



CENTERS FOR REHABILITATION

Casa Colina Hospital for Rehabilitative Medicine

**Community Benefit
Report for FYE 2012**

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Casa Colina Hospital Community Benefit Report for Fiscal Year Ending 2012

Table of Contents

Page	Section
3	1. Introduction and Overview
3	-- Mission Statement
4	-- Types of Prevention
4	2. Definition of Community
6	3. Community Benefit Planning Committee
8	4. Assessing Need
12	-- Public Presentation and Discussion
12	5. Community Benefit Priorities for FYE 2012
14	6. Casa Colina Hospital Community Benefit Results for FYE 2012 (Table)
16	7. Narrative of Community Benefit Activities and Results for FYE 2012
35	Attachments Listing
36	A. Advertising flyer for public meeting to present and discuss findings of the 2012 Community Health Needs Assessment
37	B. Casa Colina Hospital for Rehabilitative Medicine 2012 Community Health Needs Assessment
67	C. Casa Colina Hospital for Rehabilitative Medicine 2012 Community Health Needs Assessment Group Difference Analysis Supplement

Casa Colina Hospital Community Benefit Report for Fiscal Year Ending 2012

1. INTRODUCTION AND OVERVIEW

Casa Colina Hospital for Rehabilitative Medicine (CCH) is the core of a network of closely integrated services that function as a seamless continuum of care to provide for the needs of persons with or at risk of disabling conditions. The Hospital provides services to patients through its acute inpatient hospital, outpatient therapy services, physician-directed specialty clinics, satellite outpatient clinic in Azusa, and the pediatric outpatient unit. The Hospital operates under the corporate umbrella of Casa Colina, Inc. (CCI). Other parts of Casa Colina, also sub-entities of CCI, extend the continuum of care further: the Transitional Living Center, Adult Day Health Care, residential services, imaging services, the Outdoor Adventures program, and joint ventures/cooperative projects with local governments and other community agencies.

Casa Colina's mission and culture as a medical rehabilitation provider has led it to define the community it serves as "persons who have disability or are at risk of disability." In the broadest sense, this includes a very large part of the total population because almost everyone is at risk of an event or medical condition that could lead to an episodic (time-limited) or chronic disabling condition.

Consistent with the California legislation of 1994 (SB 697) and more recent Federal requirements the benefit planning process includes the following elements:

- A Health Care Needs Assessment for the population served by CCH that includes input from persons with a background in public health as well as patients, former patients, community members and other health care professionals. The most recent needs assessment was completed in March 2012.
- Regular meetings of the Community Benefits Committee, a committee of CCH whose members include representatives from Casa Colina's Board of Directors, corporate leadership, community members, health professionals and dedicated staff.
- Historical cooperation in understanding needs and planning with other community agencies.
- A tracking system to verify community benefits implementation throughout Casa Colina's system of care.

Mission Statement and Goals of Casa Colina

The **Mission Statement** addresses the approach of Casa Colina to services for this community as follows:

Casa Colina will provide individuals the opportunity to maximize their medical recovery and rehabilitation potential efficiently in an environment that recognizes their uniqueness, dignity and self-esteem.

The goal of rehabilitation medicine and the multi-disciplinary array of therapy services is to address disabling conditions by preventing or remediating the impact of disability on a person's

productive, independent pursuit of life. This is labeled “Tertiary Prevention” by the World Health Organization (see below).

The range of the more than 10,400 people served directly as patients in Casa Colina Hospital programs in FY 2012 (April 1, 2011 to March 31, 2012) continues to include persons of all ages and with many diagnoses that range from episodic injuries such as a torn rotator cuff that can be managed as a part of everyday activities, to events that produce chronic disabilities, such as severe traumatic brain injuries, that are truly life changing.

