

PREFACE

In accordance with Senate Bill 697, Community Benefits Legislation, Saint John's Health Center submits this Community Benefits Plan for 2011. Senate Bill 697 requires a not-for profit hospital in California to complete the following activities:

- Review and reaffirm its mission statement to ensure that its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization
- Complete and update a needs assessment every three years, evaluating the health needs of the community served by the hospital.
- Adopt and file a community benefits plan annually¹, documenting activities that the hospital has undertaken to address community needs within its mission and financial capacity; and to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan.

A Santa Monica Community Access Plan Annual Implementation Report is also included within the hospital's Community Benefits Plan, as specified by the City of Santa Monica Development Agreement. This requires that Saint John's Health Center complete the following on an annual basis:

- File the hospital's Community Benefits Plan with the City of Santa Monica 60 days prior to submission to the state
- Assign and report the cost of programs and services provided by the Health Center according to a five-item framework that includes:
 - Cash and in-kind support of the Santa Monica-Malibu Unified School District
 - Cash and in-kind support of local non-profit organizations
 - Medical and mental health services provided based on referrals from local non-profit organizations
 - Medical and mental health services provided based on referrals from the Santa Monica-Malibu Unified School District
 - Community services available to the general community that promote health education and preventive services

¹ Saint John's Health Center converted to a calendar fiscal year effective January 1, 2009.

Saint John's Health Center: A Brief Introduction

For seventy years, Saint John's Health Center has offered a range of health care programs and services unparalleled on the Westside of Los Angeles. In addition to primary care, Saint John's has built a reputation as a leading provider of specialty care by responding to the needs of our patients and community. Saint John's commitment to excellence in specialty care has made it the hospital of choice for many of the area's top physicians. Saint John's is home to many premier programs, including:

Cardiac Care: Saint John's program includes a wide range of diagnostic and therapeutic cardiac services, including leadership in transfusion-free medicine and bloodless cardiac surgery, percutaneous coronary interventions, ablations, and traditional cardiac surgeries.

Orthopaedics: Specializing in joint and spinal surgery, Saint John's has been recognized as a top 100 orthopedics specialty hospital for hip replacements.

Cancer: Saint John's Health Center cancer treatment program is approved by the American College of Surgeons Commission on Cancer. The John Wayne Cancer Institute (JWCI) at Saint John's Health Center is a cancer research institute dedicated to the understanding and curing of cancer in order to eliminate patient suffering worldwide. Institute highlights include one of the largest melanoma centers in the U.S., a top ranked breast center, a surgical oncology fellowship program, and one of the largest specimen repositories in the U.S.

Maternal and Child Health: Our Obstetrics program includes Labor, Delivery and Recovery suites, Mother-Baby couplet care unit, Neonatal Intensive Care Unit, Lactation Store, and a support program for breastfeeding mothers.

Emergency Care: Saint John's 24-hour Emergency Department is a crucial facility for the Westside, treating 29,702 patients in the period January 1 through December 31, 2011.

Child and Family Development Center: The Center provides a comprehensive range of culturally sensitive and linguistically responsive mental health, outreach, developmental and educational services. Available in English, Spanish, and American Sign Language, services are offered for children, adolescents, and their families at the Center, school sites, homes and other locations in the community.

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Section 1: Executive Summary

Mission, Core Values and Foundational Beliefs

Saint John's Health Center mission statement, the core values of the Sisters of Charity of Leavenworth Health System and the foundational beliefs of the Catholic Health Association guide our commitment to improving the health of individuals and the community we serve, and permeate the everyday life of Saint John's.

Definition of Community

For community benefits planning purposes, Saint John's Health Center defines its community to include the cities and neighborhood areas surrounding the Health Center, including Santa Monica, Malibu, Pacific Palisades, Venice, Marina del Rey, Mar Vista, Brentwood, and parts of West Los Angeles. Included are the cities identified by patients during the registration process as their current address.

Identifying and Prioritizing Community Needs

Multiple needs assessments and studies were conducted in recent years by departments at Saint John's and various community groups such as the Westside Health Coalition, the Santa Monica-Malibu Unified School District, and the City of Santa Monica. The Health Center reviewed these findings and identified categories of community need based on consistency with our Mission and Core Values, the expertise in planning and delivery of services, and regular and ongoing communication with community leaders representing Santa Monica and the Westside.

Categories of Community Need Addressed in the Benefits Plan

This Community Benefits Plan includes objectives and supporting programs and services for the following categories of needs, ranked in priority order:

Benefits for persons living in poverty

Benefits for the general population

These categories reflect how Saint John's understands its multiple roles in the community: first, as a Catholic health care ministry, and second as a healthcare provider and community partner.

Community Benefits Plan Activities

Saint John's community benefits program reflects our commitment to the common good. The community benefits planning process is shaped by our mission, the core values of the Sisters of Charity of Leavenworth Health System, and the foundational beliefs of Catholic Healthcare Association. We seek to promote a healthy community by supporting partnerships with others.

Programs and services provided by the Health Center in calendar year 2011 to address the categories of community needs include the following:

Charity care for patients without the ability to pay for necessary treatment

Financial and in-kind support of local non profit organizations focused vulnerable persons

Free imaging, laboratory and cardiology services for clients referred by local non-profit organizations

Child and Family Development Center programs, providing outpatient mental health services for children and families, persons who are deaf and/or hard of hearing, persons with developmental disabilities and individuals and families affected by child abuse; child care and therapeutic preschool, school-based mental health outreach to at-risk youth, community-based counseling services for youth, and community outreach

Support of programs at Santa Monica-Malibu Unified School District

Community education programming emphasizing health and wellness

Participation on committees and boards of other agencies and coordination of activities with numerous nonprofit organizations

Education and training programs for diverse audiences – nurses, physicians, health care professionals and volunteers

Economic Value of Community Benefits Provided

During calendar year 2011, the economic value of community benefits provided by Saint John's Health Center is estimated at **\$10,196,637** PLUS an additional \$34,443,939 in unreimbursed Medicare costs.

Section 2: Mission, Core Values and Foundational Beliefs

Saint John's Health Center Mission Statement (revised and adopted on November 11, 2002) and the Core Values of the Sisters of Charity of Leavenworth Health System (SCLHS) follow. These guide our organization's commitment to creating a healthier community and permeate the everyday life of Saint John's.

Saint John's Health Center Mission Statement

We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable.

Sisters of Charity of Leavenworth Health System Core Values

Our belief – that God's healing love is made present through us – permeates, shapes and drives our health care ministry. Because we believe this, we embrace the following values:

Response to need

The health care we offer is based on community need. Our efforts are to improve the health status of the community. In this we have a special concern for those who are most in need: the poor and those who have limited access to health care.

The SCLHS Affiliate will maintain the right to:

- base its planning efforts on the health needs of the community
- establish policies to care for the poor
- advocate on behalf of the poor and medically underserved
- choose not to partner with providers which refuse their responsibility for health care for the poor

Respect

We recognize the sacred worth and dignity of each person.
"In our presence people feel comfortable and worthwhile."

The SCLHS Affiliate will maintain the right to:

- implement a culture of respect
- establish ethics education, consultative services and/or committees
- establish policies to provide respect and appropriate care for persons who are dying
- not offer abortion services
- not provide elective sterilization

Wholeness

In the faith which undergirds our health care ministry, we value the health of the whole person – spiritual, psychological, emotional, and medical.

The SCLHS Affiliate will maintain the right to:

- publicly proclaim its Catholic identity, which includes providing a Eucharistic chapel and use of religious symbols
- provide pastoral services
- be a leader in promoting the whole health of the community
- invest in employee learning, growth and health

Excellence

The presence of God's healing love is evidenced through excellence in the care we offer.

The SCLHS Affiliate will maintain the right to:

- participate in programs which will enhance quality

Stewardship

We are mindful that we hold our resources in trust for the sake of the healing ministry. We are mindful that our greatest resources are our employees, and that our physical resources come from our patients and communities.

The SCLHS Affiliate will maintain the right to:

- provide fair compensation and benefits
- choose not to partner with providers with unjust employee practices
- retain fiscal responsibility and accountability to SCLHS
- maintain physical resources for the safety and comfort of patients and employees
- operate under environmentally sound practices

Catholic Health Association Foundational Beliefs

Saint John's community benefit programs are rooted in the Catholic Health Association core set of beliefs:

- Those living in poverty and at the margins of society have a moral priority for services
- Not-for-profit health care has a responsibility to work to improve health in communities by focusing on prevention
- Community members and organizations should be actively involved in health care community benefit programs
- Demonstrating the value of community service is imperative
- Integrate community benefit programs throughout the organization
- Leadership commitment leads to successful community benefit programs

Section 3: Definition and Description of Our Community

In defining its “community” for purposes of the needs assessment and benefits plan, Saint John’s Health Center considered the following three factors:

Collaborative relationships with community groups and organizations

Reliance of the community on Saint John’s, as measured by the hospital’s market share

Reciprocal reliance of Saint John’s on the community, as measured by patient origin

Definition of Community

Saint John’s Health Center defined its “community” to include the following cities and neighborhood areas (ZIP codes are shown in parenthesis):

- Bel Air (90077)
- Beverly Hills (90210)
- Brentwood (90049)
- Culver City (90230 and 90232)
- Encino (91436)
- Malibu (90265)
- Mar Vista (90066)
- Marina del Rey (90292)
- Pacific Palisades (90272)
- Playa del Rey (90293)
- Santa Monica (90401 through 90405)
- Sherman Oaks (91403)
- Venice (90291)
- West Hollywood (90069)
- Westchester (90045)
- Westwood (90024)
- West Los Angeles Palms and Rancho Park (90025,90035 and 90064)

Saint John’s Health Center is located in ZIP code 90404, in the City of Santa Monica.

See page 10 for a map of Saint John’s Health Center service area.

Three other hospitals are physically located in the health center’s service area (ZIP code location of each hospital shown in parenthesis):

UCLA-Santa Monica Hospital and Medical Center (90404)

Kaiser Foundation Hospital – West Los Angeles (90034)

Centinela Freeman Regional Medical Center – Marina (90292)

In addition, other area hospitals used by residents of the service area include UCLA Medical Center, Cedars-Sinai Medical Center, and Brotman Medical Center.

Description of Our Community

The description of our community is based on demographics and health status indicators from our most recent Community Needs Assessment conducted in 2010. Information was obtained from a variety of sources – Nielsen Claritas, (a national vendor of demographic data), California Department of Health Services, Managed Risk Medical Insurance Board, UCLA Center for Health Policy Research, California Department of Education, Center for California Health Workforce Studies at the University of California – San Francisco, Centers for Medicare and Medicaid, Office of Statewide Health Planning and Development, and United States Department of Health and Human Services. Additional information on community health needs is summarized in **Table 4.1**. Among the highlights:

- Based on estimates provided by Nielsen Claritas, the 2010 population of the service area is estimated at 678,772 persons (estimate based on Census 2000).
- In the next five years, the service area population is projected to increase 3.1 percent, to 669,814 persons.
- Within the service area, the majority of residents are White (60.9 percent). Approximately 16.9 percent of residents are Hispanic, 11.9 percent are Asian/Pacific Islander, 5.8 percent are Black, and 4.5 percent are of other races or two or more races.
- Among persons age 5 years and older in the service area, 63.5 percent speak English at home, 15.2 percent speak Spanish, 11.8 percent speak a European language, 7.2 percent an Asian or Pacific Island language, and 2.3 percent other languages.
- Among persons 25 years and older living in the service area, 11 percent have less than a high school education (no high school diploma), 12 percent are high school graduates, 19 percent have complete some college (no degree), and 59 percent have college, graduate or professional degrees.
- There are an estimated 194,177 households in the service area; average household size is estimated at 2.05 persons per household.
- Overall, 24.3 percent of households in the service area have an annual income under \$35,000, 27.7 percent of households have an annual income from \$35,000

to \$74,999 and 46.1 percent of households have an annual income of \$75,000 and over.

