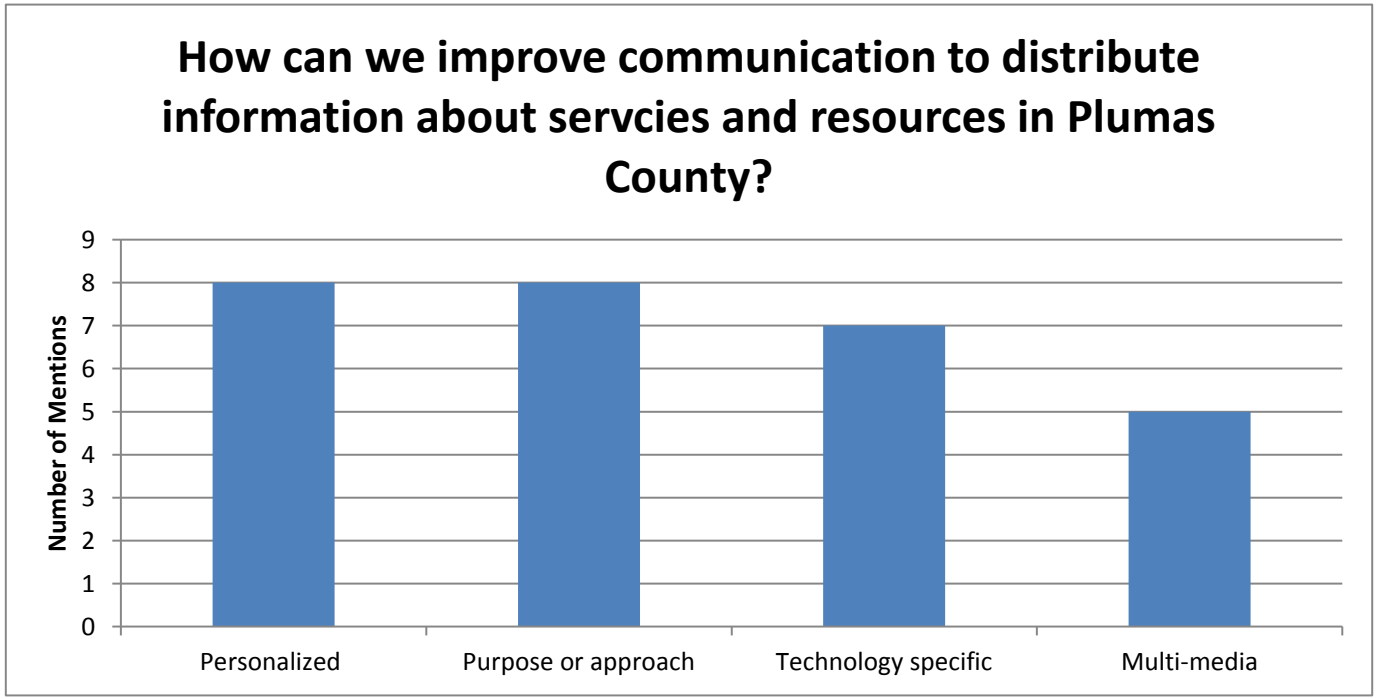
Activities for youth (like) (Q_05)

1. There are many quality outdoor education opportunities for youth
2. Recreation Districts do a good job of providing activities

Activities for all ages (Q_06)

1. There are programs available, but people don't take advantage
2. Need to support / develop winter recreation opportunities

Question #6


How can we improve communication to distribute information about servcies and resources in Plumas County?
Number of Mentions
9
8
7
6
5
4
3
2
1
0
Personalized
Purpose or approach
Technology specific
Multi-media

Key Informant Interview Summary (all individuals)
Question #6 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories.
(Code in blue font associated with spreadsheet)

How can we improve communication to distribute information about services and resources in Plumas County?

Personalized (R_01)

1. We need to have more face-to-face contact, and need to think outside the box for ways to improve
2. Building strong personal/professional relationships with all the involved stakeholders is important, and can address things that have been talked about in the community for many years
3. Increased participation in community coalitions like the IV Collaborative
4. Need a more personal approach; face-to-face
5. Funded agencies in the county need to do more direct outreach to potential clients / partners
6. 20,000 Lives is a great resource
7. Community Connection program is great
8. Sharing through coalitions is important; ex. 20,000 Lives

Purpose or approach (R_02)

1. Need to continue reducing duplicating efforts
2. Need to develop strategies that think towards the future
3. Information is out there, but doesn't always get to the people that need it
4. Need to distribute information at the appropriate reading level
5. Need to have an established succession planning process to deal with high staff turnover; maintain organizational memory
6. Need to pay attention to past decisions that were made for long-term vision of county, and learn from past mistakes
7. Need to prioritize what can realistically be accomplished with limited time & energy
8. Could improve interagency communication

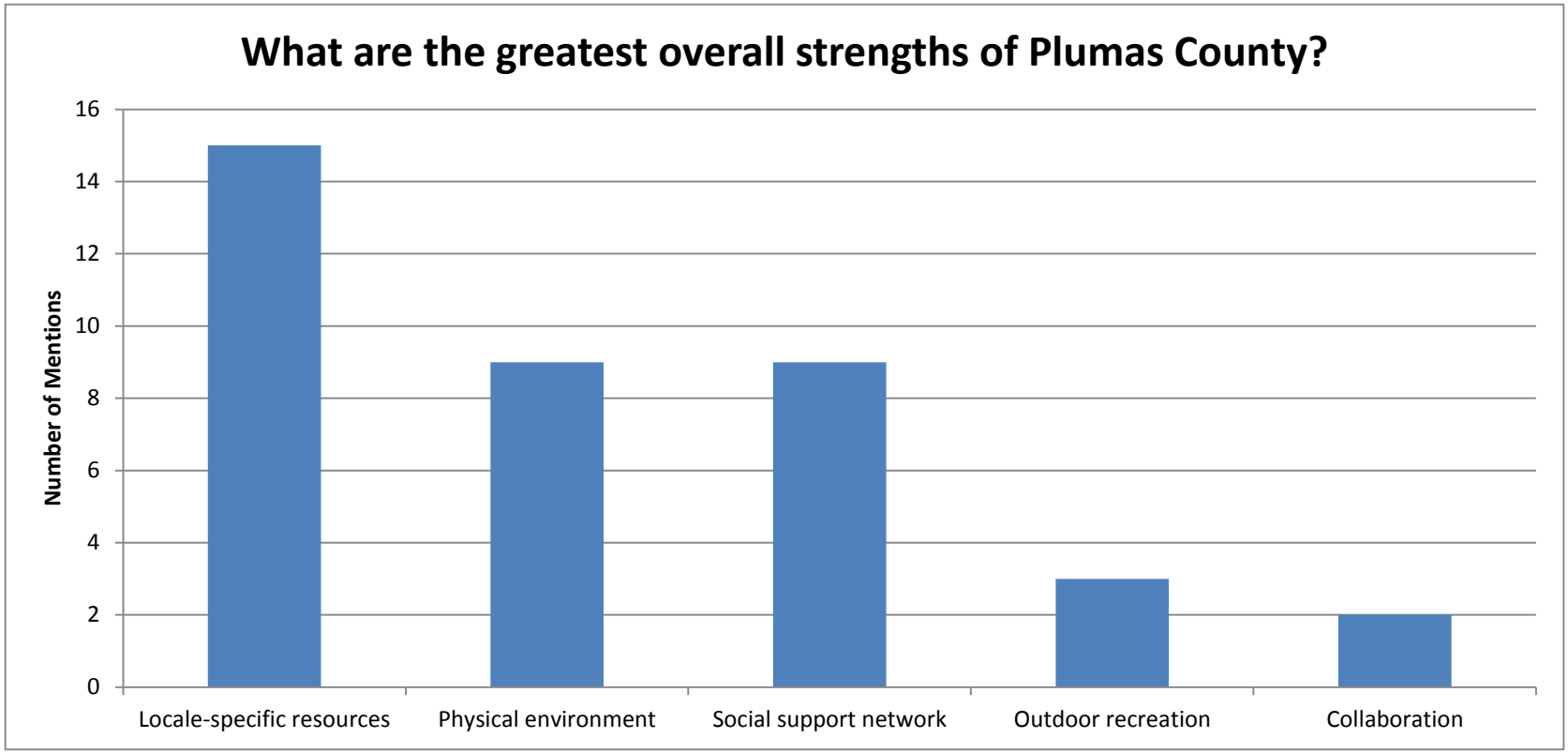
Technology specific (R_03)

1. Lots of potential in electronic communications
2. Need to use Facebook more
3. Need a resource guide or toll-free resource hotline
4. School alerts are useful
5. Need to use new technologies to advertise services
6. Need one centralized community calendar or resource guide
7. Facebook and social media are effective

Multi-media (R_04)

1. It is very complex; use a wide variety of mediums (newspapers, mailings, online)
2. Social media, radio, newspaper
3. E-mail and social media are very productive
4. Newspaper and radio
5. Doesn't know how to do any better; already using flyers, message boards, social media, newspapers, radio

Question #7


What are the greatest overall strengths of Plumas County?
Number of Mentions
16
14
12
10
8
6
4
2
0
Locale-specific resources
Physical environment
Social support network
Outdoor recreation
Collaboration

Key Informant Interview Summary (all individuals)
Question #7 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories.
(Code in blue font associated with spreadsheet)

What are the greatest overall strengths of Plumas County?

Locale-specific resources (S_01)

1. Good schools
2. People move here to improve quality of life
3. Strong local agency leadership
4. Having 3 hospitals
5. Good emergency medical transport
6. Quality people in permanent leadership positions
7. Self-sufficient mentality can be good sometimes
8. Can be left alone
9. Art scene is great for the size
10. Young families are coming back
11. Resilient people
12. Committed public servants that do their best with limited resources
13. Accountability in quality of care because of the small community
14. No big city problems; they are still here, but there are far fewer
15. Less traffic

Physical environment (S_02)

1. Natural beauty
2. Natural environment; rural setting
3. Beautiful natural environment
4. Beauty of landscape
5. Natural amenities makes up for lack of shopping
6. Natural beauty
7. Great natural environment
8. Beautiful environment; clean air, water
9. Less pollution

Social support network (S_03)

1. A diverse group of committed citizens that work together to solve problems; sense of community
2. Friendly people
3. Strong social support networks
4. Small communities

5. Small, rural communities have strong social support networks
6. People know each other
7. Strong social support network
8. Small communities means stronger support of clients
9. People know their neighbors and check in on them; strong social support

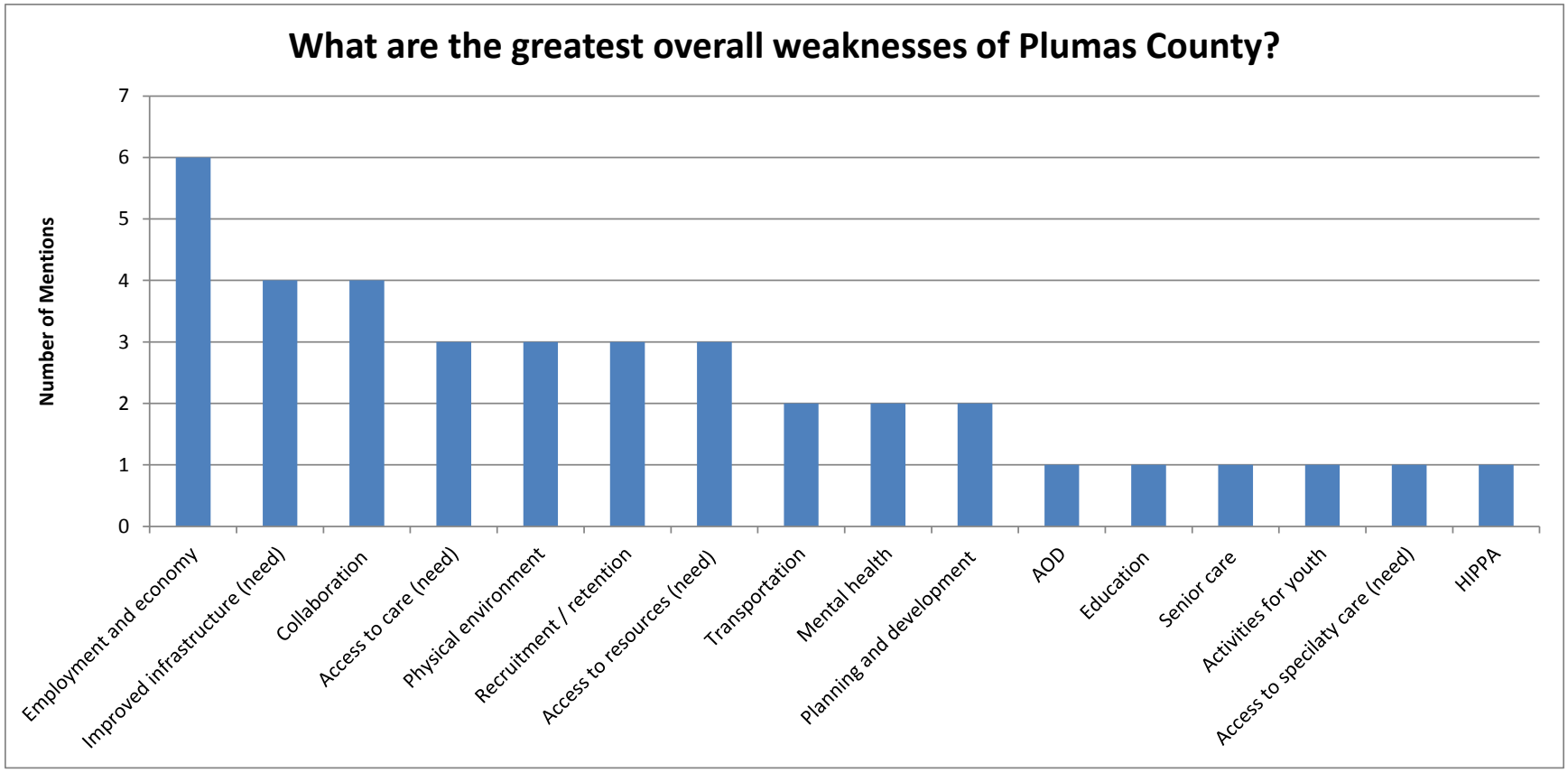
Outdoor recreation (S_04)

1. Outdoor recreation opportunities
2. Opportunities for outdoor sports
3. Good outdoor recreation opportunities

Collaboration (S_05)

1. There is a lot of collaboration
2. There are very active and diverse community volunteers

Question #8


What are the greatest overall weaknesses of Plumas County?
Number of Mentions
0
1
2
3
4
5
6
7
Employment and economy
Improved infrastructure (need)
Collaboration
Access to care (need)
Physical environment
Recruitment / retention
Access to resources (need)
Transportation
Mental health
Planning and development
AOD
Education
Senior care
Activities for youth
Access to specialty care (need)
HIPPA

Key Informant Interview Summary (all individuals)
Question #8 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories.
(Code in blue font associated with spreadsheet)

What are the greatest overall weaknesses of Plumas County?