Founded in 1936, Casa Colina’s first focus was on children recovering from polio and other crippling diseases. The goal was to help these children find a way to build a productive, satisfying life. This goal always looked beyond the medical control of a disease process to reintegrating the patient into community and family life. Casa Colina Hospital, as the core of the rehabilitation effort, continues to look beyond medical recovery to use the other services in the Casa Colina network – the Transitional Living Center, the Adult Day Health Care Center, Outdoor Adventures, residential services – to work toward the best outcomes for patients.

Types of Prevention Related to Persons with Disabilities

In general, Casa Colina’s service to the community approaches remediating disability in three ways:

Preventing disability through education and advocacy for safety (from seat belts to concussion management programs in sports) is part of rehabilitation’s interaction with the community at large. Activities related to this **Primary Prevention** are part of Casa Colina’s on-going Community Benefit program.

Managing the risk of disability, for those for whom the disability (or added disability burden) has not yet occurred. This risk is addressed through specialized medical diagnosis, risk assessment, and pro-active intervention, which may be at the personal, family, or community and environmental level. In Public Health these types of early detection and prospectively-applied interventions are called **Secondary Prevention**. Their purpose is to prevent the occurrence or exacerbation of disability or further medical complication, where risk has been identified. Outreach programs, screenings, education, and creating a good environment to retain specialist physicians in the community are part of Casa Colina’s Community Benefit effort in this dimension.

Intervening to counteract disability -- Casa Colina’s response is its continuum of rehabilitation care: effectively pursuing medical recovery, rehabilitation therapies, and education/training in adaptation, life-adjustment, and compensation strategies that may be, as with Secondary Prevention, at the personal, family, or community and environmental level. In Public Health this application of rehabilitation is spoken of as **Tertiary Prevention**. Its aim is to prevent the disabling condition from interfering with individual’s pursuit of living, in whole or in part. The main components of Community Benefit in this regard are the provision of rehabilitation care to individuals (and support services/training to families members and care-givers); the training and

development of staff to provide this care; subsidizing particular programs that provide important functions but cannot achieve positive financial nets such as Children’s Services or, at times, the Hospital itself; and the provision of care on a charity, subsidized or unreimbursed basis when needed.

2. DEFINITION OF COMMUNITY

Casa Colina has defined the community it serves as persons with or at risk of disability. More precisely the persons it serves are those who can benefit from medical and rehabilitation interventions to prevent, remediate, or delay progression of disabling conditions and the impact on function, independence, and quality of life. Population statistics show that about 12.3% of all people in the United States will have a disabling condition at any given time, indicating that there are about 175,950 persons with disability¹ in Casa Colina’s immediate 20-mile radius, from which more than 80% of its patients originate. For specific specialty programs, Casa Colina also draws patients from Southern California, the western states and the Pacific Rim.

The demographics of this population vary greatly by city in terms of age, ethnicity, and socio-economic status, but overall it is highly diverse. As an example, among the 21 cities closest to Casa Colina, one has a White population of 74.7% and another has 9.1%, while the Hispanic/Latino population is at 83.1% in one city and 16.7% in another. Casa Colina’s staff and community of persons with disabilities reflect that diversity. A more detailed review of these demographics based on data from FYE 2011 is presented in the Health Care Needs Assessment and its Supplement that is an Attachment to this report. The following tables show two basic elements of those demographics with the most recent data for Fiscal Year Ending 2012.

Gender Distribution, Casa Colina Hospital, FYE 2012

Gender	Number	Percent
Male	5047	48.4%
Female	5380	51.6%
Total	10427	100.0%

Ethnicity/Race of Casa Colina Hospital Patients, FYE 2012

Identification	Number	Percent
Asian	129	4.8%
Black/African-American	165	6.1%
Fillipino	6	0.2%
Native American	4	0.1%
Hispanic	699	25.9%
White	1699	62.9%
Total responding	2702	100.0%

Patients at Casa Colina Hospital voluntarily self-identify in terms of ethnicity/race. In FYE 2012, 7725 of 10427 patients chose to not self-identify (74.1% of the total). These data reflect the responses of the 2702 people who did choose to self-identify.