- Based on enrollment figures provided for 2007 by the California Department of Health Services, there are 31,803 persons (an estimated 8 percent of the population) covered by Medi-Cal in the service area.
- Based on enrollment figures provided for 2007 by Managed Risk Medical Insurance Board, there are 2,816 persons (an estimated 1 percent of the population) covered by Healthy Families program in the service area.
- Based on 2007 estimates provided by Claritas Inc., there are 53,660 persons age 65 years and older (estimated at 14 percent of the total population) in the service area.
- On average, there were 47,102 live births a year in the service area during the three-year period from 2004 through 2006. During this period, 54.1 percent of the births in the service area were to White mothers, 20.6 percent to Hispanic mothers, 15.1 percent to Asian/Pacific Islander mothers, 4 percent to Black mothers, and 6 percent to mothers of other or unknown ethnicities.
- During the three-year period, 2 percent of births were to mothers under age 20 years, 25 percent to mothers age 20 to 29 years, 34.6 percent to mothers age 30 to 35 years, and 38.4 percent to mothers age 35 years and over.
- During the three-year period, the percentage of births with late or no prenatal care was 5.6 percent. The service area met the Healthy People 2010 objective of less than 10 percent late or no prenatal care.
- During the three-year period, the average percentage of infants of low birth weight (under 5.5 pounds) was 7.7 percent. The service area did not meet the Healthy People 2010 objective of less than 5.0 percent low birth weight infants.
- During the three-year period from 2006 to 2008, the average number of deaths a year in the service area was 4,290 deaths. Heart disease, cancer, and stroke were the three leading causes of death in the service area. Only death rates for suicide and cirrhosis were higher than the Healthy People 2010 target rates
- Ambulatory Care Sensitive (ACS) conditions are those for which timely and adequate clinical preventive and primary care services might avoid hospitalization. Top ACS conditions resulting in hospitalization among residents

of the service area in 2005-2006 were asthma, with asthma in persons over 65 years of age higher than Healthy People 2010 target (while still considerable lower than the state and/or county rate), uncontrolled diabetes in age 18 to 64 years, and immunization preventable pneumonia and influenza in age 65+.

Community Consultation

As part of the 2010 Community Health Needs Assessment, community leaders from local organizations – city and county health and human services offices, education (kindergarten through high school and community college), free and community clinics, and nonprofit agencies – were interviewed during a four-week period in September of 2010. Questions focused on opinions regarding top health needs of those persons living in poverty and top health needs of the general population, effective approaches for local organizations to address identified health needs, suggested roles and activities for Saint John’s Health Center, and Saint John’s Health Center community activities perceived as strengths and opportunities for improvement. Findings are highlighted below.

Top health needs of persons living in poverty

Access to Health Care Services – especially for the poor and uninsured working poor, undocumented families, homeless persons, teenagers and those who may be eligible but are unaware that they meet eligibility criteria.

- Regular, Ongoing care (including a medical home)
- Primary care
- Specialty care such as cardiology, neurology and urology
- Hospital Care
- Medical providers
- Preventive Care (for example, for older adults and seniors)
- Well care
- Management of chronic health conditions such as diabetes and obesity
- Immunizations for children
- Mental health care (see below)
- Dental care (see below)
- Vision care

Mental Health Care - in-hospital and out-of-hospital psychiatric services for the homeless, mental health services for seniors, mental health services for those affected by stress, violence or trauma.

Dental Care – Especially as dental care relates to overall health and the difficulty associated with finding dental providers for routine examinations, preventive services, follow-up dental care, hygiene and cavities.

Nutrition Eating poorly for one's health situation. Both extremes of nutrition are seen as unmet health needs of the poor, hunger and obesity in children.

Parenting and early Childhood Education - parents need help raising children for the 21st century, to include considerations such as culture of learning, early literacy, positive discipline methods, and early identification for developmental delays for children.

Job training and placement services

Top health needs of the general population:

Access to Affordable Health Insurance and health Care Services – regardless of age, respondents identified challenges with being able to purchase and keep reasonable health insurance, and the delays caused by financial considerations such as co-payments, deductibles and out of pocket medical expenses. Some also mentioned long wait times to see a physician, providers not accepting HMO plans while employers may favor them. Also mentioned was the affordability of medications. Even those with health insurance may have difficulty with coordination of services and care.

Health Promotion and Preventive Services – Nutrition, physical activity and fitness, healthy living, parenting information, preventive services such as vaccinations, mammograms, colonoscopies, and bone density screenings.

Mental Health – including coverage for certain conditions, full course of treatment, drug rehabilitation for youth under 18 years, counseling for depression, domestic violence, violence and suicide, autism support, early dementia and cognitive impairment of patients with HIV/AIDS.

Dental Care – Lack of coverage is increasing as individuals face higher costs for routine care.

Elderly and End of Life Issues – Several respondents mentioned that today's society spends enormous resources on aggressive care during the last few months of life,, even when the quality of care is limited.

Approaches that work best to address unmet health needs

Clinics and Community-Based services - Development of a convenient, user-friendly medical home was mentioned, with extended hours of service well-trained staff and multiple services at one location. Also mentioned in the assessment was home based services for the frail elderly or other persons who find it difficult to get to the clinics

Coordination of services – respondents suggested coordination of services to include medical, dental, mental, and HIV/AIDS care coordination of services that would involve the families of patients and make care easier to obtain.

Partnerships and Collaborations – Include businesses, schools and religious communities on the public-private partnerships in use in the community.

Education and Disease Prevention – education materials need to be understandable and meet the audience’s age, literacy, education, and language needs.

Universal Health Care – not limited by status of documentation

Suggested Roles and Actions for Saint John’s Health Center

Collaboration and Support of Community-Based Organizations

Many interviewed acknowledged Saint John’s existing role in support of and partnerships with community non-profit organizations, including financial support, sharing of expertise, and in-kind support. They hoped the hospital would continue to maintain or expand its support of community programs and services.

Leadership Role

Interviewees asked that Saint John’s expand its leadership role in Health Care to: solving unmet healthcare needs, identifying new programming, coalition building, dental care services and access to affordable medication.

Hospital Provider

As the only independent hospital in Santa Monica, participants recognize excellent health care. As a Catholic hospital they emphasized services to those living in poverty. Suggestions include accepting more poverty patients, accepting all forms of insurance, and collaboration to provide coordination of care for vulnerable patients.

Education and Outreach

Education topics of interest identified were disease prevention, health and mental health issues and advance directives. Those participating suggested outreach to food pantries, health fairs and in community settings.

Community Activities: Strengths and Opportunities for Improvement

Community activities recognized as strengths of Saint John's Health Center by those participating in the community consultation are listed below:

- Partnerships with community-based organizations
- Collaboration and integration into the community
- Reputation
- Community institution, driven by mission and values
- Excellent health care services
- CFDC and its community- and school-based programs, counselors and preschool program
- Community health education offerings
- Conducting needs assessment survey every three years

Community activities recognized as opportunities for improvement

- More targeted funding of community-based organizations (in support of major initiatives)
- Expand funding to community organizations
- Employ a more holistic (versus traditional) model of health care
- Discharge planning service and the transition from inpatient care to outpatient care
- Greater involvement in disaster planning
- More community activities such as mobile health clinics and health fairs
- More strategic and coordinated funding of community services
- Work with others to meet needs of uninsured and underinsured (includes the homeless)
- Greater involvement and visibility of senior leadership in the community

- Improved communication and access to community benefit leadership
- Determine a way to use hospital facilities to enhance community activity
- Parking

At-Risk and Vulnerable Populations

Saint John's recognizes the following at-risk populations in our service area:

Persons living in poverty

Seniors

Children and youth

The Health Center prioritizes its community benefit programs and services based on the health and human service needs of these at-risk and vulnerable populations. Note: Community benefit programs/services for these populations are treated as services for "vulnerable populations" in the Health Center's Community Benefits Plan.

Section 4: Community Benefits Planning Process

Saint John's community benefits program reflects our commitment to the common good. The community benefits planning process is shaped by our mission and the core values of the Sisters of Charity of Leavenworth Health System, and by the foundational beliefs of Catholic Health Association.

We seek to promote a healthy community by supporting partnerships with others.

With our partners, we pursue the following goals in health care:

1. Providing benefits to those living in poverty
2. Provide benefits to those most vulnerable, including seniors, children and the disabled.
3. Providing benefit to the greater community, including socioeconomic, environmental, and educational concerns

Saint John's Community Benefits Plan for January through December 31, 2011 responds to needs identified in various assessments conducted of our service area. Some assessments were conducted by Saint John's Health Center directly while others were conducted by the City of Santa Monica, Rand Corporation and other planning groups of health and human service agency providers. These assessments are dynamic in nature, and continue to provide timely information regarding priority issues in the community. See Table 4.1 for a summary of the assessments conducted in recent years, groups responsible for preparing the assessments, methodologies used, and key findings.

The senior management team, a Community Benefit director, and other health center personnel are key to the planning, implementation and evaluation of Saint John's Health Center community benefit programs and services. The vice president of Mission and Ethics is responsible for integrating the mission and core values with the strategic plans of the health center. The Community Benefit director actively participates in community organizations and coalitions which assess and respond to community needs; develops and implements objective measures to monitor and assess program effectiveness; and submits timely and accurate information to Senior Management to support integration of the community benefit program with the Health Center's strategic planning activities. Other Health Center personnel, including administrators, directors,

department managers, and other employees, develop, implement and report activities to address the variety of identified community needs (see Table 4.1).

See **Appendix A** for a listing of Health Center personnel involved in planning community benefits programs and services.

In 2011, Saint John's continues to use the Community Benefit Inventory and Social Accountability (CBISA) software developed in collaboration with the Catholic Health Association and VHA to record community benefit activities.

On a quarterly basis, Saint John's reviews and monitors its progress related to providing community benefits and reports to Senior Management, Saint John's Board of Directors and to the Sisters of Charity of Leavenworth. In addition, Saint John's Board of Directors, Senior Management, Community Advisory Committee, and Sisters of Charity of Leavenworth Health System review the Health Center's annual Community Benefits Plan. Table 4.2 summarizes these community benefits reports, report contents and reviewing body.

The Health Center's Community Access Plan is reviewed externally by the City of Santa Monica and the Community Advisory Committee.

In Fiscal Year 2012, Saint John's will continue its tradition of providing community benefit programs and services in response to local needs. The Fiscal Year 2012 budget for community benefit programs is developed in consideration of historical commitments, new commitments to area coalitions and partnerships, review of prior performance and program effectiveness, collaboration with our community partners, and an ongoing focus on providing cash grants and/or in-kind support to organizations that directly serve the poor and underserved.

Table 4.1: Summary of Community Needs Assessments

Group Responsible	Assessment	Methodology	Key Findings
Saint John's Health Center Mission & Ethics	Needs Assessment Saint John's Health Center service area (2010)	Service Area demographics and health status indicators Telephone interviews with representatives from public and private organizations regarding community health priorities	Community's most important health priorities include: A. Access to quality comprehensive health care services, and affordable health insurance B. Preventive health education and disease management. C. Caring for aging seniors D. Mental health and substance abuse Services and support E. Dental and vision care F. Services for the homeless G. Affordable housing
Saint John's Health Center Mission & Ethics	Santa Monica Development Agreement (1998)	Dialogue with representatives from City of Santa Monica and community residents	Support for school nurses
Saint John's Health Center Mission & Ethics	Meetings with Venice Family Clinic, WISE and Healthy Aging, and Westside Family Health Center	Meetings and discussions with clinic representatives	Continued need for imaging, laboratory and cardiology services for clinic patients who are poor and lack health insurance
Saint John's Community Education Department	Ongoing review of event evaluations	Review of written evaluations completed by program attendees at each event	Interest in programs on wellness and preventive care: Nutrition Women's health, especially Breast and Heart Diabetes management Weight loss Smoking cessation
Saint John's Community Benefits Director	Determination of vulnerable parish school(s); Assessment of student health needs	Discussions with local parish Focused interviews with principal at St. Anne's School	Ongoing need for : A. State-required screenings B. Bilingual, school-based counselor C. Health education programs for parents and children D. Expanded physical education
City of Santa Monica Human Services Division	Child Care in Santa Monica	Supply estimated through PACE telephone survey to Santa Monica child care providers and SM-MUSD data	A. The supply of child care may be adequate to meet the needs of residents. Current issues relate to affordability, quality, availability of full-time care, and lack of infant/toddler care