Employment and economy (T_01)

1. We need better internet access; this is an important tool for thriving businesses and telecommuters
2. Lack of employment is a problem
3. Loss of local businesses is a problem
4. Lack of employment opportunities
5. Poverty
6. Lack of economic development

Improved infrastructure (need) (T_02)

1. We need better internet access; this is an important tool for thriving businesses and telecommuters
2. Infrastructure: roads, internet
3. A relative lack of infrastructure and services
4. Lack of high speed internet

Collaboration (T_03)

1. Lack of interagency support
2. Unwillingness to collaborate; unnecessary strife
3. There is some favoritism in county
4. Upper income folks need to commit more to the community

Access to care (need) (T_04)

1. People move away because of health related issues
2. Limited access to health care
3. People with major illnesses might decide to live closer to available care

Physical environment (T_05)

1. Wildfire hazard
2. Isolated location
3. Isolation, and associated issues with mental health

Recruitment / retention (T_06)

1. Wages / salaries are low
2. Lack of training / experience in key positions causes problems
3. Recruitment of skilled workers is hard due to low pay

Access to resources (need) (T_07)

1. Lack of availability of services; all types (ex. shopping, health care)
2. Staff lacking child care; missed days because of this
3. Lack of housing for in-coming staff

Transportation (T_08)

1. Lack of transportation
2. Lack of transportation

Mental health (T_09)

1. Poor behavioral health support up to this point; there has been a historic lack of partnership between mental health and primary care provider
2. Isolation, and associated issues with mental health

Planning and development (T_10)

1. No organizational memory
2. Lack of focus or long-term planning

AOD (T_11)

1. Substance abuse is a problem

Education (T_12)

1. Schools sometimes lack quality of education; parents need to be very proactive and hands-on to getting quality education

Senior care (T_13)

1. Senior services needs improvement

Activities for youth (T_14)

1. Youth need activities outside of school

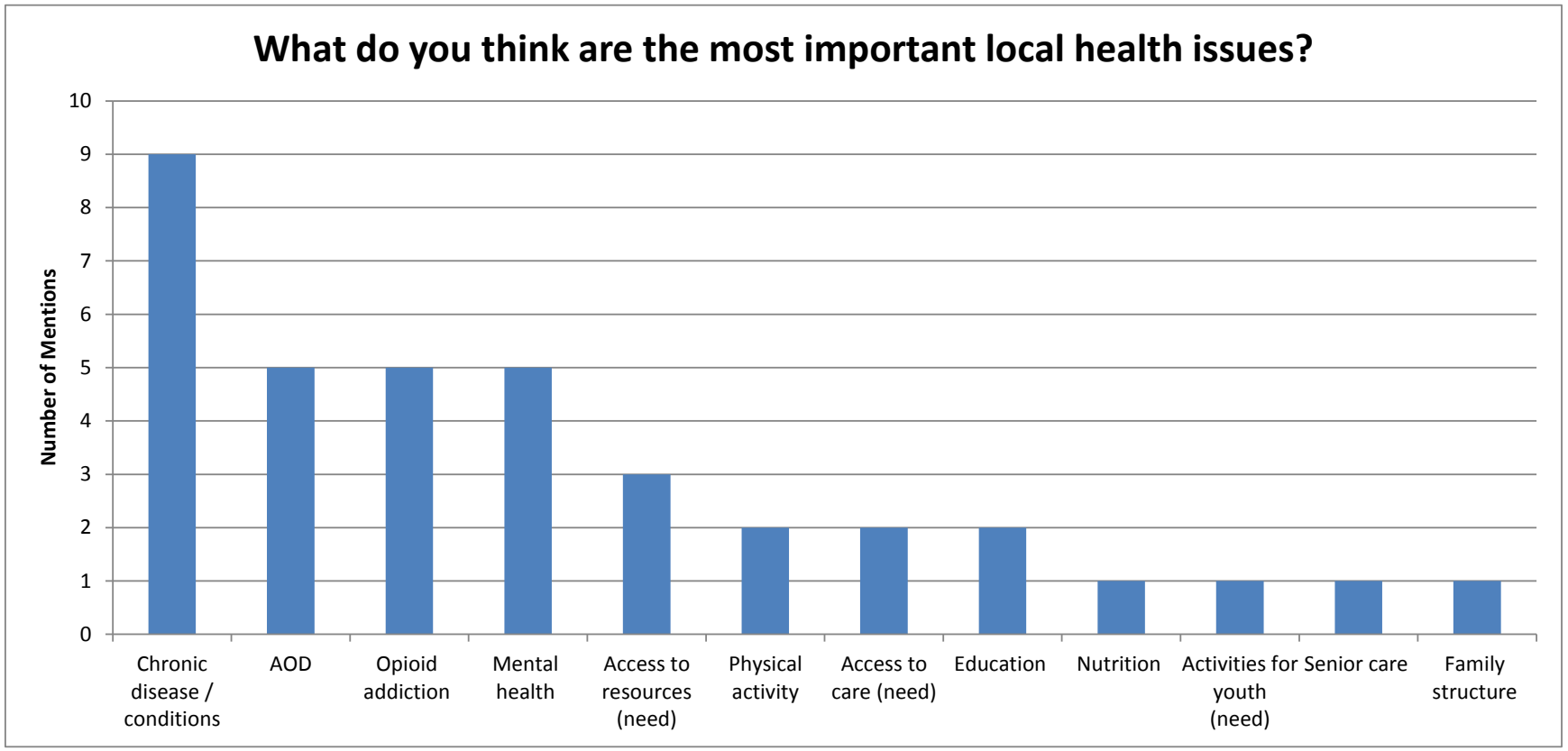
Access to specialty care (need) (T_15)

1. Lack of specialty medical services

HIPPA (T_16)

1. HIPPA compliance in hospitals and clinics needs improvement

Question #9


What do you think are the most important local health issues?
Number of Mentions
10
9
8
7
6
5
4
3
2
1
0
Chronic disease / conditions
AOD
Opioid addiction
Mental health
Access to resources (need)
Physical activity
Access to care (need)
Education
Nutrition
Activities for youth (need)
Senior care
Family structure

Key Informant Interview Summary (all individuals)
Question #9 by Category

Key Informant Interviews feedback summary

Bullet points under the guiding questions represent individual responses. Some responses listed under multiple categories. (Code in blue font associated with spreadsheet)

What do you think are the most important local health issues?

Chronic disease / conditions (U_01)

1. Obesity
2. Pain management
3. Obesity due to lack of physical activity opportunities
4. Pain management
5. Chronic disease management
6. Diabetes
7. COPD
8. Oncology
9. Cancer / oncology services

AOD (U_02)

1. Substance abuse
2. AOD abuse
3. AOD abuse
4. AOD abuse
5. Substance abuse / addiction

Opioid addiction (U_03)

1. Opioid abuse
2. Opioid addiction and potential for outbreak of communicable disease through needles
3. Opioid addiction
4. Opioid addiction
5. Opioid addiction

Mental health (U_04)

1. Psychiatric services
2. Need specialty counselors for seniors and veterans
3. Mental health
4. Mental Health and depression
5. Combined mental and physical health

Access to resources (need) (U_05)

1. Need people to be aware of where / how to access services
2. Housing and food shortage
3. Linking people with needed resources and services

Physical activity (U_06)

1. Lack of physical activity opportunities
2. Obesity due to lack of physical activity opportunities

Access to care (need) (U_07)

1. Access to health care and services for children
2. Treating a broad spectrum of issues at once; ex. holistic approach to health care

Education (U_08)

1. Need pregnancy prevention and sex ed.
2. Lack of healthy lifestyle promotion and education from an early age

Nutrition (U_09)

1. Poor nutritional habits (e.g. packaged / processed foods)

Activities for youth (need) (U_10)

1. Need youth activities and prevention programs

Senior care (U_11)

1. Health care for seniors trying to maintain independent lifestyle

Family structure (U_12)

1. Social / emotional / behavioral problems in families

Appendix 5:

ASSETS

&

RESOURCES

Plumas County
Assets & Resources

Citizen Assets	
Faith-based Organizations	Churches • Chester / Lake Almanor Area: Assembly of God; Catholic; Chester Baptist, Christian Science; Church of Christ; Holy Spirit Episcopal; Lake Almanor Community; Methodist; Our Savior Lutheran; St. Andrew's Church; Vineyard Christian; Wesleyan • Indian Valley Area: Assembly of God; Christ the Redeemer; First Baptist; Jehovah's Witness; Latter Day Saints; Methodist; Southern Baptist; St. Anthony's Catholic • Quincy Area: Christian Life Fellowship; Church at Quincy; Church of Christ; Episcopal; First Baptist; Jehovah's Witness; Latter Day Saints; Meadow Valley Community; Methodist; Our Savior Lutheran; Seventh-Day Adventist; Starlight Baptist; St. John's Catholic • Graeagle / Portola Area: Assembly of God; Graeagle Community; Holy Family Catholic; Jehovah's Witness; Latter Day Saints; Mennonite; Methodist; Portola Station Baptist; St. Luke's Lutheran
Institutional Assets	
Health Care Services	Eastern Plumas Health Care • hospital (Portola) • clinic (Portola, Loyalton) Greenville Rancheria • tribal health clinic (Greenville) Plumas District Hospital • hospital (Quincy) • clinic (Quincy, Greenville) Seneca Healthcare District • hospital (Chester) • clinic (Chester) Emergency Departments • all 3 hospitals Clinics • North Fork Family Medicine Dental (MediCal) • Plumas District Hospital Dental (Quincy) • Mario Garibotti DDS (Portola) • Eastern Plumas Health Care Dental (Portola) • Greenville Rancheria (Greenville) • **OTHER?** Emergency Medical Transportation • Careflight and Quick Response Vehicle • NorCal EMS Plumas County Public Health Agency • Clinic (Quincy; drop-in all county) Plumas County Behavioral Health Department Plumas County Veterans' Services In Home Supportive Services
Cultural Assets	Museums • Plumas County Museum (Quincy)

	• Western Pacific Railroad Museum (Portola) • Plumas-Eureka State Park Museum • Indian Valley Museum (Taylorsville) • Cy-Hall Memorial Museum (Greenville) • Chester-Lake Almanor Museum • Collins Pine Museum (Chester) • Frank C. Reilly Museum (La Porte) • Jim Beckwourth Museum (Beckwourth) • Williams House Museum (Portola) Performing Arts Organizations • Plumas Arts • Dramaworks • Tail Spinners • Quircus Historical Organizations • Plumas County Historical Society Performance Spaces • West End Theater (Quincy) • Town Hall Theater (Quincy) • Plumas-Sierra Fairgrounds (Quincy) Community Events and Festivals • Historic Longboard Ski Races (Johnsville) • Plumas Children's Fair (Quincy) • Star Follies (Quincy) • Pioneer Days (Taylorsville) • High Sierra Music Festival (Quincy) • Silver Buckle Rodeo (Taylorsville) • Gold Digger Days (Greenville) • Portola Railroad Days • U.S. Forest Service Fall Fest (Quincy) • Mountain Harvest Festival (Quincy) • Dawn Institute Apple Fest (Indian Falls) • Apple JOLT (Quincy) • Annual Light Parade (Taylorsville) • Main Street Sparkle (Quincy) • Festival of Trees (Greenville) Media Organizations • Feather River Publishing • Plumas Community Radio (KQNY 91.9) • New Life Broadcasting (KNLF 95.9)
Recreational Assets	Community Sponsored Physical Activity Events • Round Valley Run • Running With The Bears • ????Century Ride (there are at least two) Community Centers • Indian Valley Community Center (Greenville) • Almanor Recreation Center (Chester) Community Meeting Spaces • Feather River Grange #440 (Quincy) • Sierra Valley Grange #466 (Vinton) • Taylorsville Community Grange #439