¹ There is a total population of about 1,427,000 persons in the East San Gabriel CCD plus San Bernardino/Ontario CCD according to the 2000 census. This roughly approximates Casa Colina’s 20-mile radius from Pomona. The 12.33% prevalence figure is from the Census Bureau as of 2004.

3. COMMUNITY BENEFITS PLANNING COMMITTEE

The Committee is currently composed of seven people whose diversity may be characterized in the following ways (some individuals fall into more than one diversity category):

- Community member
- Individuals with disabilities
- Ethnic/socio-economic diversity
- Member of Casa Colina Board of Directors
- Member of Hospital and Casa Colina corporate leadership
- Community Benefits dedicated staff

The Committee functions as a Committee of the Hospital and documentation for its activities is kept as part of the Hospital's committee records. The community benefits program discussed by the committee is brought forward to the Board of Directors through the inclusion of the minutes of the Committee in board informational materials and the discussion at board meetings is informed by these minutes and the presence of those board members who are also Committee members. The most recent Community Benefits Committee meetings, January 5, 2012 and July 26, 2012, were focused on reviewing the findings of the Healthcare Needs Assessment, the preparation of this present document, and the Plan for FY 2013.

In addition, in identifying goals, objectives and use of resources, the Casa Colina Board of Directors and management has taken the following issues into consideration during its deliberations at board meetings throughout the year, and specifically the Annual Board Retreat, held in October or November of each year. The discussion at this meeting, with the whole board participating, precedes the work of the smaller Community Benefits Committee. The membership of the Board reflects the wide diversity of the community served by Casa Colina, in terms of gender, profession, ethnicity, racial heritage, disability status and age. The decisions of the board and management to commit budget funding to projects addressing these issues and advancing these objectives are their implementation of the Community Benefit Plan. With respect to community benefit, the issues and concerns remain very similar to those expressed in previous years:

- **Preparing for increases in community need for medically-based rehabilitation.** The percentage of the United States population reaching age 55 and beyond is increasing and will increase at a greater rate with the aging of the baby boom generation. These increasing numbers of older adults will experience trauma, disease and disability, and the related loss of function and productivity. These aging Baby Boomers, in particular, have expectations of good health and function and will increase demand for rehabilitation services. *This responds to the Needs Assessment call for the availability of rehabilitation services in the community.*
- **Increase in outpatient services.** Post acute care will continue to increase focus on therapy appropriately provided in outpatient settings. *This responds to the Needs Assessment call for the availability of rehabilitation services in the community.*
- **Need for physician specialists.** The need continues to grow in Casa Colina's geographical area for a quality destination for rehabilitation expertise in orthopedic and neurological diagnoses for all ages, as well as many other rehabilitation-related specialties such as

wound care. The difficulty in attracting and retaining specialists in this underserved area (as documented in “Is There A Doctor In The House?”²) is being addressed by the pro-active cultivation of specialist Physician Clinics as part of Outpatient Services, and by the construction of a Medical Office Building that will add 24,000 square feet for physician practice suites and related services such as pharmacy, urgent care and durable medical equipment sales. Completion of the shell of this building is projected for December 2012. *This responds to the Needs Assessment call for the availability of medical services in the community that are relevant to persons with disabilities, and the need of the community in general for specialist physician services.*