Group Responsible	Assessment	Methodology	Key Findings
City of Santa Monica Human Services Division	Ending Homelessness in Santa Monica report by The Urban Institute	Explained in Report	<p>A. Homeless persons intrude on public spaces</p> <p>B. Most homeless come from outside Santa Monica</p> <p>C. Current services for homeless can improve communication and coordination.</p> <p>D. Public needs to understand the homeless situation</p> <p>E. City needs to know where it is in the overall strategy to end homelessness</p> <p>F. There is no “table” to which stakeholders can bring issues related to homelessness</p> <p>G. Having good data would support action</p>
Westside Health Coalition (WHC), designated health planning group for the West Health District	Quarterly meetings (began in 1995, with Los Angeles County health care crisis and closure of two public clinics in the West Health District)	Consultation with over 40 members, including community members and representatives from hospitals, health department, funders, public education, cities, academic institutions, insurance companies	<p>A. Need to continue to provide health care services to persons living in poverty, such as: primary, specialty and dental care, by means of public-private partnerships</p> <p>B. Need to address specific health issues, including:</p> <ul style="list-style-type: none"> - Coordination of health related activities and services for teens, elderly and homeless persons - Programs for screening, prevention, education and treatment of chronic disease - Programs for asthma management for adults and elderly - Injury and violence prevention -- Advocacy
RAND	Community Profile, a description of City of Santa Monica demographics (February 2003)	Data from 2000 Census	<p>2000 population (based on ZIP codes 90401 through 90405) estimated at 86,156 persons</p> <p>Population described: 72% White, 13% Latino, 7% Asian, 4% Black, and 4% of multiple races 14% are seniors age 65 & older</p> <p>8,740 persons live in poverty; Poverty rates in zip codes 90401 and 90404 exceed the Los Angeles citywide rate</p>

Group Responsible	Assessment	Methodology	Key Findings
Inter-Agency Council on Child Abuse and Neglect (ICAN)	ICAN AB 1733/AB 2994 Survey	<p>Surveys sent to approximately 800 agencies to obtain information concerning child abuse and neglect</p> <p>Services considered to be most needed, target populations, and greatest unmet needs</p>	<p>Unmet needs include:</p> <p>A. Home visitation services for high-risk families with newborns and young children</p> <p>B. Services for children living in homes where domestic violence occurs</p> <p>C. Services for families with substance abuse problems</p> <p>D. After-school activities for high-risk children and youth</p>
Healthy People 2010 Midcourse Review		<p>Access to healthcare</p> <p>Hospitalization rates for Ambulatory Service Care-sensitive conditions</p> <p>Age-adjusted Death Rates</p> <p>Maternal and Child Health</p> <p>Adult health</p> <p>Senior Health</p>	<p>A. 1 Persons 0-65 Uninsured all of part of year target 0% status 18%.</p> <p>A. 2 84% of females in the service area have had a Pap test in the past 3 years, versus a target of 90%</p> <p>B. Rate of Asthma in persons over 65 years is 13.5%. Healthy People 2010 target is 11% Reduction of .3% from 2009</p> <p>C. Higher for suicide and cirrhosis</p> <p>D1. Low birth weight (less than 5.5 lbs) infants rate of 7.3% vs. target of 5%.</p> <p>D2. 61% of children and teens exercise vigorously, versus target of 85%</p> <p>E. Adults indicate that they are heavier, exercise less, and are diagnosed with diabetes at rates higher than 2010 Target rates</p> <p>F1. Hip fractures in females higher than target rate</p> <p>F2. 66% of seniors obtained a flu shot last year, versus a target of 90%</p> <p>F3. Seniors reported less healthy weight, increased obesity, less exercise and having been diagnosed with Diabetes and High Blood Pressure than target rates</p>

Table 4.2 Summary of Community Benefits Report

Report	Summary of Contents	Reviewing Body
Saint John's Community Benefits Plan	<p>Description of programs and services provided in prior fiscal year in response to identified community needs</p> <p>Economic value of community benefits, per Senate Bill 697 framework:</p> <ul style="list-style-type: none"> • Benefits to persons living in poverty and other vulnerable populations <ul style="list-style-type: none"> Healthcare services Other services • Benefits to the general population • Health research, education, and training programs 	<ul style="list-style-type: none"> • Saint John's Board of Directors • Saint John's Senior Management • Community Advisory Committee • Sisters of Charity of Leavenworth Health System (SCLHS)
Saint John's Community Access Plan	<ul style="list-style-type: none"> • Saint John's Community Benefits Plan • Description of collaborative planning activities with community organizations • Report on categories of community support, including: <ul style="list-style-type: none"> • Santa-Monica-Malibu Unified School District (SM-MUSD) • Non-profit agencies that serve Santa Monica residents • Charitable health services provided directly to patients that are directly referred by local non-profit organizations • Charitable health services that are provided to students referred by SM-MUSD • Free community services available to the general community that promote health education and preventative health services 	<ul style="list-style-type: none"> • Santa Monica Director of Community and Cultural Services • Community Advisory Committee • SCLHS
Saint John's Integrated Strategic Plan	<ul style="list-style-type: none"> • Includes annual monitoring of plan objectives related to evaluation of community needs and allocation of resources to meet needs 	<ul style="list-style-type: none"> • Saint John's Board of Directors • Saint John's Senior Management • SCLHS
Community Benefit Inventory for Social Accountability (CBISA)	<ul style="list-style-type: none"> • Inventory of community benefit activities based on framework of: <ul style="list-style-type: none"> • Charity care • Unpaid cost of public programs • Cash and in-kind donations • Non-billed services for the poor and the broader community • Education and training programs of health professionals and the general public • Research activities • Services generating low or negative margins 	<ul style="list-style-type: none"> • Saint John's Board of Directors • Saint John's Senior Management • Sisters of Charity of Leavenworth Health System

*Sisters of Charity of Leavenworth Health System prepares consolidated report based on all affiliate hospitals.

Section 5: Priority Community Needs

Two general categories of community needs are addressed in Saint John's Health Center's Community Benefits Plan. Ranked in priority order, these categories are:

Benefits for persons living in poverty

Benefits to the general population

These categories reflect how Saint John's understands its multiple roles in the community: first, as a Catholic health care ministry sharing the Mission and Core Values of the Sisters of Charity of Leavenworth Health System; next, as a health care provider; and finally, as a corporate citizen and one of the largest employers in the City of Santa Monica.

Table 5.1 summarizes the three categories of community need, target population addressed by the community need, and examples of community needs, as identified in recent community needs assessments (see Table 4.1).

^a Caritas is Latin for Charity or Love. It serves as the motto of the Sisters of Charity of Leavenworth: "Major Horum Est Caritas" – "The Greatest of These is Charity."

Table 5.1 Summary of Community Needs

Category of Community Needs	Targeted Population	Examples of Community Needs
Services for persons living in poverty	Poor, Underserved, Uninsured and Underinsured	<ul style="list-style-type: none"> • Access to quality health care services • Funding for nonprofit agencies providing direct services to persons living in poverty • Availability of preventive health education and self-management of diseases • Services for the homeless • Access to mental health care services and support • Saint John’s active role in provider groups involved with expanding services for the underserved • Injury and violence prevention • Access to dental care • Access to health insurance • Affordable housing for individuals and families •
Benefits for the general population	The general population of Saint John’s community, may include, but not limited to persons living in poverty	<ul style="list-style-type: none"> • Access to affordable Health insurance and health care services • Disease prevention • Caring for aging seniors • Mental health services • Dental care • Research • Health care cost containment • Education of healthcare professionals • Affordable housing • Evidence-based programs focused on disease prevention • Specific health conditions: heart disease, stroke, cancer, diabetes, and childhood asthma • Cash grants and in-kind donations (related to civic service)

Note: Community needs identified based on recent community assessments (see Table 4.1)

Section 6: Community Benefits Plan Objectives

During 2011, Saint John's Health Center pursued the following objectives:

1. To continue to provide care for vulnerable populations, with emphasis on the poor and underserved.
2. To coordinate efforts with community partners in the identification of health priorities and the development and implementation of programs for community health improvement.
3. To continue the development of research, health education, health promotion and other wellness services and to improve the health status of the community.

Community health partners include: the Westside Health Coalition, Community Advisory Committee, City of Santa Monica, Santa Monica-Malibu Unified School District, St. Anne's School, Venice Family Clinic, Westside Family Health Center, OPCC, St. Joseph Center, Upward Bound House, WISE and Healthy Aging, Meals-on-Wheels West, Westside Shelter and Hunger Coalition, Santa Monica College, and the Santa Monica Chamber of Commerce.

See **Appendix B** for a listing of members of the Community Advisory Committee and Westside Health Coalition.

On an annual basis, Saint John's Health Center will monitor and report measures of plan progress. See **Section 7** for a report on the Health Center's programs and services provided 2011.

Section 7: Community Benefits Plan Update

This section includes a description of programs and services provided by the Health Center and key measurements of outcomes accomplished in the period between 2011. Programs and services are organized in response to the three priority categories of need identified in recently conducted needs assessments.

Expanding Access to services for persons living in poverty

Saint John's community benefit services include: charity care for patients without the ability to pay for necessary treatment (see Appendix C for the Health Center's financial assistance/charity care procedure), absorbing the unpaid costs of care for patients with Medi-Cal, free imaging, laboratory, and cardiology services for clients referred by local non-profit organizations; outreach activities and operation of a Child and Family Development Center that provides needed mental health services to children and families, coordination and implementation of activities with local community organizations, and cash and in-kind donations to support organizations serving the poor and underserved.

In 2011, Saint John's provided \$2,988,0773 in traditional Charity Care, an **increase of \$921,675, or 45%, over 2010.**

Benefits for the general community

Service area studies and needs assessments continue to identify the need for research, health education, and other wellness services (such as screenings and immunizations) for children and youth, seniors, and the general community.

In response, Saint John's supports the John Wayne Cancer Institute, offers a dedicated community health education specialist, supports the Santa Monica-Malibu Unified School District school nurse program and other activities emphasizing education and wellness; provides a variety of community health information, education and wellness offerings; provides immunizations for children and teens; and provides cash and in-kind donations to organizations to improve health status.

Leadership and Participation in Community Organizations

The foundational beliefs of Catholic Health Association underscored the need for leadership involvement in community benefits. In addition, recently completed needs assessments indicated the need for multiple community organizations located in the service area and Westside to collaborate and thereby increase the available capacity of community programs and services.

In response, members of Saint Johns executive team participate on the boards of local and national non-profit agencies, as follows:

Executive and Title	Board Involvement
Lou Lazatin President and Chief Executive Officer	Hospital Association of Southern California
Eleanor Ramirez Executive Vice President and Chief Operating Officer	Wise & Healthy Aging, Board of Directors California State College, Los Angeles Search to Involve Pilipino Americans
Steven Sharrer Vice President of Human Resources	Santa Monica Chamber of Commerce
LaTisha Starbuck VP Mission and Ethics	OPCC (formerly Ocean Park Community Center) Santa Monica College Foundation Supportive Care Coalition – (national) Santa Monica Chamber of Commerce – Governmental Affairs Committee Southern California Bioethics Consortium
Maura Winesburg Director of Risk Management	Westside Meals on Wheels

See **Appendix A** for a complete listing of the names of community Boards and Committees where Health Center personnel are active participants. Additional civic service activities of the Health Center include support of health research, communications activities and education and training of mental health professionals, nursing staff (in response to the State’s nursing shortage), physicians, and volunteers; and cash and in-kind donations to organizations.

Saint John’s continues to increase its participation and role with numerous community organizations and coalitions. A dedicated Community Benefit Director and Vice President of Mission and Ethics are active in both community and hospital/health system roles and responsibilities.

Saint John's Health Center outcomes for each community benefit program/service are summarized in **Table 7.1**, **Table 7.2**, and **Table 7.3**. Each table includes the following:

Program/service name and department responsible for program coordination

Description of the program/service

Number served in 2011

The category where unreimbursed costs are reported according to the framework established by Senate Bill 697 (see Table 8.1)

Table 7.1: Benefits for Persons Living in Poverty

Objective for 2011:
To continue to provide care for the vulnerable populations, with emphasis on the poor and underserved.