	Parks and Public Recreation Programs • Central Plumas Recreation and Parks District • Chester / Almanor Recreation • Eastern Plumas Recreation and Parks District • Indian Valley Recreation and Parks District • Indian Valley Pool • Portola Public Pool • Quincy Public Pool Walking/biking trails & Sidewalks • Sierra Buttes Trail Stewardship Private Membership Fitness Clubs • Feather River Fitness Center and Recreation (Quincy) • Healthy Bodies Community gym (Delleker) • Quincy Yoga and Wellness Center • Trails Within (Graeagle)
Food System Assets	Full-service Grocery Stores • Holiday Market (Chester) • Evergreen Market (Greenville) • Safeway (Quincy) • Sav-Mor (Quincy) • Quincy Natural Foods • Leonard's (Portola) • Feather River Food Co-op (Portola) Community Gardens • Portola Giving Garden • Quincy Natural Foods Demonstration Garden Community Supper • Greenville Community Supper • Lake Almanor Community Supper (Chester) • Quincy Community Supper Farmer's Markets • Quincy Certified Farmers' Market • Sierra Valley Farms (Beckwourth) Food Banks • Community Assistance Network (C.A.N) [Greenville, Quincy] • Eastern Plumas County Assistance Network (E.P.C.A.N.) [Portola] Food-Related Organizations • Plumas-Sierra Community Food Council • Plumas Farmers' Guild Senior Nutrition Congregate Meal Site • Chester • Graeagle • Greenville • Portola • Quincy
Public Safety Assets	Police Departments • California Highway Patrol • Plumas County Sheriff's Department

	Fire Departments • Beckwourth Fire Protection District • Bucks Lake Fire • C Road Fire • CAL Fire, Lassen-Modoc Unit • Chester Fire Protection District • Crescent Mills Fire • Eastern Plumas Rural Fire • Graeagle Fire Protection District • Greenhorn Creek Fire Department • Hamilton Branch Fire Protection District • Indian Valley Fire • La Porte Fire • Long Valley Fire • Meadow Valley Fire • Peninsula Fire Protection District • Plumas –Eureka Fire Department • Portola Fire Department • Prattville Fire • Quincy Fire Department • Sierra Valley Fire • West Almanor Fire Department Environmental Protection Organizations • Feather River Land Trust • Plumas Audubon Society
Employment Assets	Major Employers • Local Government • Forest Service • Sierra Pacific Industries • Collins Pine • Tourism Unemployment and Job-placement Services • Alliance for Workforce Development Chambers of Commerce • Chester / Lake Almanor Chamber of Commerce • Indian Valley Chamber of Commerce • Eastern Plumas Chamber of Commerce • Quincy Chamber of Commerce
Transportation Assets	Public Transportation Providers • Plumas Transit Non-Emergency Medical Transportation • Plumas County Senior Services
Housing Assets	Homeless Prevention and Housing Organizations • Plumas Crisis Intervention and Resource Center
Educational Assets	Childcare, Preschool Providers, and Supportive Services (0-5) • Feather River College – Childhood Development Center • Headstart

	• Plumas First 5 • Portola Kids, Inc. K-12 School Districts • Plumas Charter School • Plumas Unified School District Colleges and Universities • Feather River College Public Libraries • Chester Library • Greenville Library • Plumas County Library (Quincy) • Portola Library
Organizational Assets	Multi-sector Coalitions • 20,000 Lives Community-Benefit Organizations • American Red Cross • Bread for the Journey • Common Good Foundation • Community Services District (Long Valley, Graeagle, Greenhorn Creek, Indian Valley, Plumas-Eureka) • Environmental Alternatives • Mountain Circle Family Services • Plumas Crisis Intervention and Resource Center • Plumas Rural Services • Rotary International • Sierra Institute for Community and Environment

Appendix 6:

PRIORITIZATION WORKSHEET

PRIORITIES WORKSHEET

Need: The level to which the information collected from the community identifies this issue as urgent and important to the community.

Feasibility: Can we do it? The community/agency has the expertice, time, and resources to address the issue and are likely to be successful.

Impact: Level to which the the work that we do in this area will have a strong and positive effect.

Potential to Collaborate: The potential to pool resources and maximize collaboration to make a lasting and sustainable change.

ACCESS TO CARE		**TOP 7**
	Insurance	
	Improved Customer Service	
	Specialty Care	
	Childrens Oral Health	
	Efficiency in Healthcare	
	Provider Retention and Recruitment	
	Prevalence and Management of Chronic Disease	
HEALTHY BEHAVIORS		
	Healthy, Safe Physical Environments	
	ATOD: Addiction & Abuse	
	Activities for Youth	
	Injury Prevention	
	Physical Activity	
	Mental Health	
COMMUNITY RESOURCES		
	Resource Guide	
	Senior Care	
	Transportation	
	Life Skills Education	
	Food Insecurity	
	Multi Sector Integration	
	Employment & the Economy	

ACCESS TO HEALTH SERVICES

Identified Categories	Need			Feasibility			Impact			Potential to Collaborate		
	Rank	√	Comments	Rank	√		Rank	√		Rank	√	
Insurance	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Improved Customer Service	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Specialty Care	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Childrens Oral Health	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Efficiency in Healthcare	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Provider Retention and Recruitment	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Prevalence and Management of Chronic Disease	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Other:												
Other:												

HEALTHY BEHAVIORS

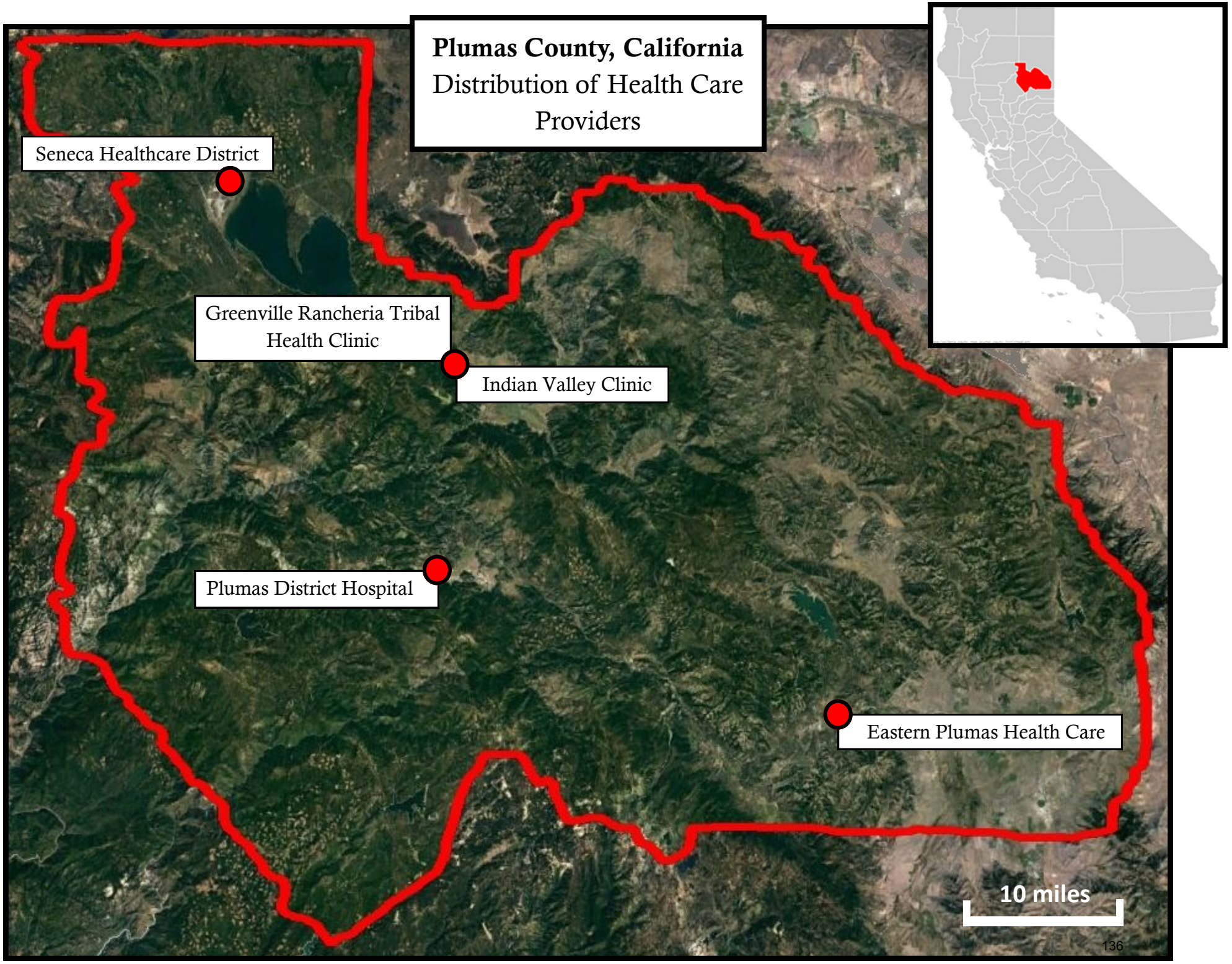
Identified Categories	Need			Feasibility			Impact			Potential to Collaborate		
	Rank	√	Comments	Rank	√		Rank	√		Rank	√	
Healthy, Safe Physical Environments	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
ATOD: Addiction & Abuse	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Activities for Youth	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
injury Prevention	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Physical Activity	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Mental Health	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Other:												
Other:												

COMMUNITY RESOURCES

Identified Categories	Need			Feasibility			Impact			Potential to Collaborate		
	Rank	√	Comments	Rank	√		Rank	√		Rank	√	
Resource Guide	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Senior Care	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Transportation	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Life Skills Education	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Food Insecurity	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Multi Sector Integration	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Employment & the Economy	High			High			High			High		
	Med.			Med.			Med.			Med.		
	Low			Low			Low			Low		
Other:												
Other:												

Appendix 7:

Distribution of Health Care Providers


Plumas County, California
Distribution of Health Care Providers
Seneca Healthcare District
Greenville Rancheria Tribal Health Clinic
Indian Valley Clinic
Plumas District Hospital
Eastern Plumas Health Care
10 miles

Assessment of Capacity and Availability of Health Care Services

Annual Utilization Report of Hospitals

Facility Name:	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS		
OSHPD ID:	106320859	**Report Status:**	Submitted
License Category:	General Acute Care Hospital	**Report Year:**	2016

Table of Contents

Click on any of the links listed below to view the corresponding section.

Section 1 - General Information
Section 2 - Hospital Description
Section 3 - Inpatient Services
Section 4 - Emergency Department Services (EDS)
Section 5 - Surgery and Related Services
Section 6 - Major Capital Expenditures

Section 1 - General Information

1.	**Facility Name:**	**EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS**
2.	**OSHPD ID Number:**	106320859
3.	**Street Address:**	500 1ST AVE
4.	**City:**	PORTOLA
5.	**Zip:**	96122
6.	**Facility Phone No.:**	(530) 832 - 6500 ext.
7.	**Administrator Name:**	Thomas P. Hayes
9.	**Was this hospital in operation at any time during the year?**	Yes
10.	**Operation Open From:**	1/1/2016
11.	**Operation Open To:**	12/31/2016
12.	**Name of Parent Corporation:**	
13.	**Corporate Business Address:**	
14.	**City:**	
15.	**State:**	
16.	**Zip:**	-
17.	**Person Completing Report:**	**Cathy Tehee**
18.	**Report Preparer's Phone No.:**	**530-832-6506**
19.	**Fax No.:**	**530-832-1438**
30.	**Submitted by:**	**ctehee106**
31.	**Submitted Date and Time:**	**2/2/2017 8:00:07 AM**

Section 2 - Hospital Description

LICENSE CATEGORY (TYPE) (Completed by OSHPD.)