- **Support for services for children.** Children who suffer functional losses associated with disease, trauma or developmental conditions have numerous rehabilitation needs that become part of the family’s concern as well. The Centers for Disease Control and Prevention estimate that 17% of all children under 18 years of age have a disability of some kind. As of 2008 CDC revised its prevalence figures for autism spectrum disorders and stated it as 1 in 150 (changed from 1 in 160); this figure was revised again in March 2012 as 1 in 88. At the same time funding for services for these children has been cut due to state budget issues. Casa Colina’s board has responded to the needs of these children by authorizing an annual subsidy for the pediatric program. *This responds to the needs of children with disabilities, a disproportionate unmet healthcare needs (DUHN) population, and their families.*
- **Military.** Traumatic Brain Injury (TBI) is the signature wound of the Iraq/ Afghanistan Deployment (IAD). Casa Colina has more than 30 years experience in this specialized area and, as of 2005 when the first IAD patient with TBI was referred from the Department of Defense, the Board of Directors and the management have made a commitment to provide all appropriate care for these patients, whether there was reimbursement available or not. By the end of FY 2012 Casa Colina had served more than 40 IAD service members with TBI. With support of grant funding from the McCormick Foundation, Casa Colina has piloted an innovative intervention for IAD/TBI individuals and their families to support family integration when they return to living at home, and promote the sustainability of the veteran living at home. The first session of this intervention, called Survive and Thrive / Veterans and Families Project, occurred October 26-30, 2009. Casa Colina has continued through 2012 to follow up with individuals from that project and new referrals of active duty and discharged military. The learnings from that session and further discussions with leaders at the Veterans Administration have prompted the development of a new program, currently called the Navigator Program, to assist individuals with traumatic brain injury over an extended time after discharge. This program was implemented in a pilot phase in FY 2012. *This responds to the needs of a special population with disabilities and their families, for whom Casa Colina is uniquely qualified to provide services by virtue of its history and experience.*

² Coffman J, Quinn B, Brown T, Scheffler R, “Is There a Doctor in the House? An Examination of the Physician Workforce in California Over the Past 25 Years;” available at <http://www.cogme.gov/cogme902.pdf>, June 2004, Nicholas C. Petris Center on Health Care Markets and Consumer Welfare, University of California, Berkeley, p 42. This document was updated in 2008.

4. ASSESSING NEED

Casa Colina Hospital performed a **Community Health Needs Assessment** in FYE 2012 which is one basis of this Community Benefit Plan and its implementation. It was performed by James Griffith (ABD) at Claremont Graduate University, Institute for Organizational and Program Evaluation Research, under the direction of Tarek Azzam, Ph.D. The **Report** and its **Supplement** are included as an **Attachment**.

The 2012 Needs Assessment replicates in many ways the findings of previous assessments. The assessment included the telephone and web-based survey and added a new element, which was a focus group of composed of health care and public health professionals.

Demographics

The Needs Assessment surveyed 128 respondents whose average age was 50 years, all of whom were members of the community of Casa Colina Hospital as defined in the Introduction, i.e. persons who have disability or are at risk of disability. Roughly the same number of men (49.6%) and women (50.4%) responded to the survey ($n = 115$). A detailed review of ethnicity is presented in the attached report.

The report also goes into detail on the age of respondents of the survey (page 9 of the report with additional information in the Supplement) and identifies three significant age ranges, “Youth” with a mean age of 5.21 years, “Adult” with a mean age of 30.88 years but a spike at 18-20 years, and “Seniors” with a mean age of 71.42 years (pages 11 and 12 of the Supplement). Each of these age ranges has distinct characteristics and needs. For instance, on the survey question of the importance of having a place to be socially active, when all ages are considered together there is a bi-modal response: 51 were “Somewhat concerned” and 58 were “Very concerned.” However, when looked at in terms of the three age groupings, both Youth and Adults selected “Very concerned” most frequently, and Seniors selected “Somewhat concerned” most frequently. In the following summary review of the findings of the Needs Assessment, the significant bi-modal response items are presented separately from the uni-modal response items.

“Degree of Concern”

One section of the survey asked respondents to identify their degree of concern about specific issues related to health, well-being, rehabilitation, and access to services. The significant findings are presented in below.