Program/Service (Coordinating Department)	Description of Program/Service	Calendar year 2010 Number Served	SB 697 Category
Charity Care (Administration)	Facility services to hospital patients who could not afford to pay	<ul style="list-style-type: none"> 9,613 patients 	Medical Care
Unpaid Cost of Medi-Cal (Administration)	Services to hospital patients with Medi-Cal insurance coverage	<ul style="list-style-type: none"> 1,880 patients 	Medical Care
Free Services for Venice Family Clinic (Administration)	Free imaging, laboratory, and cardiology services for patients referred by the Venice Family Clinic	<ul style="list-style-type: none"> 3,733 patients 	Medical Care
Free Services for Westside Family Health Center (Administration)	Free imaging, laboratory, and cardiology services for patients referred by Westside Family Health Center	<ul style="list-style-type: none"> 1,241 patients 	Medical Care
Venice Family Clinic Nurse Practitioner and Respite Care programs (Administration)	Support for program providing essential primary care to poor and uninsured patients primarily at Simms Mann center and OPCC Outpatient clinic	<ul style="list-style-type: none"> 7,442 patients 15,833 visits 	Medical Care Services
OPCC (Administration)	Grant for Access Center, Providing mental health and other services to homeless, including the operation of a dedicated Respite Center located at OPCC	<ul style="list-style-type: none"> Access Center served 3,015 unduplicated persons Respite Care program has served 166 unduplicated persons in 210 respite stays 	Other – Vulnerable Populations
Community Benefit Team (Administration)	Participation of Community Benefit Manager and VP Mission and Ethics in activities related to community benefits	<ul style="list-style-type: none"> 100% of hours of Director of Community Benefit dedicated to community benefits 25% of hours of VP Mission and Ethics dedicated to community benefits 	Other – Vulnerable Populations
Westside Family Health Center (Administration)	<p>Grant to provide funding for prenatal care program, serving low-income women</p> <p>Grant to fund Shots for Tots and Teens Immunization program</p>	<ul style="list-style-type: none"> Blooming Babies Prenatal Care Program resulted in the delivery of 297 healthy babies. 4464 vaccines provided to 1629 children and teens 	Medical Care Services
Medication Assistance (Pharmacy)	Free prescriptions provided for patients who cannot afford their discharge medications	<ul style="list-style-type: none"> Prescriptions provided for 150 patients 	Medical Care Services

Program/Service (Coordinating Department)	Description of Program/Service	Calendar year 2010 Number Served	SB 697 Category
Mental Health Services (Child and Family Development Center)	<p>Diverse range of child, adult and family services in response to community needs, including:</p> <ul style="list-style-type: none"> • Outpatient mental health for children and families • Outpatient mental health services for persons who are deaf and/or hard of hearing • Outpatient mental health for persons with developmental disabilities • Outpatient mental health services for individuals and families impacted by child abuse • Therapeutic preschool (intensive day treatment) 	<ul style="list-style-type: none"> • 404 unduplicated persons served • 2,382 hours of individual & family counseling • 60-minute group sessions • 257 hours of collateral counseling • 60 hours of psychological testing • 51 hours of case management • 180 -30 minute medication counseling sessions • 124 unduplicated persons served • 400 hours of individual/family therapy sessions • 3 collateral sessions • 3 testing sessions • 53 hours of case management • 228 30-minute medication consults • 54 unduplicated persons served • 148 individual/family therapy sessions • 203 group therapy sessions • 1 Case management session • 37 medication support visits • 80 unduplicated persons served • 311 individual/family therapy sessions • 51 collateral sessions • 40 hours case management • 18 medication support visits • 18 unduplicated children served • 547 treatment days 	Medical Care – Low Margin Service

Program/Service (Coordinating Department)	Description of Program/Service	Calendar year 2010 Number Served	SB 697 Category
	<ul style="list-style-type: none"> • School-based mental health outreach to at-risk youth • Intern training for MSW interns and psychology practicum students 	<ul style="list-style-type: none"> • 172 unduplicated persons served • 1042 individual/family sessions • 180 screenings • 432 group sessions • 45 teacher consultations • 20 Interns trained 	
St. Joseph Center (Administration)	Grant to underwrite three mental health and case management services, Bread & Roses café and culinary services training	<ul style="list-style-type: none"> • 2064 persons served hot meals • 2246 persons received case management services, including mental health services 	Other – Vulnerable. Populations
Health Services – St. Anne's School (Administration)	Grant provides funding for an RN to meet the need of health services, required health screenings, health education programs and monthly parent support groups and workshops	<ul style="list-style-type: none"> • 168 students received all required screenings • Monthly parent workshops include some aspect of health 	Other – Vulnerable. Populations
Care for the Poor Projects (Material Management and Security Departments)	Coordination and implementation of services based on needs of local community organizations	<ul style="list-style-type: none"> • 78 trips to local non profit agencies with donated goods 	Other – Vulnerable. Populations
Job Training Program (Food and Nutrition Services)	Coordination with St. Joseph Center food Service Job Training Program	<ul style="list-style-type: none"> • 4 individuals participated in a 4-week job training internship at Saint John's 	Other – Vulnerable. Populations

Table 7.2: Benefits for the general population

Objective for 2011: To continue the development of health education, health promotion, wellness and research services to improve the health status of the community

Program/Service (Coordinating Department)	Description of Program/Service	Calendar year 2010 Number Served	SB697 Category
Unpaid Cost of Medicare (Administration)	Services for hospital patients with Medicare insurance coverage	22, 233 unduplicated patients served in 67,636 visits and inpatient stays	Medical Care
Community Education Services (Community Education)	Diverse range of free health education and wellness services for the public, including health fairs, health education forums, diabetes and weight management series	Approximately 1,418 people completed the evaluation after health education classes	Other – Broader Community
Shots for Tots and Teens (Administration)	Program to provide necessary childhood immunizations in at Westside Family Health Center	1628 children/teens received 4464 vaccines	Other – Vulnerable. Populations
Annual Cleft Palate and Speech Symposium (Therapy Services)	A one-day symposium for professionals and parents presenting information about treatment of children with cleft lip and/or palate	121 persons served	Research, Education & Training
Cleft Palate and Craniofacial Clinic (Therapy Services)	Patients with craniofacial anomalies receive coordinated, longitudinal, interdisciplinary team Care	84 unduplicated cases	Medical Care
Surgeon training (Community Benefits)	Dr Matta, Dr Parker	21 surgeons trained	Research, Education & Training
WISE and Healthy Aging (Administration)	Grant to support services to local seniors	Serves 29,000 persons	Other – Vulnerable. Populations
Pico Youth and Family Center (Administration)	Funding for Student Resource Coordinator	138 youth served	Other – Vulnerable. Populations
Community Organization Support (Administration)	Paid and volunteer hours of employees and senior executives who participate in various community boards and committees	Five Saint John’s senior executives serve on the boards of twelve local non profit agencies	Other – Broader Community
Clinical Research (Administration)	Financial support for John Wayne Cancer Insititue, and other research activities		Research, Education, & Training

Program/Service (Coordinating Department)	Description of Program/Service	Calendar year 2010 Number Served	SB697 Category
Education and Training of Nursing Staff (Nursing)	Health center served as a clinical site for students nursing students from UCLA, Santa Monica College and Mount St. Mary's. Also Pharmacy, Physical Therapy and Respiratory Therapy interns	14,608 hours supervision provided to 117 Nursing students & 2 graduate-level RNs 400 hours supervision for 2 Pharmacy interns 400 hours of supervision of 6 Physical Therapy interns 1900 hours supervision of 7 Respiratory Therapy interns 42 community RNs (not employees of Saint John's) completed their life support certification TOTAL 17,308 hours	Research, Education, & Training
Volunteer Service (Human Resources)	Seniors and retired persons volunteer services in a health care setting, helping to reduce social isolation and loneliness	10% of total hours recorded by volunteers assigned to community benefit projects, 16,663 hours	Other – Vulnerable Populations
Communication Activities (Administration)	Free health information and education provided to the community, including new hospital building updates, magazine and newspaper articles and Cable Break TV programs	Communications activities provided health education and information to 50,000 community members.	Other – Broader Community
Rideshare Program (Security)	Program encourages employees to use transportation; the program met and exceeded AQMD standards for helping to decrease air pollution. Program has been commended by City of Santa Monica.	239 employees participated	Other – Broader Community

Section 8: Economic Value of Community Benefits

During the period January 1 through December 31, 2010, the economic value of community benefits provided by Saint John's Health Center is estimated at **\$10,196,637** PLUS an additional **\$34,443,939** in unreimbursed Medicare costs.

Table 8.1 summarizes the unreimbursed costs of these community benefits according to the framework specifically identified by Senate Bill 697:

- Medical care services

- Other services for vulnerable populations^a

- Other services for the broader community

- Health research, education, and training programs

Saint John's Health Center gratefully acknowledges the support of physicians whose volunteered time makes possible the provision of imaging, laboratory and cardiology services for clients referred by local non-profit organizations.

^a Vulnerable populations include the poor and underserved, seniors, and children and youth.

Table 8.1: Estimated Economic Value of Community Benefits Provided by Saint John’s Health Center January 1, 2011 through December 31, 2011

Senate Bill 697 Category	Programs and services Included ^a	Unreimbursed Cost ^b
Medical Care Services	Unpaid cost of Medicare program ^c	\$34,443,939
	Charity Care ^d	\$2,988,073
	Low Margin service ; Child and Family Development Center (CFDC) ^e	\$816,263
	Unpaid cost of Medi-Cal program ^c	\$1,712,403
	Free services to local non-profit organizations	\$812,125
	All other Medical Care Services	\$183,190
Other Services for Vulnerable Populations	Grants to agencies that serve persons living in poverty, Community Benefit Team, grants for services to local schools, seniors and children, equipment donations to non-profit agencies, child care center	\$1,475,708
Other Services for the Broader Community	Community outreach, community health education,	\$832,719
Health Research, Education and Training Programs	Support for health research, nursing and other education programs	\$1,376,156
	GRAND TOTAL—not including Medicare	\$10,196,637
	Medicare	\$34,443,939
	Total including Medicare	\$44,640,576

Source: Saint John’s Health Center coordinating departments.

a See Table 7.1 and Table 7.2 for all programs and services listed in the corresponding Senate Bill 697 categories.

b Unreimbursed costs may include an average hourly rate for labor (plus benefits), supplies, materials and other purchased services. Costs are estimated by each coordinating department responsible for providing the program/service.

c The cost of providing medical services to Medicare and Medi-Cal recipients falls short of the reimbursement or payments from these programs. The method for determining this shortfall is based on data from the Health Center’s cost accounting system. Each charge code (or billable unit) in the billing system includes an estimated cost of performing the service. The costs are based on a departmental ratio of cost to charge (RCC) for each individual nursing unit and ancillary department.

d Charity care cost is estimated by multiplying the overall hospital RCC by charity care write-offs, as obtained from the General Ledger.

e The Health Center’s Child and Family Development Center was recorded as generating a low or negative margin in the period January 1, 2011 through December 31, 2011. The costs are captured through normal accounting practices of recording expenses in specific cost centers assigned to the program. The cost accounting system allocates overhead costs (e.g., utilities, housekeeping, human resources, and administration) on a monthly basis using methodologies similar to the Medicare cost report (step-down approach). The cost of delivering these services generates a loss even after including subsidies from the Health Center’s Foundation, payments from Los Angeles County Department of Mental Health, and grants from the State of California and City of Santa Monica for special programs such as for at-risk youth.

Section 9: Santa Monica Community Access Plan

During 2011, the economic value of community programs and services provided by Saint John's Health Center based on the five categories identified in the Community Access Plan is estimated at **\$5,742,751**.

Table 9.1 summarizes the unreimbursed costs of these programs and services according to the framework specified in the Santa Monica Development Agreement:

- In-kind and cash support to the Santa Monica-Malibu Unified School District (SM-MUSD)
- In-kind and cash support to local non-profit agencies that serve Santa Monica residents
- Charitable medical and mental health services provided to patients that are clients of and directly referred by local non-profit organizations
- Charitable medical and mental health services provided to patients that are students and directly referred by the SM-MUSD
- Free community services available to the general Santa Monica community that promote health education and preventive health services

Using the same categories of need identified in Section 7, **Table 9.2**, **Table 9.3**, and **Table 9.4** summarize the program/service and department responsible for program coordination; description of the program/service; number served in 2011; the Community Access Plan Category where unreimbursed costs are reported; and the estimated percentage of Santa Monica residents/organizations served by the program/service. It should be noted that due to differences in categories applicable for the Community Benefits Plan and the Community Access Plan, some programs/services that were reported in the Community Benefits Plan are reported as "does not apply" in the Santa Monica Community Access Plan. In general, these programs/services include: the percent of the unpaid cost of Medi-Cal patients who do not report a Santa Monica address, the unpaid cost of Medicare, education and training of nurses, and other professionals for schools outside of Santa Monica.