Line No.		(1)
1.	**License Category:**	General Acute Care Hospital

LICENSEE TYPE OF CONTROL

Line No.		(1)
5.	Select the category that best describes the licensee type of control of your hospital (the type of organization that owns the license) from the list below:	District

PRINCIPAL SERVICE TYPE

Line No.		(1)
25.	Select the category that best describes the type of service provided to the majority of your patients. (The type or service is usually consistant with majority of, or mix of reported patient days.)	General Medical / Surgical

Section 3 - Inpatient Services

INPATIENT BED UTILIZATION - DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA

Line No.	Bed Classification and Bed Designation	(1) Licensed Beds as of 12/31	(2) Licensed Bed Days	(3) Hospital Discharges (including deaths)	(4) Intra-hospital Transfers	(5) Patient (Census) Days
	GAC Bed Designations					
1.	Medical / Surgical (include GYN)	9	3,294	139		543
2.	Perinatal (exclude Newborn / GYN)	0	0	0		0
3.	Pediatric	0	0	0		0
4.	Intensive Care	0	0	0	0	0
5.	Coronary Care	0	0	0	0	0
6.	Acute Respiratory Care	0	0	0	0	0
7.	Burn	0	0	0	0	0
8.	Intensive Care Newborn Nursery	0	0	0	0	0
9.	Rehabilitation Center	0	0	0		0
15.	**Subtotal - GAC**	9	3,294	139		543
16.	Chemical Dependency Recovery Hospital	0	0	0		0
17.	Acute Psychiatric	0	0	0		0
18.	Skilled Nursing	66	24,156	74	0	18,450
19.	Intermediate Care	0	0	0		0
20.	Intermediate Care / Developmentally Disabled	0	0	0		0
25.	**Total (Sum of lines 15 thru 20)**	75	27,450	213		18,993

Chemical Dependency Recovery Services In Licensed GAC and Acute Psychiatric Beds*

Line No.	Bed Classification	(1) Licensed Beds		(3) Hospital Discharges		(5) Patient (Census) Days
30.	GAC - Chemical Dep Recovery Services	0		0		0

31.	Acute Psych - Chemical Dep Recovery Svcs	0		0		0

* The licensed services data for these CDRS are to be included in lines 1 through 25 above.

Newborn Nursery Information

Line No.		(1) Nursery Bassinets		(3) *Nursery Infants		(5) Nursery Days
35.	Newborn Nursery	0		0		0

* Nursery Infants are the "normal" newborn nursery equivalent to discharges from licensed beds.

Skilled Nursing Swing Beds (Completed by OSHPD.)

Line No.		(1)
40.	Number of licensed General Acute Care beds approved for Skilled Nursing Care:	5

Complete lines 43 through 70 only if your hospital has licensed Acute Psychiatric or PHF beds. Include Chemical Dependency Recovery Services provided in licensed Acute Psychiatric beds.

Acute Psychiatric Patients By Unit on December 31

Line No.		(1) Number of Patients
43.	Locked	0
44.	Open	0
45.	**Acute Psychiatric Total***	0

Acute Psychiatric Patients By Age Category on December 31

Line No.		(1) Number of Patients
46.	0 - 17 Years	0
47.	18 - 64 Years	0
49.	65 Years and Older	0
50.	**Acute Psychiatric Total***	0

Acute Psychiatric Patients By Primary Payer on December 31

Line No.		(1) Number of Patients
51.	Medicare - Traditional	0
52.	Medicare - Managed Care	0
53.	Medi-Cal - Traditional	0
54.	Medi-Cal - Managed Care	0
55.	County Indigent Programs	0
56.	Other Third Parties - Traditional	0
57.	Other Third Parties - Managed Care	0
58.	Short-Doyle (includes Short-Doyle Medi-Cal)	0
59.	Other Indigent	0
64.	Other Payers	0
65.	**Acute Psychiatric Total***	0

* Acute Psychiatric Total on lines 45, 50 and 65 must agree.

Short Doyle Contract Services

Line No.		(1)
	During the reporting period, did you provide any acute	

70.	psychiatric care under a Short-Doyle contract?	No

Inpatient Hospice Program

Line No.		(1)
71.	Did your hospital offer an inpatient hospice program during the report period?	No

If 'yes' on line 71, what type of bed classification is used for this service? (Check all that apply.)

Line No.	Bed Classification	(1)
72.	General Acute Care	No
73.	Skilled Nursing (SN)	No
74.	Intermediate Care (IC)	No

PALLIATIVE CARE PROGRAM

Line No.		(1)
80.	Did your hospital have an inpatient palliative care program during the report period?	No

PALLIATIVE CARE PROGRAM - An interdisciplinary team that sees patient, identifies needs, makes treatment recommendations, facilitaties patient and /or family decision making, and/or directly provides palliative care for patients with serious illness and their families.

If 'yes' on line 80, Please answer the questions below.

Line No.		(1)
81.	How many Advanced Practice Nurses(APN)Registered Nurses(RN) are on the inpatient palliative care team?	0
82.	How many of these APN/RNs are board certified by the National Board for Certification for Hospice and Palliative Nursing?	0
83.	How many Physicians are on the inpatient palliative care team?	0
84.	How many of these Physicians are board certified by the American Board of Medical Specialties?	0
85.	How many Social Workers are on the inpatient palliative care team?	0
86.	How many of these Social Workers hold an Advanced Certified Hospice and Palliative Social Worker credential from the National Association of Social Worker?	0
87.	How many Chaplains are on the inpatient palliative care team?	0

*Staffing data should only reflect inpatient palliative care team.

Line No.		(1)
90.	Did your hospital have outpatient palliative care services during the report period?	No

Section 4 - Emergency Department Services (EDS)

EMSA Trauma Center Designation on December 31

(Completed by OSHPD from EMSA data.)

Line	(1)	(2)

No.	Designation	Pediatric
1.		

Licensed Emergency Department Level

(Completed by OSHPD from DHS Data.)

Line No.	(1) January 1	(2) December 31
2.	Basic	Basic

Services Available on Premises

(Check all that apply.)

Line No.	Services Available	(1) 24 Hour	(2) On-Call
11.	Anesthesiologist	No	Yes
12.	Laboratory Services	Yes	No
13.	Operating Room	No	Yes
14.	Pharmacist	No	Yes
15.	Physician	Yes	No
16.	Psychiatric ER	No	Yes
17.	Radiology Services	Yes	No

Emergency Department Services

Line No.	EDS Visit Type	CPT Codes	(1) Visits not Resulting in Admission*	(2) Admitted from ED (Enter Total Only if Details not Available)	(3) Total ED Traffic (1) + (2)
21.	Minor	99281	815	0	
22.	Low/Moderate	99282	1,579	0	
23.	Moderate	99283	1,339	0	
24.	Severe without threat	99284	200	0	
25.	Severe with threat	99285	80	0	
30.	**TOTAL**		4,013	136	4,149

* DO NOT INCLUDE patients who register but left without being seen, employee physicals and scheduled Clinic-type visits.

Emergency Medical Treatment Stations on December 31

Line No.		(1)
35.	Enter the number of emergency medical treatment stations.	3

Treatment Station - A specific place within the emergency department adequate to treat one patient at a time. Do not count holding or observation beds.

Non-Emergency (Clinic) Visits Seen in Emergency Department

Line No.		(1)
40.	Enter the number of non-emergency (clinic) visits seen in ED.	0

Emergency Registrations, But Patient Leaves Without Being Seen*

Line No.		(1)
45.	Enter the number of EDS registrations that did NOT result in treatment.	66

* Include patients who arrived at ED, but did not register and left without being seen (if available)

Emergency Department Ambulance Diversion Hours

Line No.		(1)

50.	Were there periods when the ED was unable to receive any and all ambulance patients during the year and as a result ambulances were diverted to other hospitals? If 'yes' fill out lines 51 through 62 below. Count only those hours in which the ED was unavailable TO ALL PATIENTS (see instructions).	No

Number of Ambulance Diversion Hours that occurred at Emergency Department

Line No.	Month	(1) Hours
51.	January	0
52.	February	0
53.	March	0
54.	April	0
55.	May	0
56.	June	0
57.	July	0
58.	August	0
59.	September	0
60.	October	0
61.	November	0
62.	December	0
65.	**Total Hours**	0

Section 5 - Surgery and Related Services

Surgical Services

Line No.	Surgical Services	(1) Surgical Operations	(2) Operating Room Minutes
1.	Inpatient	0	0
2.	Outpatient	349	6,787

Operating Rooms On December 31

Line No.	Operating Room Type	(1) Number
7.	Inpatient Only	0
8.	Outpatient Only	1
9.	Inpatient and Outpatient	0
10.	**Total Operating Rooms**	1

Ambulatory Surgical Program

Line No.		(1)
15.	Did your hospital have an organized ambulatory surgical program?	No

Live Births

Line No.		(1) Number
20.	Total Live Births (Count multiple births separately)*	0
21.	Live Births with Birth Weight Less Than 2500 grams (5 lbs. 8 oz.)	1
22.	Live Births with Birth Weight Less Than 1500 grams (3 lbs. 5 oz)	0

* TOTAL LIVE BIRTHS on line 20 should approximate the number of Perinatal discharges shown in Section 3, line 2, column 3. Include LDR or LDRP births and C-Section deliveries.

Alternate Birthing (Outpatient) Center Information

Line No.		(1)
31.	Did your hospital have an approved alternate birthing (outpatient) program?	No
32.	Was your alternate setting was approved as LDR	No
33.	Was your alternate setting was approved as LDRP	No

Other Live Birth Data

Line No.		(1) Number
36.	How many of the live births reported on line 20 occurred in your alternative (outpatient) setting? Do not include C-Section deliveries.	0
37.	How many of the live births reported on line 20 were C-Section deliveries?	0

Licensed Cardiology and Cardiovascular Surgery Services (Completed by OSHPD.)

Line No.	(1) Licensure
41.	Not Licensed

Note: Complete lines 42 to 85 if licensed for Cardiovascular Surgery Services.
Complete lines 55 to 85 if licensed for Cardiac Catheterization only.

Licensed Cardiovascular Operating Rooms

Line No.		(1)
42.	Number of operating rooms licensed to perform cardiovascular surgery on December 31.	0

Cardiovascular Surgical Operations (with and without the HEART/LUNG MACHINE*)

Line No.		(1) Cardio-Pulmonary Bypass USED*	(2) Cardio-Pulmonary Bypass NOT USED
43.	Pediatric	0	0
44.	Adult	0	0
45.	**Total Cardiovascular Surgical Operations**	0	0

* Also refered to as Extracorporeal Bypass or "on-the-pump" (heart/lung machine).

Coronary Artery Bypass Graft (CABG) Surgeries*

Line No.		(1)
50.	Number of Coronary Artery Bypass Graft (CABG) surgeries performed.	0

* Subset of cardiovascular surgeries reported on line 45 above.

Cardiac Catheterization Lab Rooms

Line No.		(1)
55.	Number of rooms equipped to perform cardiac catheterizations on December 31.	0

Cardiac Catheterization Visits

Line No.		(1) Diagnostic	(2) Therapeutic

56.	Pediatric - Inpatient	0	0
57.	Pediatric - Outpatient	0	0
58.	Adult - Inpatient	0	0
59.	Adult - Outpatient	0	0
60.	**Total Cardiac Catheterization Visits**	0	0

Distribution of Procedures Performed in Catheterization Laboratory

Line No.		(1) Procedures
65.	Diagnostic Cardiac Catheterization Procedures (LHC, R & LHC)	0
66.	Myocardial Biopsy	0
71.	Permanent Pacemaker Implantation	0
711.	Other Permanent Pacemaker Procedures (Generator or Lead Replacement)	0
712.	Implantable Cardioverter Defibrillator (ICD) Implantation	0
713.	Other ICD Procedures (Generator or Lead Replacement)	0
72.	Percutaneous Coronary Intervention (PCI) - WITH Stent	0
73.	Percutaneous Coronary Intervention (PCI) - WITHOUT Stent	0
74.	Atherectomy (PTCRA - rotablator, DCA, laser, other ablation, etc.)	0
75.	Thrombolytic Agents (Intracoronary only)	0
76.	Percutaneous Transluminal Balloon Valvuloplasty (PTBV)	0
77.	Diagnostic Electrophysiology	0
78.	Catheter Ablation Procedures(SVT,VT,AF)	0
79.	Peripheral Vascular Angiography	0
80.	Peripheral Vascular Interventional Procedures	0
81.	Carotid Stenting Procedures	0
82.	Intra-Aortic Balloon Pump Insertion	0
83.	Catheter-based Ventricular Assist Device Insertion	0
84.	All other catheterization procedures performed in the lab	0
85.	**Total Catheterization Procedures**	0

Percutaneous Transluminal Balloon Valvuloplasty(PTBV) is very rarely done in these times. Those that are done are generally on pediatric patients.

AICD procedures are frequently done in the cath lab and are very similar to permanent pacemaker implants.

NOTE: Do Not Include Any Of The Following As A Cardiac Catheterization:

- Defibrillation
- Cardioversion
- Temporary Pacemaker Insertion
- Pericardiocentesis

Section 6 - Major Capital Expenditures

Section 127285(3) of the Health and Safety Code requires each hospital to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars ($500,000)."

Diagnostic and Therapeutic Equipment Acquired During The Report Period

Line No.		(1)
1.	Did your hospital acquire any diagnostic or therapeutic equipment that had a value in excess of $500,000? (If 'Yes', fill out lines 2 through 11, as necessary, below.)	No

Diagnostic and Therapeutic Equipment Detail

	(1)	(2)	(3) Date of	(4)

Line No.	Description of Equipment	Value	Aquisition MM/DD/YYYY	Means of Acquisition
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Building Projects Commenced During Report Period Costing Over $1,000,000

Section 127285(4) of the Health and Safety Code requires each hospital to report the "commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars ($1,000,000)."

Line No.		(1)
25.	Did your hospital commence any building projects during the report period which will require an aggregate capital expenditure exceeding $1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	No

Detail of Capital Expenditures

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26.			
27.			
28.			
29.			
30.			