Most Significant Bi-modal Responses to Survey “Degree of Concern” Items by Age Groupings³				
<i>From Table DC-2a, Page 16, Needs Assessment Supplement</i>				
<i>How concerned are you about this issue?</i>	Youth <i>Ages 0-16 yrs, Mean = 5.21, N = 23 - 24</i>	Adult <i>Ages 17-46 yrs, Mean = 30.88 N=23 - 25</i>	Senior <i>Ages 45-108, Mean = 71.42, N = 61 - 62</i>	All ages together <i>N = 120 - 122</i>
Having a place to be social	Somewhat	Very	Not and Somewhat	Somewhat and Not
Having a place to be physically active	Not	Very	Not	Not and Very
Finding rehabilitation services near home	Somewhat and Very	Very	Not and Somewhat	Very

The areas ranked of **greatest concern** with uni-modal responses for the full sample (in descending order with their “Very Concerned” scores) are shown below.

Uni-Modal Responses to Survey Items of “Greatest Concern”		
<i>N = mostly 110 to 114 with one item at 87; from Table DC-2b, Page 16, Needs Assessment Supplement</i>		
Rank Order	“Very” responses	Item
1	58	Concern with being physically able to get around the neighborhood
2	58	Concern with being able to receive basic healthcare services
3	58	Concern with having nurturing caring relationships with friends
4	52	Concern with health getting worse
5	44	Concern with finding medical care services near home
6	34	Concern with having nurturing caring relationships with family
7	33	Concern with living in a safe clean home
8	31	Concern with being able to get rehab services when needed
9	30	Concern with being able to work full/part time Paid/Unpaid
10	28	Concern with having equipment (e.g. wheelchair, cane, shower chair, etc.)
11	23	Concern with having weekend/evening rehabilitation services being offered

“Needs and their importance”

The second part of the survey asked respondents about specific rehabilitation, health, or personal needs and how important those needs were to them. Some issues can be of great importance but of little concern, and vice versa. This phrasing of the question seeks to make those distinctions. The significant findings are presented below.

³ Note that in some cases the date of birth of respondents was not available, therefore the sum of the N for the age break-out may vary from item to item and be less than the N for the full sample. This is also a known issue in the tables from which this data was drawn.

Most Significant Bi-modal Responses to Survey “Needs and Their Importance” Items by Age Groupings⁴				
<i>From Table NI-2a, Page 19, Needs Assessment Supplement</i>				
<i>How important is this issue to you?</i>	Youth <i>Ages 0-16 yrs, Mean = 5.21, N = 24</i>	Adult <i>Ages 17-46 yrs, Mean = 30.88 N=26</i>	Senior <i>Ages 45-108, Mean = 71.42, N = 66</i>	All ages together <i>N = 116</i>
Part-time / full-time work	Very	Very	Not	Not and Very
Having a place to be socially active	Very	Very	Somewhat	Somewhat
Weekend/evening rehabilitation services	Very	Somewhat	Not	Not and Somewhat
Access to counseling services	Very	Very	Not and Somewhat	Somewhat and Very

The areas ranked by **importance** with uni-modal responses for the full sample (in descending order with their “Very” scores) are shown below.

Uni-modal Responses to Survey Items “Needs and Their Importance”		
<i>N = 124; from Table NI-2b, Page 20, Needs Assessment Supplement</i>		
Rank Order	“Very” responses	Item
1	106	Adequate health insurance
2	94	Access to healthcare services
3	81	Living independently
4	74	Adequate transportation
5	72	Access to physical fitness activities
6	70	Socializing with others
7	68	Being physically able to get around the neighborhood
8	65	Educational programs
9	62	Being physically able to get outside the neighborhood
10	60	Recreation opportunities
11	56	Housing adapted for person with disability
12	53	Caregiver services
13	48	Having equipment (e.g. wheelchair, cane, shower chair, etc.)