Table 9.1: Estimated Economic Value of Programs/Services Provided by Saint John’s Health Center – per the City of Santa Monica Community Access Plan for January 1 through December 31, 2011 ^a

Per Santa Monica Development Agreement Categories of Community Support

Category of Community Support	Description	January 1 through December 31, 2011
Cash support to the SM-MUSD	Santa Monica-Malibu United School District grants	\$100,000
Cash & in-kind support to local non-profit organizations	Cash grants and in-kind services to non-profit organizations in Santa Monica: List of agencies and grant amounts reported in Appendix D-14	\$1,620,950 grants ^b 801,825 T=\$2,422,775
Charitable medical and mental health services provided to patients based on referrals from local non-profit organizations	Cost of Medical and Mental Health services for patients of local nonprofits, charity care for Santa Monica residents and for the homeless, and other medical and mental health costs	\$1,135,468 traditional charity 389,809 MediCal 381,656 CFDC 23,434 Cleft Palate 32,004 medications T= \$1,962,371^c
Charitable medical and mental health services provided to patients that are students and directly referred by SM-MUSD	Cost of Mental Health services to students referred by SMMUSD through the At Risk Youth Program of the Child & Family Development Center	\$256,707^d
Community services available to the general Santa Monica community that promote health education and preventive health services	Community Health education, communication activities primarily intended to inform the community about health issues, developments and free classes, support of health research, education and training	\$542,000 Communications \$63,395 33% of Community Health Ed classes \$485,503 SM health students & interns T= \$1,090,898^e
	GRAND TOTAL -	\$5,742,751

Source: Saint John’s Health Center coordinating departments.

^a. All values are determined using the same methodology as Table 8.1; b, c and d on page 36 of this report

^b. Includes cash grants to all agencies listed on Appendix D – 14, and in-kind services for patients referred by Venice Family Clinic, Westside Family Health Center, and WISE & Healthy Aging.

^c. Includes a percentage of charity care and other non-reimbursed costs, such as the percent of costs attributed to Santa Monica residents for the following programs: MediCal, Saint John’s Child & Family Development Center Child Abuse Prevention & Treatment, Child & Family Mental Health Services, Mental Health services for the Deaf, Intensive Day Treatment pre-school, and Mental Health for the Developmentally Disabled. Also includes medication costs for charity care patients.

^d. Includes the unreimbursed costs of Saint John’s Child & Family Development Center At-Risk-Youth services.

^e. Includes educational programs available to Santa Monica residents, Saint John’s newsletter costs attributed to community health education and mailed to Santa Monica addresses, and education of nursing and other health professional students either attending colleges and schools in Santa Monica or students and/or interns live in Santa Monica

Table 9.2: Community Access Plan - Benefits for Persons Living in Poverty - Services Provided in 2010

Category of Community Support	Benefit (Department providing information)	Description	2010 - Number of patients and/or services	Percent of SM Residents
Cash & In-kind support of SM-MUSD	Grants (Finance)	Grants to Child Development & School Nursing Programs	2400 students served	100%
Cash & In-Kind support of SM-MUSD	At Risk Youth Program (CFDC)	Collaboration with SM-MUSD	172 youth served	100%
Cash & in-kind support to local non-profit organizations	Venice Family Clinic Nurse Practitioner Program (Finance)	Support for program providing essential primary care to poor and uninsured patients	4187 served at Clinic, 983 of whom were paid for by Saint John's grant	100%
Cash & in-kind support to local non-profit organizations	OPCC (formerly Ocean Park Community Center) (Finance)	Grant to provide Access Center services	3015 persons served	100%
Cash & in-kind support to local non-profit organizations	St. Joseph Center (Finance)	Grant for mental health care and case management services, Food Service Job Training Program, and the Bread & Roses Café.	6,800 persons served 4 people provided culinary internship	100%
Cash & in-kind support to local non-profit organizations	Health Services – St Anne's School (Finance)	Grant provides required school nursing services for St. Anne's School with 90% of students qualifying for free lunches	192 students served	100%
Cash & in-kind support to local non-profit organizations	WISE and Healthy Aging (Finance)	Grant to provide support for program serving local seniors	Support for various services to 6,000 seniors	100%
Cash & in-kind support to local non-profit organizations	Westside Family Health Center (Finance)	Grant to provide funding for prenatal care program, serving low-income women Grant for Shots for Tots Immunization support		100%
Cash & in-kind support to local non-profit organizations	Pico Youth & Family Center (Finance)	Grant for Student Resource Coordinator	176 youth served	100%
Cash & in-kind support to local non-profit organizations	Free Services for Venice Family Clinic (Finance)	Free imaging, laboratory, and cardiology services for patients referred by the Venice Family Clinic	3724 patients	100%
Charitable Medical & Mental Health	Charity Care (Finance)	Facility services to hospital patients who could not afford to pay	38% (2739) of 8317 total charity care patients	38%

Category of Community Support	Benefit (Department Providing information)	Description	2010 - Number of Patients and/or Clients Served	Percent of Santa Monica Residents	SM ts
Cash & in-kind support to local non-profit organizations	Free Services for Westside Family Health Center (Finance)	Free imaging, laboratory, and cardiology services for patients referred by Westside Family Health Center	1451 patients	100%	
Medical Services	Medication Assistance (Pharmacy)	Free prescriptions provided for patients who cannot afford their medications	360 persons	100%	
Charitable Medical & Mental Health	Child and Family Development Center (Child and Family Development Center)	Outpatient mental health for children and families	441 unduplicated clients served, 135 live in SM	3%	
		Outpatient mental health services for persons who are deaf and/or hard of hearing	92 unduplicated served, 4 live in SM	5%	
		Outpatient mental health for persons with developmental disabilities	52 unduplicated clients, 12 live in SM	23%	
		Therapeutic preschool (intensive day treatment)	22 unduplicated children served 4 live in SM	18%	
		Outpatient mental health services for individuals and families impacted by child abuse	57 unduplicated clients, 1 in SM	2%	
Cash & in-kind support to local non-profit organizations (Security and Material Management)	Donations	Distribution of donated goods and volunteered services based on needs of local organizations	19 trips to agencies with donations of supplies, clothing or equipment	100%	
Charitable Medical & Mental Health (Therapy Services)	Cleft Palate Clinic	Patients with craniofacial anomalies receive coordinated, longitudinal, interdisciplinary team care	97 unduplicated cases, 10 in Santa Monica	10%	

Table 9.3: Community Access Plan Benefits for the General Community 2010 - Community Services

Program/Service (Coordinating Department)	Description of Program/Service	2010 Number Served	CAP Category	% SM
Community Education Services (Community Education)	Diverse range of free health education and wellness services for the public	Approximately 344 people attended health education classes	Community Services	Average 33% of attendees live in SM zip codes
Nutrition Education, Support group for Diabetic patients	Nutrition information and referral service and nutrition lectures for the community	Attendance at group varies	Community Services	75% of attendees live in SM
Health professionals education & internship (Education & Training)	Training site for nursing and other health professionals	80% of students attend Santa Monica school or live in Santa Monica	Community Services	80% of students
Grant to John Wayne Cancer Center (Finance)	Health Research – NIH sponsored		Community Service	n/a
RideShare Program (Security)	In compliance with AQMD standards for helping to decrease air pollution.	448 employees participated Program has been commended by the City of Santa Monica	Does not apply	
Communication Activities (Communication)	Free health information and education provided to the community, including updates, magazine and newspaper articles	Communications activities provided health education and information to 50,000 community members	Mailed to SM addresses	100%
Volunteer Service (Human Resources)	A total of 79,393 hours was donated to Saint John's Health Center by volunteers. 15,392 (19%) of total hours was in service of community benefit programs	Volunteers sign in to specific activities and 19% of activities	Support the Community Benefits activities	19% of Volunteer Administration costs included
Community Organization Support (Administration)	Paid and volunteer hours of employees and senior executives who participate in various community boards and committees	Five senior executives serve on the Board of twelve non profit agencies	Non profit Organizations	Some costs reported per CBISA

Section 10 Non-Quantifiable Community Benefits

Many of the programs and activities that Saint John's supports are not numbers-oriented, and have not been counted as economic benefits in this Community Benefit Plan Report for 2011. These non-quantified contributions are part of the leadership role of Saint John's and can be described by the impact they have on the community as well as anecdotes and program descriptions. Below are some of the non-quantifiable programs and activities Saint John's supports:

1. Saint John's distributed 384 blankets to runners at the LA Marathon Finish Line, due to the storm on the day of the race.
2. Disaster Preparedness Coordinator managed July 1- 405 Closure event in March, hosted five community and staff disaster preparedness education events in September 2011, and participated in multi-agency water contamination exercise November 2011.
3. Saint John's sought grant funding for the following innovative and transformative programs, increasing quality of care with less cost
 - Blue Shield - Accountable Care Organization Implementation
 - Unihealth - Outpatient Palliative Care Program
 - Harold McAllister Charitable Fund - Women's Health Nurse Educator
 - Jean Perkins Foundation - Ultrasound System
 - Mike & Nancy Sitrick Charitable Foundation - Emergency Room Cardiac Monitors
 - Miller Family Foundation - Hearing Enhancers
 - Native Sons of the Golden West – support for the Cleft Palate program
 - John Douglas French – Vitamin D machine, other cardiac equipment
 - Stanley and Linda Trilling Family Foundation – Vitamin D Machine
 - Ernest G. Herman Foundation – Echo Probe for Cardiology
 - Glorya Kaufman Dance Foundation – Vitamin D Machine
 - Tarble Foundation Challenge Grant
 - Los Angeles County Emergency Preparedness
4. Saint Johns continues to work for environmental sustainability through reusing, recycling and reducing our impact on the environment of our community. We continue to partner with the following agencies in re-purposing medical equipment and supplies
 - Project Handclasp, San Diego – Department of the US Navy that places equipment and supplies in unused space onboard hospital ships to transport goods to partner agencies around the world.
 - 17 gurneys donated to Love for the Children Foundation
 - Habitat for Humanity
 - St Anne's School
5. Saint John's continues to participate in two initiatives as the result of input from our community:

- Collaboration with OPCC and Venice Family Clinic to create respite care beds for homeless persons discharged from Saint John's.
 - Improving the quality of care for chronically ill and end of life patients by further development of the Palliative Care program, continuing the implementation of "Physicians' Orders for Life Sustaining Treatment", (POLST), expanding the No One Dies Alone program, and improving compliance with Advanced Directives legislation.
6. Saint John's is accredited through 2011 by The Joint Commission, formerly the Joint Commission for Accreditation of Healthcare Organizations, (JCAHO).
 7. Saint John's Health Center has been designated an Accredited Cancer Program by the Commission on Cancer of the American College of Surgeons. Approval by the Commission on Cancer indicates leadership and excellence on the part of our physician partners, and our staff. The Commission on Cancer sets very high standards for program approval, and we, with John Wayne Cancer Institute of Saint John's Health Center, continue to meet and exceed those standards.
 8. Saint John's Health Center Volunteer Department provided almost 77,000 hours of volunteer services in 2011. The value of those hours is \$1,644,959, based on the Independent Sector assessment of volunteer hour value. Saint John's volunteers provide services to the following programs:
 - Angels in the ER
 - No One Dies Alone
 - Therapy animal visitation
 - Hand crocheted caps and blankets for newborns
 9. Saint John's has taken several steps to reduce the cost of healthcare through ongoing implementation of Quality Improvement measures:
 - Consistently exceed quality goals set by Medicare, improving the quality of care for patients
 - Certification of 100% of Department Directors in LEAN Quality Improvement Methodology, reducing waste and unnecessary costs
 - Reduction of supply costs through participation in SCLH System purchasing groups
 - Transforming Care at the Bedside Initiative to increase quality of care
 10. Saint John's nursing and ancillary staff gave 15,638 hours to mentoring nursing students, pharmacy interns, physical therapy interns, respiratory therapy interns, and the Masters in the Science of Nursing interns.
 11. Saint John's associates donate clothing and food and staff the evening meal for to the Winter Shelters Faith Connect event at the two Westside shelters in Culver City and Inglewood
 11. Chaplain Mary Bomba donated her time to a Medical Mission in Myanmar.