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Annual Utilization Report of Hospitals

Facility Name:	PLUMAS DISTRICT HOSPITAL		
OSHPD ID:	106320986	**Report Status:**	Submitted
License Category:	General Acute Care Hospital	**Report Year:**	2016

Table of Contents

Click on any of the links listed below to view the corresponding section.

Section 1 - General Information
Section 2 - Hospital Description
Section 3 - Inpatient Services
Section 4 - Emergency Department Services (EDS)
Section 5 - Surgery and Related Services
Section 6 - Major Capital Expenditures

Section 1 - General Information

1.	**Facility Name:**	**PLUMAS DISTRICT HOSPITAL**
2.	**OSHPD ID Number:**	106320986
3.	**Street Address:**	1065 BUCKS LAKE ROAD
4.	**City:**	QUINCY
5.	**Zip:**	95971
6.	**Facility Phone No.:**	(530) 283 - 2121 ext.
7.	**Administrator Name:**	Jeffrey Kepple, MD
9.	**Was this hospital in operation at any time during the year?**	Yes
10.	**Operation Open From:**	1/1/2016
11.	**Operation Open To:**	12/31/2016
12.	**Name of Parent Corporation:**	
13.	**Corporate Business Address:**	
14.	**City:**	
15.	**State:**	
16.	**Zip:**	-
17.	**Person Completing Report:**	**Cindy Crosslin**
18.	**Report Preparer's Phone No.:**	**530-283-7105**
19.	**Fax No.:**	**530-283-0697**
30.	**Submitted by:**	**ccrosslin**
31.	**Submitted Date and Time:**	**2/17/2017 9:04:24 AM**

Section 2 - Hospital Description

LICENSE CATEGORY (TYPE) (Completed by OSHPD.) 147

Line		(1)

No.		
1.	**License Category:**	General Acute Care Hospital

LICENSEE TYPE OF CONTROL

Line No.		(1)
5.	Select the category that best describes the licensee type of control of your hospital (the type of organization that owns the license) from the list below:	District

PRINCIPAL SERVICE TYPE

Line No.		(1)
25.	Select the category that best describes the type of service provided to the majority of your patients. (The type or service is usually consistant with majority of, or mix of reported patient days.)	General Medical / Surgical

Section 3 - Inpatient Services

INPATIENT BED UTILIZATION - DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA

Line No.	Bed Classification and Bed Designation	(1) Licensed Beds as of 12/31	(2) Licensed Bed Days	(3) Hospital Discharges (including deaths)	(4) Intra-hospital Transfers	(5) Patient (Census) Days
	GAC Bed Designations					
1.	Medical / Surgical (include GYN)	23	8,418	409		1,529
2.	Perinatal (exclude Newborn / GYN)	2	732	74		116
3.	Pediatric	0	0	0		0
4.	Intensive Care	0	0	0	0	0
5.	Coronary Care	0	0	0	0	0
6.	Acute Respiratory Care	0	0	0	0	0
7.	Burn	0	0	0	0	0
8.	Intensive Care Newborn Nursery	0	0	0	0	0
9.	Rehabilitation Center	0	0	0		0
15.	**Subtotal - GAC**	25	9,150	483		1,645
16.	Chemical Dependency Recovery Hospital	0	0	0		0
17.	Acute Psychiatric	0	0	0		0
18.	Skilled Nursing	0	0	0	0	0
19.	Intermediate Care	0	0	0		0
20.	Intermediate Care / Developmentally Disabled	0	0	0		0
25.	**Total (Sum of lines 15 thru 20)**	25	9,150	483		1,645

Chemical Dependency Recovery Services In Licensed GAC and Acute Psychiatric Beds*

Line No.	Bed Classification	(1) Licensed Beds		(3) Hospital Discharges		(5) Patient (Census) Days
30.	GAC - Chemical Dep Recovery Services	0		0		0
31.	Acute Psych - Chemical Dep Recovery Svcs	0		0		0

* The licensed services data for these CDRS are to be included in lines 1 through 25 above.

Newborn Nursery Information

Line No.		(1) Nursery Bassinets		(3) *Nursery Infants		(5) Nursery Days
35.	Newborn Nursery	0		77		127

* Nursery Infants are the "normal" newborn nursery equivalent to discharges from licensed beds.

Skilled Nursing Swing Beds (Completed by OSHPD.)

Line No.		(1)
40.	Number of licensed General Acute Care beds approved for Skilled Nursing Care:	23

Complete lines 43 through 70 only if your hospital has licensed Acute Psychiatric or PHF beds. Include Chemical Dependency Recovery Services provided in licensed Acute Psychiatric beds.

Acute Psychiatric Patients By Unit on December 31

Line No.		(1) Number of Patients
43.	Locked	0
44.	Open	0
45.	**Acute Psychiatric Total***	0

Acute Psychiatric Patients By Age Category on December 31

Line No.		(1) Number of Patients
46.	0 - 17 Years	0
47.	18 - 64 Years	0
49.	65 Years and Older	0
50.	**Acute Psychiatric Total***	0

Acute Psychiatric Patients By Primary Payer on December 31

Line No.		(1) Number of Patients
51.	Medicare - Traditional	0
52.	Medicare - Managed Care	0
53.	Medi-Cal - Traditional	0
54.	Medi-Cal - Managed Care	0
55.	County Indigent Programs	0
56.	Other Third Parties - Traditional	0
57.	Other Third Parties - Managed Care	0
58.	Short-Doyle (includes Short-Doyle Medi-Cal)	0
59.	Other Indigent	0
64.	Other Payers	0
65.	**Acute Psychiatric Total***	0

* Acute Psychiatric Total on lines 45, 50 and 65 must agree.

Short Doyle Contract Services

Line No.		(1)
70.	During the reporting period, did you provide any acute psychiatric care under a Short-Doyle contract?	No

Inpatient Hospice Program

Line No.		(1)
71.	Did your hospital offer an inpatient hospice program during the report period?	No

If 'yes' on line 71, what type of bed classification is used for this service? (Check all that apply.)

Line No.	Bed Classification	(1)
72.	General Acute Care	No
73.	Skilled Nursing (SN)	No
74.	Intermediate Care (IC)	No

PALLIATIVE CARE PROGRAM

Line No.		(1)
80.	Did your hospital have an inpatient palliative care program during the report period?	No

PALLIATIVE CARE PROGRAM - An interdisciplinary team that sees patient, identifies needs, makes treatment recommendations, facilitaties patient and /or family decision making, and/or directly provides palliative care for patients with serious illness and their families.

If 'yes' on line 80, Please answer the questions below.

Line No.		(1)
81.	How many Advanced Practice Nurses(APN)Registered Nurses(RN) are on the inpatient palliative care team?	0
82.	How many of these APN/RNs are board certified by the National Board for Certification for Hospice and Palliative Nursing?	0
83.	How many Physicians are on the inpatient palliative care team?	0
84.	How many of these Physicians are board certified by the American Board of Medical Specialties?	0
85.	How many Social Workers are on the inpatient palliative care team?	0
86.	How many of these Social Workers hold an Advanced Certified Hospice and Palliative Social Worker credential from the National Association of Social Worker?	0
87.	How many Chaplains are on the inpatient palliative care team?	0

*Staffing data should only reflect inpatient palliative care team.

Line No.		(1)
90.	Did your hospital have outpatient palliative care services during the report period?	No

Section 4 - Emergency Department Services (EDS)

EMSA Trauma Center Designation on December 31

(Completed by OSHPD from EMSA data.)

Line No.	(1) Designation	(2) Pediatric
1.		

Licensed Emergency Department Level

(Completed by OSHPD from DHS Data.)

Line No.	(1) January 1	(2) December 31
2.	Standby	Standby

Services Available on Premises

(Check all that apply.)

Line No.	Services Available	(1) 24 Hour	(2) On-Call
11.	Anesthesiologist	Yes	No
12.	Laboratory Services	Yes	No
13.	Operating Room	Yes	No
14.	Pharmacist	No	Yes
15.	Physician	Yes	No
16.	Psychiatric ER	No	Yes
17.	Radiology Services	Yes	No

Emergency Department Services

Line No.	EDS Visit Type	CPT Codes	(1) Visits not Resulting in Admission*	(2) Admitted from ED (Enter Total Only if Details not Available)	(3) Total ED Traffic (1) + (2)
21.	Minor	99281	573	8	
22.	Low/Moderate	99282	1,361	42	
23.	Moderate	99283	1,073	65	
24.	Severe without threat	99284	529	103	
25.	Severe with threat	99285	775	347	
30.	**TOTAL**		4,311	565	4,876

* DO NOT INCLUDE patients who register but left without being seen, employee physicals and scheduled Clinic-type visits.

Emergency Medical Treatment Stations on December 31

Line No.		(1)
35.	Enter the number of emergency medical treatment stations.	4

Treatment Station - A specific place within the emergency department adequate to treat one patient at a time. Do not count holding or observation beds.

Non-Emergency (Clinic) Visits Seen in Emergency Department

Line No.		(1)
40.	Enter the number of non-emergency (clinic) visits seen in ED.	5,107

Emergency Registrations, But Patient Leaves Without Being Seen*

Line No.		(1)
45.	Enter the number of EDS registrations that did NOT result in treatment.	14

* Include patients who arrived at ED, but did not register and left without being seen (if available)

Emergency Department Ambulance Diversion Hours

Line No.		(1)
	Were there periods when the ED was unable to receive any and all ambulance patients during the	

50.	year and as a result ambulances were diverted to other hospitals? If 'yes' fill out lines 51 through 62 below. Count only those hours in which the ED was unavailable TO ALL PATIENTS (see instructions).	No

Number of Ambulance Diversion Hours that occurred at Emergency Department

Line No.	Month	(1) Hours
51.	January	0
52.	February	0
53.	March	0
54.	April	0
55.	May	0
56.	June	0
57.	July	0
58.	August	0
59.	September	0
60.	October	0
61.	November	0
62.	December	0
65.	**Total Hours**	0

Section 5 - Surgery and Related Services

Surgical Services

Line No.	Surgical Services	(1) Surgical Operations	(2) Operating Room Minutes
1.	Inpatient	77	8,865
2.	Outpatient	341	28,215

Operating Rooms On December 31

Line No.	Operating Room Type	(1) Number
7.	Inpatient Only	0
8.	Outpatient Only	0
9.	Inpatient and Outpatient	1
10.	**Total Operating Rooms**	1

Ambulatory Surgical Program

Line No.		(1)
15.	Did your hospital have an organized ambulatory surgical program?	No

Live Births

Line No.		(1) Number
20.	Total Live Births (Count multiple births separately)*	71
21.	Live Births with Birth Weight Less Than 2500 grams (5 lbs. 8 oz.)	2
22.	Live Births with Birth Weight Less Than 1500 grams (3 lbs. 5 oz)	0

* TOTAL LIVE BIRTHS on line 20 should approximate the number of Perinatal discharges shown in Section 3, line 2, column 3. Include LDR or LDRP births and C-Section deliveries.

Alternate Birthing (Outpatient) Center Information

Line No.		(1)
31.	Did your hospital have an approved alternate birthing (outpatient) program?	No
32.	Was your alternate setting was approved as LDR	No
33.	Was your alternate setting was approved as LDRP	No

Other Live Birth Data

Line No.		(1) Number
36.	How many of the live births reported on line 20 occurred in your alternative (outpatient) setting? Do not include C-Section deliveries.	0
37.	How many of the live births reported on line 20 were C-Section deliveries?	24

Licensed Cardiology and Cardiovascular Surgery Services (Completed by OSHPD.)

Line No.	(1) Licensure
41.	Not Licensed

Note: Complete lines 42 to 85 if licensed for Cardiovascular Surgery Services.
Complete lines 55 to 85 if licensed for Cardiac Catheterization only.

Licensed Cardiovascular Operating Rooms

Line No.		(1)
42.	Number of operating rooms licensed to perform cardiovascular surgery on December 31.	0

Cardiovascular Surgical Operations (with and without the HEART/LUNG MACHINE*)

Line No.		(1) Cardio-Pulmonary Bypass USED*	(2) Cardio-Pulmonary Bypass NOT USED
43.	Pediatric	0	0
44.	Adult	0	0
45.	**Total Cardiovascular Surgical Operations**	0	0

* Also refered to as Extracorporeal Bypass or "on-the-pump" (heart/lung machine).

Coronary Artery Bypass Graft (CABG) Surgeries*

Line No.		(1)
50.	Number of Coronary Artery Bypass Graft (CABG) surgeries performed.	0

* Subset of cardiovascular surgeries reported on line 45 above.