“Quality of life”

A third section of the survey looked at quality of life and general health issues. The results showed overall that a plurality of respondents considered their general health, quality of life, and social activities/relationships to be “Good” with almost equal numbers in the “Very Good” and

⁴ Note that in some cases the date of birth of respondents was not available, therefore the sum of the N for the age break-out may vary from item to item and be less than the N for the full sample. This is also a known issue in the tables from which this data was drawn.

“Fair” categories, and almost equal but smaller numbers in the “Excellent” and “Poor” categories. The exception was the “Youth” group, which trended more toward the “Very Good” and “Excellent” responses.

Two additional questions asked about ability to carry out everyday activities and the frequency of emotional problems. For the first question all three age groups had as the highest response “Completely” able to carry out everyday activities with lesser numbers for “Mostly,” “Moderately,” “A Little,” and “Not at All.” The scale for the second question, frequency of emotional problems, was, “Never,” “Rarely,” “Sometimes,” “Often,” and “Always.” Overall the most common response was “Sometimes” (41 with N=122), with the bi-modal exception being Youth, whose responses were split almost evenly among the first four categories. (From Tables QL-2a and QL-2b, page 24, Needs Assessment Supplement).

Focus Group

The participants in the Focus Group were recruited from members of the ODH TAKE ACTION Advisory Committee of the California Office of Public Health’s Office on Disability and Health, chaired by Nancy Guenther. Casa Colina expresses its appreciation to Ms. Guenther for her efforts in making a regularly scheduled teleconference of that committee available for the focus group.

Four recurring themes regarding needs and appropriate responses by Casa Colina Hospital emerged from the focus group: “Consideration of the Family of Persons with Disabilities”, “Responsible and Creative Responses to Fiscal Challenges”, “Support for Independent Quality of Life (including Transportation, Access to Social/Recreational Activities, Productivity, etc.)”, and “Practical Information & Resources”.

Participants identified financial challenges and interference with productivity and social and healthy recreational activities as the top frustrations and challenges facing persons with disabilities. While participants noted that in recent years more work has been done to make parks, trails, communities, and public transportation more accessible, they also worried that such efforts may not continue in this climate of budget cuts. Another major concern about attempts to address challenges for persons with disabilities is the lack of sustainability. Despite these challenges, participants identified gathering and providing information about resources and efforts to make practices more “family-centered” as low cost projects that can address some of the challenges discussed.

A few issues arose that coalesce around “quality of care.” For example, one participant noted that persons with disabilities might need more time to express needs. That need might arise because the patient’s condition impacts ability to communicate or because the care provider spends too much time focusing on the disability, overlooking the fact that the patient has issues other than the disability. It was also noted that appointment times, especially particularly early times, can be difficult for persons with disabilities who also depend on public transportation. Additionally, group members mentioned difficulties with the way some care providers interact with persons with disabilities. Some care providers have a tendency to speak to the person accompanying the person with a disability rather than the person herself, sometimes in language that the patient cannot understand. Participants cautioned however, that care providers can take

things too far in the other direction and appear to be talking down to the patient or treating the patient as a child.

The group recognized that solutions to the problems just described essentially require more time: time for longer appointments, time to identify appointment schedules that will work for the particular client, time to devote to interacting with client's caregiver(s). One solution proposed by participants was to employ or expand the team care approach, tasking the highest paid, highest credentialed staff only with the things that actually require their level of training. Meanwhile, qualified staff without an MD, RN, or PT can be assigned to caring for patient care tasks that do not require such credentials. Perhaps unknown to the focus group participants, this is already practiced to a high degree throughout Casa Colina, and is one focus of some health care reforms now being discussed and carried out on a national basis in replication of long-standing practice in rehabilitation.

Public Presentation and Discussion

James Griffith, author of the 2012 Needs Assessment, made a presentation of the methods and findings to an open meeting of Casa Colina staff, community members, board members and Community Benefit Planning Committee members on March 20, 2012, as part of the process of seeking public input and response (see advertising flier in **Attachments**). The documents are posted and publicly available on Casa Colina's website: www.casacolina.org.