12. Board Involvement by the Senior Executive Staff. Below are paid and volunteer hours by senior executives who participate in various community boards and committees

Executive and Title	Board and Committee Commitment
Lou Lazatin President and Chief Executive Officer	Venice Family Clinic Board Hospital Association of Southern California Board
Eleanor Ramirez Executive Vice President and Chief Operating Officer	WISE and Healthy Aging Board California State College, Los Angeles Search to Involve Pilipino Americans Board
LaTisha Starbuck Vice President Mission and Ethics	OPCC (formerly Ocean Park Community center) Board Santa Monica College Foundation Board Santa Monica Chamber of Commerce Governmental Affairs Committee Southern California Bioethics Consortium
Steve Sharrer Vice President Human Resources	Santa Monica Chamber of Commerce Board
Maura Winesburg Director of Risk Management	Meals on Wheels Westside Board

11. Board and community nonprofit agency involvement by Saint John's associates

Mary Luthy Director of Community Benefits	Westside Health Coalition Westside Shelter & Hunger Coalition St. Anne's School Support Council Westside Transition Care Coalition Westside Transportation Collaborative
Rebecca Refuerzo Director of Saint John's Child & Family Development Center (CFDC)	Los Angeles County Department of Mental Health Executive Provider monthly meetings Early Childhood Task Force
Ruth Canas CFDC Assistant Manager	Association of Community Health Service Agencies Los Angeles County Department of Mental Health provider monthly Meetings
Noa Saadi CFDC	Santa Monica Youth Resource Team Monthly meetings
Kabretta Kennedy CFDC Therapeutic Pre-School	Santa Monica Early Childhood Task Force
Katherine Reuter CFDC Program Director, First 5 LA Grant	ICARE Steering Committee Mental Health Consultant on Leadership Team of the Westside Children's Center - First 5 LA

Mayra Mendez, PhD, LMFT CFDC	UCLA Advisory Board, Developmentally Disabled/Mental Health
Laura Osorio, CFDC Early Childhood Directions	Co-Chair, Santa Monica Child & Early Education Task Force
Chaplain Mary Bomba Spiritual Care	Board of Directors, OPICA Adult Day Care and Caregiver Support Westside Shelter & Hunger Coalition Faith Committee
Chaplain Bob Brunner Spiritual Care	Santa Monica Chamber of Commerce Environmental Sustainability Committee
Olga Tuller, Tasha Boucher, David Narang & Sharon Greene CFDC	LA Department of Mental Health Prevention & Early Intervention Outcomes Measures
Michelle Harriman CFDC	Los Angeles Counts Department of Child & Family Services
Martha Andreani CFDC	Los Angeles County Department of Mental Health Continuous Quality Initiative

Appendix A: Saint John's Personnel Involved with Community Benefits Planning

Appendix A includes:

A-1 Saint John's Health Center personnel involved with community benefits planning in 2011.

A-2 Participation by Health Center Senior Management and other personnel on boards and committees of community agencies in 2011.

Saint John's Personnel Involved with Community Benefits Planning –2011

- Lou Lazatin, President and Chief Executive Officer
- Eleanor Ramirez, Executive Vice President and Chief Operating Officer
- Dawna Hendel, Vice President of Patient Care Services
- LaTisha Starbuck, Vice President, Mission and Ethics
- Michelle Mok, Chief Financial Officer
- Anita Chou, Director of Accounting
- Mary Luthy, Director of Community Benefits
- Rich Andersen, Director, Pharmacy
- Sandy Andrews, Nutrition Coordinator, Outpatient Nutrition & Diabetes Education
- Shirley Edwards, Director, Education
- Russ Kino, M.D., Medical Director, Emergency Department
- Kevin Litzenberger, Supervisor, Security
- Jean Muldoon, Director of Radiology
- Ruth McClymonds, Director of Cardiology
- Michelle Bonant, Director of Community Education
- Jean Muldoon, Director of Imaging Services
- Irena Zuanic, Administrative Director of Women's Health Services
- Grenda Pearlman, Director of Volunteer Services
- Rebecca Refuerzo, Director of the Child & Family Development Center
- Ruth Canas, Assistant Director of the Child & Family Development Center
- Andres Vasquez, Transportation Coordinator, Security
- Steve Vink, Senior Financial Analyst, Child and Family Development Center
- Lindsay Barker, Disaster Services Coordinator
- Mary Bomba, Chaplain

Appendix A-2

Participation on Community Agencies

Saint John's Senior Management and other Health Center personnel actively participate on the following boards and committees of community agencies. An asterisk indicates board commitment is held by a member of the Health Center's executive team.

Autism Advisory Board

California Professional Society on the Abuse of Children (CAPSAC)

California State University, Los Angeles

Child Abuse Professional Providers Association (CAPPA)

Hospital Association of Southern California*

Interagency Council on Abuse and Neglect (ICAN)

Institute of Contemporary Psychology

John Adams Middle School Student Success Team meetings

Los Angeles Unified School District (LAUSD)

Los Angeles Service Area 5 Provider Advisory Committee

Los Angeles County Department of Mental Health Networking meetings

Los Angeles United School District fair for parents of deaf and hard of hearing children

Los Angeles Chapter of the Hearing Loss Association

Lincoln School Counselor Meetings

McKinley Elementary School English Language Advisory Committee

Meals On Wheels Westside

OPCC* (formerly Ocean Park Community Center)

Organization of Community Human Service Agencies

Rand Corporation meetings as invited

Rideshare

Santa Monica Chamber of Commerce*

Santa Monica Child Care Task Force Santa Monica College — Child Development
Department

Santa Monica Early Childhood Task Force

Santa Monica Rotary Club

Santa Monica Youth Resource Team

Santa Monica-Malibu Unified School District

Santa Monica College Foundation*

Search to Involve Pilipino Americans
Social Action Task Force
Southern California Bioethics Consortium*
St. Joseph Center
Upward Bound House
Unity Fair at Virginia Ave. Park
Venice Family Clinic*
West Service Planning Area
Westside Child Trauma Council
Westside Children's Center
Westside Diabetes Task Force
Westside Directors (UCLA/Connections for Children)
Westside Domestic Violence Coalition
Westside Family Health Center
Westside Meals on Wheels
West Los Angeles Department of Mental Health child mental health providers group
Westside Health Coalition
Westside Shelter & Hunger Coalition
WISE & Healthy Aging*
Youth Resource Team of Virginia Avenue Park
YWCA of Santa Monica

Appendix B: Saint John's Community Partners

Appendix B includes members of two key partnerships involving participation of the Health Center:

Community Advisory Committee

Westside Health Coalition

APPENDIX B -1

Community Advisory Committee

Saint John's Community Advisory Committee met three times in 2011, approves the Community Benefits Plan, and provides consultation to the Community Health Needs Assessment.

Organization

Representative and Title

Clare Foundation

Nicolas Vrataric, CEO

City of Santa Monica

Barbara Stinchfield, Director, Community
and Cultural Services

Julie Rusk, Human Services Director

Lifelong Learning Community

Louise Jaffe, CEO

OPCC (formerly Ocean Park
Community Center)

John Maceri, Executive Director

Debbie Maddis,

Pico Youth and Family Center

Oscar de la Torre, Director

Saint John's Health Center

LaTisha Starbuck, VP Mission & Ethics

Mary Luthy, Community Benefit Director

Rebecca Refuerzo, Director of the Child & Family
Development Center

Santa Monica Chamber of Commerce

Laurel Rosen, President/CEO

Santa Monica College

Judy Neveau, Director, Community
Relations

Santa Monica-Malibu Unified
School District

Judy Abdo, Director, Child Development
Service

Dorie Meek, Director, Infant Family Support
Program

Laurie Morn, School Nurse Coordinator

Saint Anne School

Michael Browning, Principal

Carol O'Day, Director of Marketing

St. Joseph Center

Va Lecia Adams, Executive Director

Step Up on Second

Tod Lipka, Executive Director

Upward Bound House

David Snow, Executive Director

Venice Family Clinic

Elizabeth Forer, Executive Director

Westside Family Health Center

Debra Farmer, Executive Director

WISE and Healthy Aging

Grace Cheng Braun, President/CEO

APPENDIX B -2

Westside Health Coalition

Membership in the Westside Health Coalition continues to expand. At each quarterly meeting, new representatives of organizations from across the Westside join in planning, education, and implementation efforts. Organizations are listed alphabetically below.

1736 Family Crisis Center

American Cancer Society

American Red Cross, Santa Monica Chapter

Cedars-Sinai Medical Center

City of Los Angeles – Council District 11 – Bill Rosendahl's office

City of Los Angeles – Housing Authority

City of Santa Monica – Human Services

City of Santa Monica – Social Services Commission

CLARE Foundation

Common Ground

COPE – Community Outreach for Prevention and Education

County of Los Angeles – Department of Health Services – Home Visitation Program

County of Los Angeles – Department of Health Services – Planning Office

County of Los Angeles – Department of Health Services – Public Health Office, SPA 5

County of Los Angeles – Department of Health Services – STD Program

County of Los Angeles – Department of Health Services – West Vector Control Dist.

County of Los Angeles – Supervisor Zev Yaroslavsky's Office

Daniel Freeman Memorial Hospital

Didi Hirsch Community Mental Health Center

Ed Edelman Mental Health Center

Family Planning of Greater L.A.

Family Service of Santa Monica

Kaiser Permanente

LA Care Health Plan

Les Kelly Clinic

Los Angeles Unified School District

Loyola Marymount Student Health Services

OPCC (previously Ocean Park Community Center)

Planned Parenthood Los Angeles
Saint John's Health Center
Santa Monica-Malibu Unified School District
Santa Monica/UCLA Medical Center
UCLA Medical Center
UCLA School of Medicine
UCLA School of Nursing
UCLA School of Public Health
UCLA Sexual and Reproductive Health Services
United Way of Greater Los Angeles
Venice Family Clinic
Veteran's Administration Medical Center – West Los Angeles
Westside Center for Independent Living
Westside Children's Center
Westside Family Health Center
Westside Shelter and Hunger Coalition
WISE and Healthy Aging

Appendix C: Financial Assistance Policy (Charity)

Appendix C includes Saint John's Health Center Financial Assistance Policy.

Category: FINANCE	Policy Number: 765-01	
Title: Financial Assistance Policy	Effective Date: January 1, 2008	Page: 1 of 16
	Applies to: <input type="checkbox"/> All Departments <input type="checkbox"/> Clinical <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	
Approved by: Michelle Mok, Interim Chief Financial Officer Lou Lazatin, Chief Executive Officer	Review Date: March 23, 2009 Revision Date: Replaces Policies:	

PURPOSE:

To provide guidelines to ensure consistent patient notification, financial assistance (FA), discount criteria & appropriate recording of application and processing, in compliance with Assembly Bill No. 774 - Hospital Fair Pricing Policies.

POLICY:

1. Guided by the vision and mission of the Sisters of Charity of Leavenworth Health System, this policy reflects the efforts of Saint John's Health Center (SJHC) to improve the human condition of the individuals and communities it serves, with special concern for the poor and underserved.
2. The core values of the Response to Need, Wholeness, Excellence and Stewardship permeate and shape the manner in which the payment status of those who come to SJHC for patient care is determined.
3. SJHC will provide medically necessary services to patients who are unable to pay for such services. The hospital provides for financial assistance that is budgeted annually to assist identified patients in need.
4. Financial Assistance is defined as free or discounted services provided to those who do not have the ability to pay. They may be uninsured, are insured with inadequate coverage or those whose income is sufficient to pay for basic living cost but not medical care.
5. SJHC shall provide all patients with a written notice that contain information about availability of the hospital's Financial Assistance policy, including information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies. The notice shall be provided in English and in other languages determined in a manner similar to that required pursuant to Section 12693.30 of the Insurance Code.
6. Notice of the hospital's Financial Assistance policy shall be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to, all of the following:
 - Emergency department
 - Billing office

- Admissions office
- Other outpatient settings

7. A determination of Financial Assistance need generally should be made at the time of admission, or shortly thereafter. However, events after discharge could change the ability of the patient to pay. Eligibility for Financial Assistance will only be considered after all other payment sources have been exhausted.