Cardiac Catheterization Lab Rooms

Line No.		(1)
55.	Number of rooms equipped to perform cardiac catheterizations on December 31.	0

Cardiac Catheterization Visits

Line No.		(1) Diagnostic	(2) Therapeutic
56.	Pediatric - Inpatient	0	0
57.	Pediatric - Outpatient	0	0

58.	Adult - Inpatient	0	0
59.	Adult - Outpatient	0	0
60.	**Total Cardiac Catheterization Visits**	0	0

Distribution of Procedures Performed in Catheterization Laboratory

Line No.		(1) Procedures
65.	Diagnostic Cardiac Catheterization Procedures (LHC, R & LHC)	0
66.	Myocardial Biopsy	0
71.	Permanent Pacemaker Implantation	0
711.	Other Permanent Pacemaker Procedures (Generator or Lead Replacement)	0
712.	Implantable Cardioverter Defibrillator (ICD) Implantation	0
713.	Other ICD Procedures (Generator or Lead Replacement)	0
72.	Percutaneous Coronary Intervention (PCI) - WITH Stent	0
73.	Percutaneous Coronary Intervention (PCI) - WITHOUT Stent	0
74.	Atherectomy (PTCRA - rotablator, DCA, laser, other ablation, etc.)	0
75.	Thrombolytic Agents (Intracoronary only)	0
76.	Percutaneous Transluminal Balloon Valvuloplasty (PTBV)	0
77.	Diagnostic Electrophysiology	0
78.	Catheter Ablation Procedures(SVT,VT,AF)	0
79.	Peripheral Vascular Angiography	0
80.	Peripheral Vascular Interventional Procedures	0
81.	Carotid Stenting Procedures	0
82.	Intra-Aortic Balloon Pump Insertion	0
83.	Catheter-based Ventricular Assist Device Insertion	0
84.	All other catheterization procedures performed in the lab	0
85.	**Total Catheterization Procedures**	0

Percutaneous Transluminal Balloon Valvuloplasty(PTBV) is very rarely done in these times. Those that are done are generally on pediatric patients.

AICD procedures are frequently done in the cath lab and are very similar to permanent pacemaker implants.

NOTE: Do Not Include Any Of The Following As A Cardiac Catheterization:

- Defibrillation
- Cardioversion
- Temporary Pacemaker Insertion
- Pericardiocentesis

Section 6 - Major Capital Expenditures

Section 127285(3) of the Health and Safety Code requires each hospital to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars ($500,000)."

Diagnostic and Therapeutic Equipment Acquired During The Report Period

Line No.		(1)
1.	Did your hospital acquire any diagnostic or therapeutic equipment that had a value in excess of $500,000? (If 'Yes', fill out lines 2 through 11, as necessary, below.)	No

Diagnostic and Therapeutic Equipment Detail

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Aquisition MM/DD/YYYY	(4) Means of Acquisition

2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Building Projects Commenced During Report Period Costing Over $1,000,000

Section 127285(4) of the Health and Safety Code requires each hospital to report the "commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars ($1,000,000)."

Line No.		(1)
25.	Did your hospital commence any building projects during the report period which will require an aggregate capital expenditure exceeding $1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	No

Detail of Capital Expenditures

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26.			
27.			
28.			
29.			
30.			

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Annual Utilization Report of Hospitals

Facility Name:	SENECA DISTRICT HOSPITAL		
OSHPD ID:	106321016	**Report Status:**	Submitted
License Category:	General Acute Care Hospital	**Report Year:**	2016

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Click on any of the links listed below to view the corresponding section.

Section 1 - General Information
Section 2 - Hospital Description
Section 3 - Inpatient Services
Section 4 - Emergency Department Services (EDS)
Section 5 - Surgery and Related Services
Section 6 - Major Capital Expenditures

Section 1 - General Information

1.	**Facility Name:**	**SENECA DISTRICT HOSPITAL**
2.	**OSHPD ID Number:**	106321016
3.	**Street Address:**	130 BRENTWOOD DRIVE
4.	**City:**	CHESTER
5.	**Zip:**	96020
6.	**Facility Phone No.:**	(530) 258 - 2151 ext.
7.	**Administrator Name:**	Linda Wagner
9.	**Was this hospital in operation at any time during the year?**	Yes
10.	**Operation Open From:**	1/1/2016
11.	**Operation Open To:**	12/31/2016
12.	**Name of Parent Corporation:**	
13.	**Corporate Business Address:**	
14.	**City:**	
15.	**State:**	
16.	**Zip:**	-
17.	**Person Completing Report:**	**Carlene Slusher**
18.	**Report Preparer's Phone No.:**	**530-258-3099**
19.	**Fax No.:**	**530-258-2004**
30.	**Submitted by:**	**cslusher**
31.	**Submitted Date and Time:**	**1/30/2017 3:02:18 PM**

Section 2 - Hospital Description

LICENSE CATEGORY (TYPE) (Completed by OSHPD.)

156

Line		(1)

No.		
1.	**License Category:**	General Acute Care Hospital

LICENSEE TYPE OF CONTROL

Line No.		(1)
5.	Select the category that best describes the licensee type of control of your hospital (the type of organization that owns the license) from the list below:	District

PRINCIPAL SERVICE TYPE

Line No.		(1)
25.	Select the category that best describes the type of service provided to the majority of your patients. (The type or service is usually consistant with majority of, or mix of reported patient days.)	General Medical / Surgical

Section 3 - Inpatient Services

INPATIENT BED UTILIZATION - DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA

Line No.	Bed Classification and Bed Designation	(1) Licensed Beds as of 12/31	(2) Licensed Bed Days	(3) Hospital Discharges (including deaths)	(4) Intra-hospital Transfers	(5) Patient (Census) Days
	GAC Bed Designations					
1.	Medical / Surgical (include GYN)	10	3,660	162		626
2.	Perinatal (exclude Newborn / GYN)	0	0	0		0
3.	Pediatric	0	0	0		0
4.	Intensive Care	0	0	0	0	0
5.	Coronary Care	0	0	0	0	0
6.	Acute Respiratory Care	0	0	0	0	0
7.	Burn	0	0	0	0	0
8.	Intensive Care Newborn Nursery	0	0	0	0	0
9.	Rehabilitation Center	0	0	0		0
15.	**Subtotal - GAC**	10	3,660	162		626
16.	Chemical Dependency Recovery Hospital	0	0	0		0
17.	Acute Psychiatric	0	0	0		0
18.	Skilled Nursing	16	5,856	26	0	5,411
19.	Intermediate Care	0	0	0		0
20.	Intermediate Care / Developmentally Disabled	0	0	0		0
25.	**Total (Sum of lines 15 thru 20)**	26	9,516	188		6,037

Chemical Dependency Recovery Services In Licensed GAC and Acute Psychiatric Beds*

Line No.	Bed Classification	(1) Licensed Beds		(3) Hospital Discharges		(5) Patient (Census) Days
30.	GAC - Chemical Dep Recovery Services	0		0		0
31.	Acute Psych - Chemical Dep Recovery Svcs	0		0		0

* The licensed services data for these CDRS are to be included in lines 1 through 25 above.

Newborn Nursery Information

Line No.		(1) Nursery Bassinets		(3) *Nursery Infants		(5) Nursery Days
35.	Newborn Nursery	0		0		0

* Nursery Infants are the "normal" newborn nursery equivalent to discharges from licensed beds.

Skilled Nursing Swing Beds (Completed by OSHPD.)

Line No.		(1)
40.	Number of licensed General Acute Care beds approved for Skilled Nursing Care:	10

Complete lines 43 through 70 only if your hospital has licensed Acute Psychiatric or PHF beds. Include Chemical Dependency Recovery Services provided in licensed Acute Psychiatric beds.

Acute Psychiatric Patients By Unit on December 31

Line No.		(1) Number of Patients
43.	Locked	0
44.	Open	0
45.	**Acute Psychiatric Total***	0

Acute Psychiatric Patients By Age Category on December 31

Line No.		(1) Number of Patients
46.	0 - 17 Years	0
47.	18 - 64 Years	0
49.	65 Years and Older	0
50.	**Acute Psychiatric Total***	0

Acute Psychiatric Patients By Primary Payer on December 31

Line No.		(1) Number of Patients
51.	Medicare - Traditional	0
52.	Medicare - Managed Care	0
53.	Medi-Cal - Traditional	0
54.	Medi-Cal - Managed Care	0
55.	County Indigent Programs	0
56.	Other Third Parties - Traditional	0
57.	Other Third Parties - Managed Care	0
58.	Short-Doyle (includes Short-Doyle Medi-Cal)	0
59.	Other Indigent	0
64.	Other Payers	0
65.	**Acute Psychiatric Total***	0

* Acute Psychiatric Total on lines 45, 50 and 65 must agree.

Short Doyle Contract Services

Line No.		(1)
70.	During the reporting period, did you provide any acute psychiatric care under a Short-Doyle contract?	No

Inpatient Hospice Program

Line No.		(1)
71.	Did your hospital offer an inpatient hospice program during the report period?	No

If 'yes' on line 71, what type of bed classification is used for this service? (Check all that apply.)

Line No.	Bed Classification	(1)
72.	General Acute Care	No
73.	Skilled Nursing (SN)	No
74.	Intermediate Care (IC)	No

PALLIATIVE CARE PROGRAM

Line No.		(1)
80.	Did your hospital have an inpatient palliative care program during the report period?	No

PALLIATIVE CARE PROGRAM - An interdisciplinary team that sees patient, identifies needs, makes treatment recommendations, facilitaties patient and /or family decision making, and/or directly provides palliative care for patients with serious illness and their families.

If 'yes' on line 80, Please answer the questions below.

Line No.		(1)
81.	How many Advanced Practice Nurses(APN)Registered Nurses(RN) are on the inpatient palliative care team?	0
82.	How many of these APN/RNs are board certified by the National Board for Certification for Hospice and Palliative Nursing?	0
83.	How many Physicians are on the inpatient palliative care team?	0
84.	How many of these Physicians are board certified by the American Board of Medical Specialties?	0
85.	How many Social Workers are on the inpatient palliative care team?	0
86.	How many of these Social Workers hold an Advanced Certified Hospice and Palliative Social Worker credential from the National Association of Social Worker?	0
87.	How many Chaplains are on the inpatient palliative care team?	0

*Staffing data should only reflect inpatient palliative care team.

Line No.		(1)
90.	Did your hospital have outpatient palliative care services during the report period?	No

Section 4 - Emergency Department Services (EDS)

EMSA Trauma Center Designation on December 31

(Completed by OSHPD from EMSA data.)

Line No.	(1) Designation	(2) Pediatric
1.	Level IV	

Licensed Emergency Department Level

(Completed by OSHPD from DHS Data.)

Line No.	(1) January 1	(2) December 31
2.	Standby	Standby

Services Available on Premises

(Check all that apply.)

Line No.	Services Available	(1) 24 Hour	(2) On-Call
11.	Anesthesiologist	No	Yes
12.	Laboratory Services	No	Yes
13.	Operating Room	No	No
14.	Pharmacist	No	No
15.	Physician	No	Yes
16.	Psychiatric ER	No	No
17.	Radiology Services	No	Yes

Emergency Department Services

Line No.	EDS Visit Type	CPT Codes	(1) Visits not Resulting in Admission*	(2) Admitted from ED (Enter Total Only if Details not Available)	(3) Total ED Traffic (1) + (2)
21.	Minor	99281	127	0	
22.	Low/Moderate	99282	1,151	0	
23.	Moderate	99283	1,169	6	
24.	Severe without threat	99284	359	141	
25.	Severe with threat	99285	129	11	
30.	**TOTAL**		2,935	158	3,093

* DO NOT INCLUDE patients who register but left without being seen, employee physicals and scheduled Clinic-type visits.

Emergency Medical Treatment Stations on December 31

Line No.		(1)
35.	Enter the number of emergency medical treatment stations.	2

Treatment Station - A specific place within the emergency department adequate to treat one patient at a time. Do not count holding or observation beds.

Non-Emergency (Clinic) Visits Seen in Emergency Department

Line No.		(1)
40.	Enter the number of non-emergency (clinic) visits seen in ED.	0

Emergency Registrations, But Patient Leaves Without Being Seen*

Line No.		(1)
45.	Enter the number of EDS registrations that did NOT result in treatment.	26

* Include patients who arrived at ED, but did not register and left without being seen (if available)

Emergency Department Ambulance Diversion Hours

Line No.		(1)
	Were there periods when the ED was unable to receive any and all ambulance patients during the	

50.	year and as a result ambulances were diverted to other hospitals? If 'yes' fill out lines 51 through 62 below. Count only those hours in which the ED was unavailable TO ALL PATIENTS (see instructions).	No

Number of Ambulance Diversion Hours that occurred at Emergency Department

Line No.	Month	(1) Hours
51.	January	0
52.	February	0
53.	March	0
54.	April	0
55.	May	0
56.	June	0
57.	July	0
58.	August	0
59.	September	0
60.	October	0
61.	November	0
62.	December	0
65.	**Total Hours**	0

Section 5 - Surgery and Related Services

Surgical Services

Line No.	Surgical Services	(1) Surgical Operations	(2) Operating Room Minutes
1.	Inpatient	2	35
2.	Outpatient	273	7,250

Operating Rooms On December 31

Line No.	Operating Room Type	(1) Number
7.	Inpatient Only	0
8.	Outpatient Only	0
9.	Inpatient and Outpatient	1
10.	**Total Operating Rooms**	1

Ambulatory Surgical Program

Line No.		(1)
15.	Did your hospital have an organized ambulatory surgical program?	No

Live Births

Line No.		(1) Number
20.	Total Live Births (Count multiple births separately)*	0
21.	Live Births with Birth Weight Less Than 2500 grams (5 lbs. 8 oz.)	0
22.	Live Births with Birth Weight Less Than 1500 grams (3 lbs. 5 oz)	0

* TOTAL LIVE BIRTHS on line 20 should approximate the number of Perinatal discharges shown in Section 3, line 2, column 3. Include LDR or LDRP births and C-Section deliveries.