5. COMMUNITY BENEFITS PLAN FOR FYE 2013

The new Needs Assessment reveals trends from the patients'/consumers' point of view that are consistent with previous needs assessments although there is some variability when age of the person is considered. There are a few new specific recommendations that will be discussed during the year and addressed in the Plan for FYE 2013 and 2014. There are two global areas of concern:

- **Access to health services.** People have concerns about having adequate health insurance and access to basic medical services and specialized medical/rehabilitation services. This "access" can be financial, geographic and whether the providers will be sustained over time, particularly when funding is challenged.
- **Access to quality of life.** People have concerns about preventive services, health support services, accessible recreation, transportation, employment, social integration and educational services.

Although some of these needs go beyond Casa Colina's role as service provider, these needs all fall under the purview of the goals of comprehensive rehabilitation for individuals as described in Casa Colina's mission. These needs are reflected in Casa Colina's strategic plan and its program of services, which speak about the following objectives, among others:

- Provide strong economic stability by development of additional sources of revenue consistent with the core mission, to ensure sustainability of the institution itself.
- Ensure the capability to perform charitable and community benefit functions by management of resources and continual development of fund raising with Board and community engagement.

- Participate in building a vibrant community that recognizes the value of rehabilitation as part of the community's network of health services, and the value of individuals of all abilities in that community.
- Create an environment for physician specialists and other rehabilitation professionals that attracts and retains them in the community, and offer support to advance the state-of-the-art in the health professions, including working with students.

Community Benefits Priorities

The priorities for Community Benefits are derived from the community Needs Assessment, the experience and needs of staff and professionals in the community, and the priorities for the sustainability of Casa Colina as defined by the Board who are themselves community members.

Benefits for uninsured, underinsured and low income persons

Priority 1. Provide free care to patients at Casa Colina Hospital who are low/moderate income and uninsured or not adequately insured.

Priority 2. Subsidize care at Casa Colina Hospital that is provided at a discount through government programs for patients who are low/moderate income and uninsured or not adequately insured.

Benefits for patient and community health

Priority 3. Subsidize specialized Hospital and other programs that are of recognized community benefit but are not self-supporting financially

Priority 4. Improve the health of the community in general through prevention, health screenings, education, support groups and assistance to individuals and persons designated by groupings of diagnoses or functional status

Community Benefits operations

Priority 5. Organize and operate the Community Benefits program.

Benefits for health professions education

Priority 6. Educate of health professionals in general and those focused on rehabilitation in particular and the needs of persons with or at risk of disabilities

Research

Priority 7. Conduct research to and improve clinical practice and the organization of delivery of health care to the community, particularly with respect to rehabilitation and the issues of individuals with disabilities

Benefits for community building and support of other community groups

Priority 8. Support other community organizations, particularly those that are focused on Casa Colina's population of interest and on general health care concerns, both financially and through collaboration and assistance

Priority 9. Support improvement of the community in general by working in collaboration with other organizations and supporting capacity building including concerns such as housing, safety, economic development, disaster preparedness, environment, leadership, coalition building, and advocacy for persons with disabilities, all of which affect health and well-being in general

Priority 10. Support and participate in regional and national organizations that develop policy recommendations and are advocates for the health care interests of individuals with disabilities. (This category applies as a recognized community

benefit for the State of California but is not recognized in the same way in the federal definitions as currently stated in the IRS Form 990 Instructions.)

Recognizing that non-profit hospitals in California are mandated to report their community benefits activities to both the State of California Office of Statewide Healthcare Planning and Development and the federal government through the IRS Form 990 Schedule H filing, it is useful and efficient for Casa Colina Hospital to set up the organization of these priorities and the subsequent Plan and the Report of Community Benefits that will be made according to certain Community Benefit line items that appear in IRS Form 990 Schedule H (2010). These Community Benefits are further interpreted to reflect the specific concerns of the state of California’s Community Benefit Program and Casa Colina’s unique mission and community in cases where the definitions of the mandates vary.