Note: EMPLOYEES OF SAINT JOHN'S HEALTH CENTER SHOULD NOT, AT ANY TIME, INDICATE OR SUGGEST TO THE PATIENT THAT HE/SHE WILL BE RELIEVED OF THE DEBT BY WAY OF A WRITE-OFF TO FINANCIAL ASSISTANCE UNTIL THE DETERMINATION HAS BEEN MADE.

8. Patient account transactions for Financial Assistance must be posted in the month the determination is made.

PROCEDURE:

1. A request for assistance may be initiated by the patient, or any employee, physician or interested party, on behalf of the patient. It is the practice of SJHC to not discriminate among its patients in the evaluation of financial assistance. Patients demonstrating and or communicating a need for assistance with their medical care will be evaluated according to the SJHC guidelines – refer to Exhibit A.
2. Patients requiring Financial Assistance shall be identified as early as possible in the patient care cycle. Patients should be financially screened prior to referral for assistance. Information regarding the availability or applications for Financial Assistance can be obtained from the Financial Counselors and Patient Business Affairs. All active accounts for the same patient with balances will be considered at time of application. Prior closed accounts will not be considered.
3. All SJHC Financial Assistance request will be referred to either the Financial Counselors, or Patient Business Affairs' representative. In the event that SJHC outsource agencies discover a patient that may qualify under SJHC guidelines, they will refer all of those patients to the above in a timely manner.
4. SJHC will generally provide Financial Assistance only after all other means of payment have been explored. This is to include, but not limited to: Medi-Cal, Healthy Families Program, the California Children's Services Program, or other governmental funded programs designed to provide health coverage.
5. Financial assistance for patients prior to admission must meet the following criteria:
 - a. The patient must qualify under the same financial hardship guidelines.
 - b. Surgeons, physicians, and all other vendors must agree to perform their services pro bono.
 - c. Patient has to reside in the immediate Saint John's service area, being within the city limits of Santa Monica. This includes the following zip codes: 90401, 90402, 90403, 90404, and 90405.
6. If any other Financial Assistance program is used to discount a bill and leaves a patient responsibility balance, SJHC financial assistance cannot be applied to that co-pay.

7. Insurance programs leaving balances due from a deductible, co-pay, co-insurance or maxed-out benefits may qualify for SJHC Financial Assistance if the patient has demonstrated inability to pay. Financial Assistance determinations will be based upon the patient's liability, not original charges. Determinations will be made based on the guidelines outlined in California's AB-774 legislation with regard to high medical cost patients. Refer to Exhibit C for guidelines.
8. SJHC Financial Assistance determinations are in effect for a six (6) month term from the date of approval. SJHC reserves the right to re-evaluate the patient application at any time. Patients who are approved for Financial Assistance and who have existing SJHC accounts in bad debt status may have those past accounts reviewed on a case by case basis. If determination is made to reclassify existing bad debt accounts to charity status, approval of the Patient Business Affairs Director is needed for reclassifications that extend into the prior fiscal year.
9. Procedures that are non-medically necessary, as deemed after physician review, will not qualify for SJHC's Financial Assistance program.
10. Any patient that is registered as "Homeless" or "Transient", or who provides the address of a homeless shelter, will be requested to complete a Homeless Statement (Refer to Exhibit I), attesting to the fact that they are Homeless and have no source of income. These patients will be automatically considered, and granted, financial assistance.
11. All patients seeking Financial Assistance will be requested to complete the SJHC application form and applicable work sheets and submit the necessary documentation required to properly determine the level of FA the patient and their family will receive. If the Financial Assistance application is not correctly completed, signed, or required documentation is missing, the application shall be returned to the patient along with a letter and checklist requesting additional information to finalize the application. The letter requests a response within 30 days. Once the completed Financial Assistance application and all the documentation have been received, it will be processed within 5 business days. Eligibility will be backdated to any outstanding applicable accounts. In cases where a good faith effort has been made to provide SJHC with documentation and none is available, or the patient is not available to provide information, administration may approve Financial Assistance by documenting the reason(s) it is felt the application is valid without supporting documentation(s). In this case, a copy of the "Patient Charity Adjustment Transaction Report" must be completed and signed by the Director of Business Affairs.
12. In the event that a patient cannot provide the necessary documentation to be considered for financial assistance, or if a patient does not respond to offers of financial assistance, the business office may utilize outside sources of information to determine eligibility for financial assistance. The above-mentioned information will be consistent with the standard process for financial assistance qualification. Prior approval from the CFO will be obtained before any outside sources are utilized to assure the integrity of the financial assistance program is upheld.
13. Regardless of source, all documentation will be retained in accordance with SJHC Record Retention Policy.
14. Approved applicants will be informed of the approval amount, along with instructions to contact SJHC Patient Business Affairs to arrange for payment of any outstanding

amount. Denied applications will be sent a letter explaining the reason for the denial and a contact number, should they wish to discuss the application further.

15. SJHC retains the right to require any patient to re-apply if new information pertaining to their income level becomes available that may change the Financial Assistance status. Patients may also request to re-apply if their income level reduces significantly or their family status changes.

16. **Charity Approval Levels:**

Each patient case and proposed allowance shall be reviewed and approved by:

Manager, Patient Business Affairs:	\$ 0 – \$5,000
Director, Patient Business Affairs:	\$ 5,001 - \$10,000
Administrative Director, Revenue Cycle:	\$ 10,001 - \$ 25,000
CFO:	\$ 25,000 - \$100,000
CEO:	\$ over \$100,000

15.1 The balances above shall pertain to episodic patient accounts, not cumulative.

17. The Administrative Director of Revenue Cycle shall develop, publish and maintain the policies, instructions and procedures necessary for the implementation and continuance of this policy. This policy shall supersede all other applicable policies.
18. Patients who are uninsured, but do not qualify for Financial Assistance based on the income criteria outlined in the Financial Assistance application, may still be eligible for an uninsured private pay discount. Refer to Exhibit D for guidelines.
19. **Codes for FA Adjustments:**

Financial Assistance Write-off Codes for Self-Pay Accounts: ACH.HOS (Meditech Mapping)

COMPLIANCE:

1. As outlined in the AB-774 Law, St. John's Health Center will provide written notices to patients regarding the availability of financial assistance for uninsured and/or underinsured patients during the self pay billing process. Refer to Exhibits E – G.
2. Debt collection agencies engaged in collecting self pay balances on behalf of St. John's Health Center shall abide by the following guidelines when communicating with our patients:
 - a. "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m., or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt

collection activities, patients may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357), or online at www.ftc.gov.

3. As outlined in the AB-774 Law, Debt Collection agencies engaged in collecting self pay balances on behalf of St. John's Health Center will provide written notices to patients regarding the availability of financial assistance for uninsured and/or underinsured patients during the collection process. Refer to Exhibits

ATTACHMENTS:

1. Exhibit A: Saint John's Health Center Financial Assistance Application
2. Exhibit B: Saint John's Health Center Financial Assistance Eligibility Determination
3. Exhibit C: AB-774 Guidelines: Financially Eligible High Medical Cost Patients
4. Exhibit D: Saint John's Health Center Uninsured Private Pay Discount Policy
5. Exhibit E – G: Saint John's Health Center Self Pay Billing Notices
6. Exhibit H: Debt Collection Agency Collection Notice
7. Exhibit I: Homeless Statement

EXHIBIT A

**Saint John's Health Center
Financial Assistance Application**

This information is confidential. Please complete all information, attach copies of banks statements, last three months of pay stubs, or most recent income tax return.

Patient Name(s)	Patient Number	Date(s) of Service	\$ Amount

Patient / Guarantor:

Name _____ Social Sec # _____ Date of Birth _____

Place of Birth:

_____ Mother's Maiden Name _____

Spouse:

Name _____ Social Sec # _____ Date of Birth _____

Address:

Street _____ City _____ State _____ Zip _____ Phone Number _____

**Patient / Guarantor
Employer:**

Name _____ Address _____ Occupation _____ Phone Number _____

Spouse's Employer:

Name _____ Address _____ Occupation _____ Phone Number _____

Marital Status:(Check one) Married Single Divorced Widow(er)

Number of persons in the household (include yourself) _____ Adults _____ Children

Total Medical Expenses in the past 12 Months Not Covered by Insurance: _____
(Attach copies of billing statements)

Is the patient eligible for benefits from Medi-Cal or other government sponsored funding?
 Yes No

Financial Information - Monthly Income for Household
(Attach copies of check stubs)

Sources of Income	Guarantor	Spouse	Others	TOTAL
Gross Monthly Wages				
Self Employment Income				
Public Assistance				
Social Security				
Unemployment				
Workmen's Compensation				
Strike Benefits				
Alimony				
Child Support				
Military Allotments				
Rental Income				
Other Sources				
Interest/Dividends				

Total Monthly Income

--	--	--	--

Saint John's Health Center Financial Assistance Application

Financial Resources – Assets

(Attach copies of current statements)

	Institution	Account Number	Current Balance
Cash Checking Account(s)			
Savings Account(s)			
Credit Union			
Investments (List)			

Total

(C)

Additional Information

If you expect a change in income, health, other circumstances, or cannot provide the requested information, then please explain. Attach additional pages to this application, if you require more space for your information.

Saint John's Health Center Financial Assistance Application

I (we) certify that the information provided is true and accurate to the best of my (our) knowledge. I (we) hereby authorize the hospital and / or its agents to verify the information provided in this application. I (we) hereby authorize that verification can include, but is not limited to, the inquiry of my (our) credit history through a credit reporting agency. If any of the information given proves to be untrue, then I (we) understand that the hospital may re-evaluate my (our) financial status and take whatever action it deems appropriate.

Print Name

Print Name

Signature

Signature

Date

Date

Please attach copies of the following required supporting documentation:

- Pay Stubs for Past Three Months, **OR**, Most recent Tax Return, **OR**, Support Statement
- Copies of Bank Statements
- Copies of Medical Bills for Past 12 Months. Medical Bills that will be Considered:
 - Hospital Bills
 - Physician Bills
 - Medications
 - Outpatient Services
 - Skilled Nursing Care
 - Home Health Services

Exhibit C – AB-774 Guidelines: Financially Eligible High Medical Cost Patients

1. Family income at or below 350% of the federal poverty level.
2. Out-of-pocket medical expenses in prior 12 months (whether incurred in or out of hospital) exceeds 10% of annual family income.
3. Patient does not otherwise receive a discount as a result of his or her third-party coverage.
 - a. **EXAMPLE:** A patient with a 20% coinsurance obligation would not be a patient with high medical costs when the 20% is applied to a discounted rate negotiated by the insurer. However, a patient who incurs liability based on the hospital's full charges (such as 20% coinsurance amount based on full charges), would be entitled to apply for charity or discounted care regardless of the discount given to the insurer.
4. Minimum benefits for High Medical Cost Patient:
 - a. Cannot collect more than higher of what Medicare, Medi-Cal, Healthy Families, or Workers' Compensation would pay
 - b. To the extent third-party coverage paid an amount equal to maximum self pay rate, there is no patient liability.

EXAMPLE: When the third-party payment is \$25,000.00 and the highest payment rate from a government payor is \$24,000.00, no payment should be sought from the patient. If the total government payment in the example is \$30,000.00, the patient may be billed the \$5,000.00 difference.

Exhibit D – Uninsured Private Pay Discount

The following document outlines the Uninsured Private Pay Discount:

% is to be applied electronically at time of billing, if the account has not been identified as having additional options. Options being insurance coverage, financial assistance, entitlement programs, or pre-pay pricing agreement, discussed and signed.

% shall be applied if the patient has agreed to pay within 30 days and payment is received per agreed. This discount does not apply to accounts under the pre-pay pricing discount policy and is considered an additional discount to the Uninsured Private Pay Discount. This discount will be applied to the current balance and will not be recorded as a reduction in patient obligation until full payment is posted.

Effective Date: _____

Approved By:

EXHIBIT E

1328 22nd Street
Santa Monica, CA 90404



IDENTIFICATION

Patient Name: PATIENT,PAUL
5220 ANY STREET
ANY CITY, CA

(800) 805-0971
12-22-06

ACCOUNT IDENTIFICATION

Patient Name: PATIENT, Paul
Patient Account #:
Medical Record #:
ADM/SERV Date:
Balance Due:

Thank you for choosing St John's Health Center for your healthcare needs. Our records indicate that the balance listed above is due at this time. If you have questions regarding the balance due, or additional insurance information that may be necessary to resolve this balance, please contact our business office at (800) 805-0971 and a representative will assist you.