Alternate Birthing (Outpatient) Center Information

Line No.		(1)
31.	Did your hospital have an approved alternate birthing (outpatient) program?	No
32.	Was your alternate setting was approved as LDR	No
33.	Was your alternate setting was approved as LDRP	No

Other Live Birth Data

Line No.		(1) Number
36.	How many of the live births reported on line 20 occurred in your alternative (outpatient) setting? Do not include C-Section deliveries.	0
37.	How many of the live births reported on line 20 were C-Section deliveries?	0

Licensed Cardiology and Cardiovascular Surgery Services (Completed by OSHPD.)

Line No.	(1) Licensure
41.	Not Licensed

Note: Complete lines 42 to 85 if licensed for Cardiovascular Surgery Services.
Complete lines 55 to 85 if licensed for Cardiac Catheterization only.

Licensed Cardiovascular Operating Rooms

Line No.		(1)
42.	Number of operating rooms licensed to perform cardiovascular surgery on December 31.	0

Cardiovascular Surgical Operations (with and without the HEART/LUNG MACHINE*)

Line No.		(1) Cardio-Pulmonary Bypass USED*	(2) Cardio-Pulmonary Bypass NOT USED
43.	Pediatric	0	0
44.	Adult	0	0
45.	**Total Cardiovascular Surgical Operations**	0	0

* Also refered to as Extracorporeal Bypass or "on-the-pump" (heart/lung machine).

Coronary Artery Bypass Graft (CABG) Surgeries*

Line No.		(1)
50.	Number of Coronary Artery Bypass Graft (CABG) surgeries performed.	0

* Subset of cardiovascular surgeries reported on line 45 above.

Cardiac Catheterization Lab Rooms

Line No.		(1)
55.	Number of rooms equipped to perform cardiac catheterizations on December 31.	0

Cardiac Catheterization Visits

Line No.		(1) Diagnostic	(2) Therapeutic
56.	Pediatric - Inpatient	0	0
57.	Pediatric - Outpatient	0	0

58.	Adult - Inpatient	0	0
59.	Adult - Outpatient	0	0
60.	**Total Cardiac Catheterization Visits**	0	0

Distribution of Procedures Performed in Catheterization Laboratory

Line No.		(1) Procedures
65.	Diagnostic Cardiac Catheterization Procedures (LHC, R & LHC)	0
66.	Myocardial Biopsy	0
71.	Permanent Pacemaker Implantation	0
711.	Other Permanent Pacemaker Procedures (Generator or Lead Replacement)	0
712.	Implantable Cardioverter Defibrillator (ICD) Implantation	0
713.	Other ICD Procedures (Generator or Lead Replacement)	0
72.	Percutaneous Coronary Intervention (PCI) - WITH Stent	0
73.	Percutaneous Coronary Intervention (PCI) - WITHOUT Stent	0
74.	Atherectomy (PTCRA - rotablator, DCA, laser, other ablation, etc.)	0
75.	Thrombolytic Agents (Intracoronary only)	0
76.	Percutaneous Transluminal Balloon Valvuloplasty (PTBV)	0
77.	Diagnostic Electrophysiology	0
78.	Catheter Ablation Procedures(SVT,VT,AF)	0
79.	Peripheral Vascular Angiography	0
80.	Peripheral Vascular Interventional Procedures	0
81.	Carotid Stenting Procedures	0
82.	Intra-Aortic Balloon Pump Insertion	0
83.	Catheter-based Ventricular Assist Device Insertion	0
84.	All other catheterization procedures performed in the lab	0
85.	**Total Catheterization Procedures**	0

Percutaneous Transluminal Balloon Valvuloplasty(PTBV) is very rarely done in these times. Those that are done are generally on pediatric patients.

AICD procedures are frequently done in the cath lab and are very similar to permanent pacemaker implants.

NOTE: Do Not Include Any Of The Following As A Cardiac Catheterization:

- Defibrillation
- Cardioversion
- Temporary Pacemaker Insertion
- Pericardiocentesis

Section 6 - Major Capital Expenditures

Section 127285(3) of the Health and Safety Code requires each hospital to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars ($500,000)."

Diagnostic and Therapeutic Equipment Acquired During The Report Period

Line No.		(1)
1.	Did your hospital acquire any diagnostic or therapeutic equipment that had a value in excess of $500,000? (If 'Yes', fill out lines 2 through 11, as necessary, below.)	No

Diagnostic and Therapeutic Equipment Detail

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Aquisition MM/DD/YYYY	(4) Means of Acquisition

2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Building Projects Commenced During Report Period Costing Over $1,000,000

Section 127285(4) of the Health and Safety Code requires each hospital to report the "commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars ($1,000,000)."

Line No.		(1)
25.	Did your hospital commence any building projects during the report period which will require an aggregate capital expenditure exceeding $1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	No

Detail of Capital Expenditures

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26.			
27.			
28.			
29.			
30.			

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Annual Utilization Report of Primary Care Clinic

Facility Name:	GREENVILLE RANCHERIA TRIBAL HEALTH PROGRAM-GREENVILLE		
OSHPD ID:	306322303	**Report Status:**	Revised
License Category:	Community Clinic	**Report Year:**	2012

Table of Contents

Click on any of the links listed below to view the corresponding section.

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Section 2 - Clinic Services
Section 3 - Patient Demographics
Section 4 - Encounters by Principal Diagnosis
Section 5 - Encounters by Principal Service
Section 6 - Revenue and Utilization by Payer
Section 7 - Income Statement
Section 8 - Capital Projects and Funds

Section 1 - General Information

1.	**Facility Name:**	GREENVILLE RANCHERIA TRIBAL HEALTH PROGRAM-GREENVILLE
2.	**OSHPD ID Number:**	306322303
3.	**Street Address:**	410 MAIN STREET
4.	**City:**	GREENVILLE
5.	**Zip:**	95947
6.	**Facility Phone No.:**	(530) 284 - 7990 ext.
7.	**Administrator Name:**	Margaret Alspaugh, M.D Ph.D. Executive Director
9.	**Was this clinic in operation at any time during the year?:**	Yes
10.	**Operation Open From:**	1/1/2012
11.	**Operation Open To:**	12/31/2012
12.	**Name of Parent Corporation:**	
13.	**Corporate Business Address:**	
14.	**City:**	
15.	**State:**	
16.	**Zip:**	-
17.	**Person Completing Report:**	Lucretia Fletcher
18.	**Phone No.:**	530-528-8600
19.	**Fax No.:**	530-528-8612
30.	**Submitted by:**	greenville35
31.	**Submitted Date and Time:**	2/15/2013 5:27:54 PM

Section 2 - Clinic Services

LICENSE CATEGORY (TYPE) (Completed by OSHPD.)

Line No.		(1)
1.	License Category:	Community Clinic

Federally Qualified Health Clinic (FQHC)

Line No.	Federally Qualified Health Clinics	(1)
2.	Indicate clinic type, if applicable:	FQHC

Rural Health Clinic

Line No.	Rural Health Clinic	(1)
3.	Is this a 95-210 Rural Health Clinic?	No

Table 2.1 - Community Services
Check one or more boxes for each service provided.

Line No.	Community Services	(1) Offered
10.	Adult Day Care	No
11.	Child Care	No
12.	Community Education	Yes
13.	Community Nutrition	Yes
14.	Disaster Relief	No
15.	Environmental Health	Yes
16.	Homeless	No
17.	Legal	No
18.	Outreach	Yes
19.	Social Services	No
20.	Substance Abuse	Yes
21.	Transportation	Yes
22.	Vocational Training Placement	No
23.	Other	No

HEALTH SERVICES
Check one or more boxes for each service provided.

Line No.		(1) Offered
100.	Medical	Yes
101.	Dental	Yes
102.	Vision	
103.	Mental Health (Psychology / Psychiatry / Behavioral health)	Yes
104.	Substance Abuse (Alcohol / Drug Services)	Yes
105.	Domestic Violence	Yes
106.	Basic Lab	
107.	Radiological Services	
108.	Urgent Care	
109.	Pharmacy	
110.	Women's Health (Ob-Gyn/Family Planning/Midwives)	

Table 2.2 - Languages Spoken By Staff and Patients
Check the staff box if one or more of your staff members speak a listed language. Check the patients box if 100 patients (or more than 1% of your patient population) are best served in a listed language. Estimates are acceptable if exact counts are not available.

Line No.	Language Spoken By	(1) Staff	(2) Patients
30.	Arabic	No	No
31.	Armenian	No	No
32.	Cambodian	No	No
33.	Chinese	No	No
34.	Hindustani	No	No
35.	Hmong	No	No
36.	Japanese	No	No
37.	Korean	No	No
38.	Laotian	No	No
39.	Portuguese	No	No
40.	Punjabi	No	No
41.	Russian	No	No
42.	Sign Language	No	Yes
43.	Spanish	Yes	Yes
44.	Tagalog	Yes	No
45.	Vietnamese	No	No

Language Summary

Line No.	Language Summary	(1)
55.	Percentage (%) of patient population best served in a non-English language (round to nearest WHOLE percent):	2%
56.	Primary non-English language spoken by patients (from list above):	Spanish

FTE's and Encounters by Primary Care Provider

Line No.	Primary Care Provider	(1) Salaried FTE's	(2) Contract FTE's	(3) Volunteer FTE's	(4) Total FTE's	(5) No. of Encounters
60.	Physicians	0.20			0.20	885
61.	Physician Assistants				0.00	13
62.	Family Nurse Practitioners	1.00			1.00	1,896
63.	Certified Nurse Midwives				0.00	0
64.	Visiting Nurses				0.00	0
65.	Dentists	1.00			1.00	2,422
66.	Registered Dental Hygienists (Alternative Practice)				0.00	0
67.	Psychiatrists	0.05			0.05	181
68.	Clinical Psychologists				0.00	0
69.	Licensed Clinical Social Workers (LCSW)				0.00	0
70.	Other Providers billable to Medi-Cal**				0.00	0
74.	Other Certified CPSP providers not listed above***				0.00	0
75.	**Subtotal**	2.25	0.00	0.00	2.25	5,397

** Other Providers billable to Medi-Cal - Included here are Chiropractors, Physical Therapists, Optometrists and any other professionals who are able to be reimbursed through the Medi-Cal program.

*** Comprehensive Perinatal Services Program - List all other professional not listed above that are certified by the CPSP program to render services and can be reimbursed.

FTE's and Contacts by Clinical Support Staff

Line No.	Clinical Support Staff	(1) Salaried FTE's	(2) Contract FTE's	(3) Volunteer FTE's	(4) Total FTE's	(5) No. of Contacts
80.	Registered Dental Hygienists (not Alternative Practice)				0.00	0
81.	Registered Dental Assistants				0.00	0
82.	Dental Assistants - Not licensed				0.00	0

83.	Marriage and Family Therapists (MFT)	0.80			0.80	0
84.	Registered Nurses	0.20			0.20	0
85.	Licensed Vocational Nurses				0.00	0
86.	Medical Assistants - Not licensed (1)				0.00	0
87.	Non-Licensed Patient Education Staff				0.00	0
88.	Substance Abuse Counselors (2)				0.00	0
89.	Billing Staff (3)				0.00	
90.	Other Administrative Staff (4)				0.00	
94.	Other Providers not listed above				0.00	
95.	**Subtotal**	1.00	0.00	0.00	1.00	0

(1) Also includes Certified Medical Assistants

(2) Does not include substance abuse counseling performed by providers listed elsewhere

(3) Staff must spend 80% of time on billing

(4) Includes Executive Directors, CFO's, Medical & Dental Records staff, Medical & Dental Receptionists & other management staff

Section 3 - Patient Demographics

Race

Line No.	Race	(1) # of Patients
1.	White (include Hispanic)	806
2.	Black	56
3.	Native American / Alaskan Native	452
4.	Asian / Pacific Islander	58
5.	More than one race	0
9.	Other / Unknown	80
10.	**Total Patients ***	1,452

Ethnicity

Line No.	Ethnicity	(1) # of Patients
11.	Hispanic	132
12.	Non-Hispanic	1,227
13.	Unknown	93
15.	**Total Patients ***	1,452

Federal Poverty Level

Line No.	Federal Poverty Level	(1) # of Patients
20.	Under 100%	576
21.	100 - 200%	0
22.	Above 200%	0
23.	Unknown	876
24.	**Total Patients ***	1,452

Seasonal Agricultural And Migratory Workers

Line No.	Seasonal Agricultural and Migratory Workers	(1) Number
30.	Total Patients	3
31.	Total Encounters	6

Age Category

Line No.	Age Category	(1) Males	(2) Females
40.	Under 1 year	16	14
41.	1 - 4 years	36	85
42.	5 - 12 years	70	84
43.	13 - 14 years	20	22
44.	15 - 19 years	79	56
45.	20 - 34 years	82	99
46.	35 - 44 years	65	83
47.	45 - 64 years	243	222
48.	65 and over	92	84
55.	**Total Patients ***	703	749

Patient Coverage

Line No.	Patient Coverage	(1) # of Patients
60.	Medicare	94
61.	Medicare - Managed Care	0
62.	Medi-Cal	133
63.	Medi-Cal - Managed Care	0
64.	County Indigent / CMSP / MISP	251
65.	Healthy Families	0
66.	Private Insurance	400
67.	Alameda Alliance for Health	0
68.	LA Co. Public Private Partnership	0
69.	PACE Program	0
70.	Self-Pay / Sliding Fee	574
71.	Free	0
74.	All Other Payers	0
75.	**Total Patients ***	1,452

Episodic Programs

Line No.	Episodic Programs	(1) # of Patients
80.	BCCCP	0
81.	CHDP	0
82.	EAPC	
83.	Family PACT	0
84.	Other County Programs	0
85.	Childrens Treatment Program	0
89.	Other Payer - covered by a grant	0
90.	**Total Episodic Patients (duplicated)**	0

Child Health And Disability Prevention (CHDP)

Line No.	Child Health And Disability Prevention (CHDP)	(1) # of Assessments
95.	CHDP Assessments	0

* Totals for these tables must agree.