Si decea recibir esta carta en Espanol Favor de llamar a (800) 805-0971.

If you have no insurance, are underinsured and/or meet certain low and moderate income requirements, you may be eligible for Medicare, Healthy Families, Medi-Cal, California Children's Services or financial assistance through our financial assistance programs. For information, please contact Patient Financial Services at (800) 805-0971.

-----Detach And Return With Payment In The Enclosed Envelope-----

PAUL PATIENT

5220 ANY STREET
ANY CITY, CA

Make your check or money order payable to:

Saint John's Health Center
Dept 0441
Los Angeles CA 90084-0441

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA
	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
CARD NUMBER	EXP. DATE	
SIGNATURE	DATE	
STATEMENT DATE	CURRENT BALANCE	AMOUNT PAID
12-22-06	\$797.61	\$
ACCOUNT #	Medical Record #	

EXHIBIT F

1328 22nd Street
Santa Monica, CA 90404



12-22-06

(800) 805-0971

SARAH A PATIENT
7117 ANY ST
ANY CITY, CA

ACCOUNT IDENTIFICATION
Patient Name: PATIENT,SARAH
Patient Account #:
Medical Record #:
ADM/SERV Date:
Balance Due:

We appreciate the opportunity to have provided you with your health care needs at St. John's Health Center.

We previously sent you a notice regarding the balance due on your patient account. To date, we have not received your payment. Please remit payment today or contact a representative in our business office at (800) 805-0971. Failure to respond to this letter may result in collection activity.

If you have already submitted your payment, please disregard this notice. We apologize for any inconvenience.

Si decaea recibir esta carta en Espanol Favor de llamar a (800) 805-0971.

If you have no insurance, are underinsured and/or meet certain low and moderate income requirements, you may be eligible for Medicare, Healthy Families, Medi-Cal, California Children's Services or financial assistance through our financial assistance programs. For information, please contact Patient Financial Services at (800) 805-0971.

-----Detach And Return With Payment In The Enclosed Envelope-----

SARAH PATIENT
7117 ANY ST.
ANY CITY, CA

Make your check or money order payable to:

Saint John's Health Center
Dept 0441
Los Angeles CA 90084-0441

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT	<input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX
CARD NUMBER	EXP. DATE	
SIGNATURE	DATE	
STATEMENT DATE 12-22-06	CURRENT BALANCE \$304.00	AMOUNT PAID \$
ACCOUNT #	Medical Record #	

EXHIBIT G

1328 22nd Street
Santa Monica, CA 90404



12-22-06

(800) 805-0971

JOHN PATIENT
18 ANY STREET
ANY CITY, CA

ACCOUNT IDENTIFICATION
Patient Name: PATIENT, JOHN
Patient Account
Medical Record #:
ADM/SERV Date:
Balance Due:

We are sending you this final notice with intent to resolve the outstanding balance due on your account.

If we do not receive payment in full within the next 10 days, we will be forced to turn your account over to a professional collection agency for collection of this outstanding balance.

If you have additional information that we may need to resolve this balance, please contact our business office at (800) 805-0971.

If you have already submitted payment for this balance, please disregard this final notice. We apologize for any inconvenience.

Si desea recibir esta carta en Espanol Favor de llamar a (800) 805-0971.

If you have no insurance, are underinsured and/or meet certain low and moderate income requirements, you may be eligible for Medicare, Healthy Families, Medi-Cal, California Children's Services or financial assistance through our financial assistance programs. For information, please contact Patient Financial Services at (800) 805-0971.

-----Detach And Return With Payment In The Enclosed Envelope-----

JOHN PATIENT
18 ANY STREET
ANY CITY, CA

Make your check or money order payable to:

Saint John's Health Center
Dept 0441
Los Angeles CA 90084-0441

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
<input type="checkbox"/> MASTER CARD		<input type="checkbox"/> VISA
<input type="checkbox"/> DISCOVER		<input type="checkbox"/> AMEX
CARD NUMBER		EXP. DATE
SIGNATURE		DATE
STATEMENT DATE	CURRENT BALANCE	AMOUNT PAID
12-22-06	\$93.72	\$
ACCOUNT #		Medical Record #
0000000000		

EXHIBIT H

DEPT 774 234567891234
PO BOX 4115
CONCORD CA 94524



July 6, 2007

Return Service Requested



TEST NAME
M8
1 ADDRESS ST
ADDR 2
CITY, ST 12345-6789

DESIGNED RECEIVABLE SOLUTIONS, INC.

1 Centerpointe Dr., Suite 450, La Palma, Ca 90623
(714) 735-3000 FAX (714) 735-3075 (800) 518-7650

Provider: M16 D01
Service Date: M18 Account #: M20
Control Code: M23 Agency ID #: M22
Amount: M17 Interest: M19 **Total: M21**

			AMEX CVC# _____
Card # _____		Exp Date _____	
Signature _____		Amount: M21	
To pay by credit card, complete and return. Please note credit card transactions appear on your statement as Designed Receivable Solutions, Inc.			

Designed Receivable Solutions, Inc.
1 Centerpointe Dr., Suite 450
La Palma, Ca 90623

✂ Please return the upper portion with your payment ✂

Provider:	M16	Amount:	M17
Service Date:	M18	Interest:	M19
Account #:	M20	Total:	M21
Agency ID #:	M22		
Control Code:	M23		D01

This Is A Demand For Payment In Full

The creditor listed above has assigned your account to this agency for collection. Payment must be made to this office.

This has been sent to you by a debt collector. This is an attempt to collect a debt, any information will be used for that purpose. Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

California residents: As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. We will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described above.

Sending an eligible check for payment to us is deemed sufficient authorization to complete the payment by electronic debit. By doing so, your checking account will be debited for the amount of the check and your cancelled check will not be returned to your bank. Please contact us at (800)518-7650 if you do not wish to participate.

Este es unintendo para coleccionar una deuda. Caulquier informacion sera usada para este proposito. La cuenta arriba mencionada ha sido asignada a esta. Oficina para su cobro inmediato. A menos que usted nos notifique dentro de los 30 dias despues de recibir la carta que no reconoce la validez de esta deuda o parte de ella en esta Oficina asumira que es valida. Y si usted nos escribe dentro de los 30 dias de la fecha mencionada arriba indicando que su deuda no es valida, esta Oficina obtendra verificacion y copia del documento. Despues de recibir dicho documento y su usted lo solicita le proporcionaremos nombre y direccion del acreedor sies diferente al presente.

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov.

Nonprofit credit counseling services may be available in the area.

CONTACT: M25, Debt Collector

DRSI, 1 Centerpointe Dr. #450, La Palma, CA 90623 (714) 735-3000 FAX (714) 735-3075 (800) 518-7650

EXHIBIT I



**HOMELESS STATEMENT
FINANCIAL ASSISTANCE PROGRAM**

I, _____, hereby certify that I am Homeless, have no permanent address, no job, no savings, and no income other than potential donations from others.

Patient/Guarantor

Date

Appendix D: Saint John's Cross-Year Comparison Community Access Plan Requirements and Actuals

Line #		2008	2009	2010	2011
1	Actuals provided in annual report				
2	In-kind & cash support to SM residents	2307058	2151620	2687545	2422775
3	In-kind & cash support to SMMUSD	313293	290263	275429	356707
4	Charitable mental & medical svcs to non-profit clients Unreimbursed costs for services to SM residents*	1690540	1504473	1774160	1962371
5	Charitable mental & medical svcs to SMMUSD students	168293	188153	122929	256707
6	Free health education to community	697499	646627	532359	1090898
7					
8	Minimum amount required per the Development Agreement	849516	862529	875192	888320
9					
10					
11	Detail of Actuals: In-kind and Cash				
12	Support to Santa Monica Residents: In-kind	744508	615020	933100	801825
13	Support to Santa Monica residents: Cash	1562550	1536600	1745445	1620950
14	Support to SMMUSD: In-kind	168293	188153	122929	256707
15	Support to SMMUSD: Cash	145000	102500	152500	100000
16	Total Cash	1707550	1639100	1906945	1720950
17	Total In-kind	912801	803783	1056029	1058532
18	Cash Gifts to Santa Monica Non-Profit Agencies (In-Kind NOT included)				
19	Venice Family Clinic Total	152000	151000	176000	176000
20	Simms Mann Nurse Practitioner Program	150000	150000	175000	175000
21	Annual Event	2000	1000	1000	1000
22	Other (name)				
23	SMMUSD Total	145000	102500	100000	100000
24	Infant & Family Support Program	58000	50000	50000	50000
25	School Nurse Program	60000	52500	50000	50000
26	Other (name)				
27	OPCC Total	177000	151150	200000	200000
28	Daybreak/WIND	150000	150000		200000
29	Capital Campaign	25000			
30	Annual Event	2000	1150	5000	
31	Other (name)				
32	Westside Family Health Center	112000	97000	97000	92000
33	Prenatal Program	100000	85000	85000	85000
34	Shots for Tots	10000	10000	10000	5000
35	Annual Event	2000	2000	2000	2000
36	Other (name)				
37	St Joseph Center	27000	52000	58500	25000
38	Bread & Roses	25000	50000	50000	
39	Annual Event	2000	2000	8500	
40	Other (name)				
41	Pico Youth & Family Center	55000	45000	35000	18700
42	WISE & Healthy Aging	65000	61000	58000	51000
43	Annual Event	10000	1000	3000	1000
44	Education classes & activities communication	55000	60000	55000	50000
45	St Anne School Total	55000	50000	50000	50000
46	Upward Bound House Annual Total	5000	5000		1000
47	St Anne Church Holiday Food Distribution				500

48					
49	American Cancer Society				2500
50	Annual Event				
51	Other (name)				
52	Additional Santa Monica Agencies				
53	American Red Cross of Santa Monica		10000	3000	1000
54	Santa Monica Police Activities League	5000	5000	5000	4000
55	Santa Monica College Foundation	10000	5000	5000	1000
56	YWCA	2500	500		1000
57	Clare Foundation				2500
58	Westside Shelter & Hunger Coalition	300	1350	2500	1500
59	SM Salvation Army	5000	5600	995	500
60	Santa Monica Chamber of Commerce			8000	6000
61	Westside Domestic Violence Network			1000	1000
62	Santa Monica Fire Department			2500	
63	Rotary Club of Santa Monca				1000
64	Santa Monica Breakfast Club				5000
65	John Wayne Cancer Institute			883750	879750
66	Research			875000	875000
67	Annual Event			8750	4750
68	Step Up On Second	5000	10000	10000	
69	TOTAL CASH TO SM AGENCIES SHOULD MATCH Line 16	1697800	1637100	1754445	1720950

Line 16 is the sum of lines 13 & 15 Cash to SMMUSD and to SM non-profits

- * Composition of Unreimbursed costs
- \$1135468 Traditional Charity Care to SM residents & homeless persons
- \$ 381656 CFDC Unreimbursed MediCal costs for SM City residents
- \$ 389809 Unreimbursed Medical costs for SM City residents & homeless
- \$ 23434 Cleft Palate Clinic unreimbursed patients reporting SM addresses
- \$ 32004 cost of free discharge medications for charity care or homeless patients

Appendix E

Of the 226 non profit hospitals in California 39 are required to file Community Benefit reports annually per SB697. As of 2009 these plans were scanned and available for the public.

The last three year average per hospital total community benefits reported to the California Office of Statewide Health Planning and Development was \$30931478. Saint John's reported average was \$31325774 over the same three year period. Our average community benefits exceed that of other non profit Catholic general acute hospitals by \$394296.

In addition this represents only one part of the requirements of the Development Agreement for Community Benefits compliance. The other part is the Community Access Plan which requires that we report those community benefits that are available to Santa Monica residents only. The Development Agreement sets a schedule for minimum community benefits requirement starting with the amount \$732000 and increasing by 1.5% each year. Below is a summary of the past 5 years requirement and the amount that Saint John's provides to Santa Monica residents:

	Required	Provided
Year 9 (2006)	\$824592	\$4042738
Year 10 (2007)	\$836961	\$3710529
Year 11 (2008)	\$849515	\$4229736
Year 12 (2009)	\$862258	\$5120430
Year 13 (2010)	\$875192	\$5269493

Saint John's fully complies with the spirit and intent of the Development Agreement. The comparable statewide measures are unreliable. Clearly the Santa Monica community is served far more than the target set in the Development Agreement.