Section 4 - Encounters By Principal Diagnosis

Encounters by Principal Diagnosis

Report the diagnosis (or symptom, condition, problem or complaint) as the main reason for the encounter. Do not report the secondary diagnosis(es). There should be only one principal diagnosis for each encounter.

Line No.	Classification of Diseases and/or Injuries for each Principal Diagnosis	ICD-9-CM Codes	(1) # of Encounters
1.	Infectious and Parasitic Diseases	001 - 139	90
2.	Neoplasms	140 - 239	17
3.	Endocrine, Nutritional, and Metabolic Diseases; and Immunity Disorders	240 - 279	394
4.	Blood and Blood Forming Disorders	280 - 289	11
5.	Mental Disorders	290 - 319	300
6.	Nervous System and Sense Organs Diseases	320 - 389	167
7.	Circulatory System Diseases	390 - 459	153
8.	Respiratory System Diseases	460 - 519	381
9.	Digestive System Diseases, excluding dental diagnosis	530 - 579	54
10.	Genitourinary System Diseases	580 - 629	94
11.	Pregnancy, Childbirth & the Puerperium	630 - 679	2
12.	Skin and Subcutaneous Tissue Diseases	680 - 709	157
13.	Musculoskeletal System and Connective Tissue Diseases	710 - 739	459
14.	Congenital Anomalies	740 - 759	0
15.	Certain Conditions Originating in the Perinatal Period	760 - 779	0
16.	Symptoms, Signs, and Ill-defined Conditions	780 - 799	192
17.	Injury and Poisoning	800 - 999	126
18.	Factors Influencing Health Status and Contact with Health Services	V01 - V91	2,783
19.	Dental Diagnosis	520-529	13
20.	Family Planning S-Codes		0
21.	Other	All other codes not in lines 1-20	4
25.	**Total**		5,397

Section 5 - Encounters By Principal Service

Encounters by Principal Service

Classify each encounter by the principal CPT code that was reported on the billing document for this encounter. Do not report secondary procedures. There should be one and only one procedure code reported for each encounter.

Line No.	Principal Services	CPT Codes - 2012	(1) # of Encounters
1.	Evaluation and Management (new patient)	99201 - 99205	178
2.	Evaluation and Management (established patient)	99211 - 99215	1,804
3.	Hospital Related Services	99217 – 99226, 99231 - 99239, 99477	0
4.	Consultations	99241 - 99245, 99441 - 99444	0
5.	Other Evaluation and Management Services	99291 - 99292, 99354 - 99360, 99450, 99455 - 99456, 99499	66
6.	Nursing Facility Related Services	99304 - 99318	0
7.	Case Management Services	99363 - 99364, 99366 - 99368	0
8.	Preventive Medicine (infant, child, adolescent)	99381 - 99384, 99391 - 99394,	5

		99461	
9.	Preventive Medicine (adult)	99385 - 99387, 99395 - 99397	3
10.	Counseling	99401 - 99404, 99406 - 99409 99411 - 99412 99420 - 99429 99605 - 99607	0
	All Other Services		
11.	Anesthesia	00100 – 01999, 99100, 99116, 99135, 99140, 99143 - 99150	1
12.	Integumentary System	10021 - 19499	8
13.	Musculoskeletal System	20005 - 29999	1
14.	Respiratory System	30000 - 32999	0
15.	Cardiovascular System	33010 - 37799	286
16.	Hemic and Lymphatic System	38100 - 38999	0
17.	Mediastinum and Diaphragm System	39000 - 39599	0
18.	Digestive System	40490 - 49999	0
19.	Urinary System	50010 - 53899	0
20.	Male Genital System	54000 - 55920	0
21.	Intersex Surgery	55970, 55980	0
22.	Female Genital System	56405 - 58999	0
23.	Maternal Care and Delivery	59000 - 59899	0
24.	Endocrine System	60000 - 60699	0
25.	Nervous System	61000 - 64999	0
26.	Eye and Ocular Adnexa System	65091 - 68899	0
27.	Auditory System	69000 - 69979	2
28.	Radiology	70010 - 79999	0
29.	Pathology / Laboratory	80047 – 89356, 89398	67
30.	Medicine - Special Services	90281 – 99091, 99170 – 99199	309
31.	Family Planning "Z" Codes	"Z" codes	2
32.	Dental Encounters (CDT codes)	D0100-D0999	2,621
33.	CPT Category III Codes	0001T - 9999T	0
44.	Other	All other codes not in lines 1-33	44
45.	**Total**		5,397

Selected Procedure Code

Report the number of procedures for each code (or range of codes) regardless of whether it is the principal or secondary procedure code.

Line No.	Evaluation and Management Services	CPT Codes - 2012	(1) # of Procedures
50.	Mammogram	77051 – 77059	0
51.	HIV Testing	86689, 86701 - 86703, 87390 - 87391	0
52.	Pap Smear	88141 - 88155, 88164 - 88167, 88174 - 88175	0
		11975 - 11977, 55250, 55300, 55400, 55450, 57170,	

53.	Contraceptive Management	58300 - 58301, 58600 58605, 58611, 58670 - 58671	0
	Vaccinations		
60.	DTap, DTP, Diphtheria and Tetanus	90389, 90696, 90698, 90700 – 90703, 90714, 90715, 90718 - 90721, 90723	25
61.	Hemophilus Influenza B (Hib)	90371, 90645 - 90648	1
62.	Hepatitis A	90632 – 90634, 90636	5
63.	Hepatitis B	90740, 90743 - 90744, 90746, 90747	11
64.	HepB and Hib	90748	0
65.	Influenza Virus Vaccine	90654 – 90658, 90660 - 90668	60
66.	Measles, Mumps and Rubella (MMR) and Varicella (MMRV)	90704 - 90708, 90710	4
67.	Pneumococcal	90669, 90670, 90732	13
68.	Poliovirus	90712 - 90713	3
69.	Varicella	90396, 90716	5

Section 6 - Revenue and Utilization by Payer

Revenue and Utilization by Payment Source

(Do not put any "$" signs, commas or decimals, round up to whole dollar)

Line No.		(1) Medicare	(2) Medicare Managed	(3) Medi-Cal	(4) Medi-Cal Managed	(5) County/ CMSP/MISP	(6) Healthy Families
1.	Encounters	797	0	1,098	0	251	0
2.	Gross Revenue (Charges at 100% Rate)	$67,372		$245,763		$73,794	
3.	Sliding Fee Scale Write-offs						
4.	Free/Complimentary Write-offs						
5.	Contractual Adjustments	$6,248		$52,698		$37,364	
6.	Bad Debts						
7.	Grants (see Section 7)						
8.	Other Adjustments						
9.	Reconciliation						
10.	**Total Write-offs & Adjustments (sum lines 3 through 9)**	$6,248	$0	$52,698	$0	$37,364	$0
15.	**Net Patient Revenue (collected) (line 2 – line 10)**	$61,124	$0	$193,065	$0	$36,430	$0

Line No.		(7) Private Insurance	(8) Self-Pay/ Sliding Fee	(9) Free	(10) Breast Cancer*	(11) CHDP	(12) EAPC
1.	Encounters	637	2,614	0	0	0	
2.	Gross Revenue (Charges at 100% Rate)	$42,463	$226,167				

3.	Sliding Fee Scale Write-offs						
4.	Free/Complimentary Write-offs						
5.	Contractual Adjustments	$17,432					
6.	Bad Debts		$9,581				
7.	Grants (see Section 7)						
8.	Other Adjustments						
9.	Reconciliation						
10.	**Total Write-offs & Adjustments (sum lines 3 through 9)**	$17,432	$9,581	$0	$0	$0	
15.	**Net Patient Revenue (collected) (line 2 – line 10)**	$25,031	$216,586	$0	$0	$0	

* These include the following:
Breast Cancer Early Detection Program
Breast Cancer & Cervical Cancer Control Program

Line No.		(13) Family PACT	(14) PACE Program**	(15) LA - PPP	(16) Alameda Alliance	(17) Other County	(18) All Other Payers
1.	Encounters	0	0	0	0	0	0
2.	Gross Revenue (Charges at 100% Rate)						
3.	Sliding Fee Scale Write-offs						
4.	Free/Complimentary Write-offs						
5.	Contractual Adjustments						
6.	Bad Debts						
7.	Grants (see Section 7)						
8.	Other Adjustments						
9.	Reconciliation						
10.	**Total Write-offs & Adjustments (sum lines 3 through 9)**	$0	$0	$0	$0	$0	$0
15.	**Net Patient Revenue (collected) (line 2 – line 10)**	$0	$0	$0	$0	$0	$0

** Report number of patients on Line 1 for the PACE Program

Line No.		(19) Grand Totals
1.	Encounters	5,397
2.	Gross Revenue (Charges at 100% Rate)	$655,559
3.	Sliding Fee Scale Write-offs	$0
4.	Free/Complimentary Write-offs	$0
5.	Contractual Adjustments	$113,742
6.	Bad Debts	$9,581
7.	Grants (see Section 7)	

8.	Other Adjustments	$0
9.	Reconciliation	$0
10.	**Total Write-offs & Adjustments (sum lines 3 through 9)**	$123,323
15.	**Net Patient Revenue (collected) (line 2 – line 10)**	$532,236

Section 7 - Income Statement

Income Statement

(Do not input any "$" signs, commas or decimals, round up to whole dollar.)

Line No.	Revenue	(1)
1.	Gross Patient Revenue (from Sec 6, line 2, column 19)	$655,559
2.	Total Write-offs and Adjustments (from Sec 6, line 10, column 19)	$123,323
3.	Net Patient Revenue (from Sec 6, line 15, column 19)	$532,236
	Other Operating Revenue	
4.	**Federal Funds** - Grants - all others (e.g. 330 funds)	$585,054
400.	**Federal Stimulus Grants - American Recovery and Reinvestment Act (ARRA)**	
401.	**Federal Funds** - New Access Point (NAP)	
402.	**Federal Funds** - Increased Demand for Services (IDS)	
403.	**Federal Funds** - Capital Improvement Project (CIP)	
5.	**State Funds** - EAPC	
6.	**State Funds** - Other	$6,231
7.	**County Funds** - LA County Public Private Partnership	
10.	**County Funds** - Other County Grant Programs	
11.	Local (City or District) Funds	
12.	Private	
13.	Donations/Contributions	
19.	Other	
20.	**Total Other Operating Revenue (Sum lines 4 through 19)**	$591,285
25.	**Total Operating Revenue (line 3 + line 20)**	$1,123,521
	Operating Expenses	
30.	Salaries, Wages, and Emplyee Benefits	$1,299,898
31.	Contract Services - Professional	$23,911
32.	Supplies - Medical and Dental	$14,890
33.	Supplies - Office	$34,689
34.	Outside Patient Care Services	$80,131
35.	Rent / Depreciation / Mortgage Interest	$42,730
36.	Utilities	$21,999
37.	Professional Liability Insurance	
38.	Other Insurance	$2,074
39.	Continuing Education	
40.	Information Technology (including EHR)	$5,404
44.	All Other Expenses	
45.	**Total Operating Expenses (Sum lines 30 through 44)**	$1,525,726
50.	**Net from Operations (line 25 - line 45)**	-$402,205

Section 8 - Major Capital Expenditures

Section 127285(3) of the Health and Safety Code requires each clinic to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars

($500,000)."

Diagnostic and Therapeutic Equipment Acquired During The Report Period

Line No.		(1)
1.	Did your clinic acquire any diagnostic or therapeutic equipment that had a value in excess of $500,000? (If 'Yes', fill out lines 2 through 11, as necessary, below.)	No

Diagnostic and Therapeutic Equipment Detail

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Aquisition MM/DD/YYYY	(4) Means of Acquisition
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Building Projects Commenced During Report Period Costing Over $1,000,000

Section 127285(4) of the Health and Safety Code requires each clinic to report the "commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars ($1,000,000)."

Line No.		(1)
25.	Did your clinic commence any building projects during the report period which will require an aggregate capital expenditure exceeding $1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	No

Detail of Capital Expenditures

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26.			
27.			
28.			
29.			
30.			

Capital Fund

Line No.	Capital Fund	(1)
40.	Beginning Fund Balance	
41.	Current Year Contribution	
42.	Current Year Interest Earnings	
43.	Current Year Expenditures	
44.	**Ending Fund Balance (line 40 + line 41 + line 42 - line 43)**	$0

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