6. CASA COLINA HOSPITAL COMMUNITY BENEFIT RESULTS FOR FYE 2012

Using these categories as a guide, the summary results for FYE 2012 are shown below with a column that indicates separately community benefits that are delivered by operational units of Casa Colina that are not within the Hospital. A separate section of the table describes “Public Interest Initiatives” which are items of value to the community but are not designated as community benefits⁵. At the bottom of each section of the table, the two categories are summed to give a total for the community benefit efforts for FYE 2012. Following the table is a Narrative discussing the community benefits delivered in FYE 2012 in detail.

Summary Casa Colina Hospital Community Benefit Report, FYE 2012

		FYE 2012 Hospital	FYE 2012 Other Casa Colina Entities	FYE 2012 Total, All Casa Colina Entities
1.00	Benefits for persons who are uninsured, underinsured, and low income			
1.01	Free Care Program	145,000	64,700	209,700
1.02	Unreimbursed Medicaid / Medicare	235,210		235,210
2.00	Community Health Improvement: Provide free/low-cost screenings, preventive care, and support services			
2.01	Free Sports Medicine Screenings - Pomona	59,675		59,675
2.02	Free Sports Medicine Screenings - Azusa	48,475		48,475
2.03	Free Audiology Screenings	5,940		5,940
2.04	Free Balance Screenings	942		942
2.08	Support Groups	28,606		28,606
2.09	Community Health Education	31,098	9,487	40,585
2.10	Other direct aid to patients and families	28,400		28,400

⁵ As described in: *Advancing the State of the Art in Community Benefit: A User's Guide to Excellence and Accountability* (ASACB), Public Health Institute, November 2004; see Narrative section for discussion.

		FYE 2012 Hospital	FYE 2012 Other Casa Colina Entities	FYE 2012 Total, All Casa Colina Entities
2.11	Cultural/linguistic competency	5,871		5,871
2.12	Information and referral services	6,390		6,390
2.14	Community preventive health and wellness programs	49,581		49,581
3.00	Community Benefit Operations			
3.01	Community Benefits dedicated staff	68,293	20,290	88,584
3.02	Community benefits expenses, contracts and consults	9,605		9,605
4.00	Health Professions Education			
4.01	Physician education, fellowships, shadowing, mentoring, rotations, etc. expenses	4,075	105,000	109,075
4.02	Nursing education and training, rotations	2,924		2,924
4.03	Physical Therapy mentoring, internships, externships	121,096		121,096
4.04	Occupational Therapy mentoring, internships, externships	22,292		22,292
4.05	Speech mentoring, internships, externships	36,088		36,088
4.06	Neuropsychology mentoring, internships, training	22,161		22,161
4.07	Therapeutic Recreation internships, training, mentoring			
4.08	Community Professionals Health Education	73,141		73,141
5.00	Subsidized Health Services: Support treatment programs with recognized value to the community that require subsidy to continue			
5.03	Sports Medicine Team 173	43,442		43,442
5.04	SEP Team 105	22,084		22,084
5.06	HBOT/CVA Study Team 169	9,984		9,984
5.07	Padua Wellness Program Team 193		425	425
5.08	Concussion Team 168	5,052		5,052
5.09	Children's Services donation transfer	120,938		120,938
5.10	Padua Homes donation transfer		627,906	627,906
5.11	ODA, includes LMSC		252,533	252,533
5.12	Wounded Warrior program: Use of donor designated funds	104	28,802	28,906
		FYE 2012 Hospital	FYE 2012 Other Casa Colina Entities	FYE 2012 Total
5.13	Grant and donor directed funding for direct care	9,850		9,850
6.00	Research: Provide an evidence base for effective treatment and organization of health services			
6.01	Dedicated research department budget		117,226	117,226
6.02	Other research program expenses, for CCH	66,044		66,044
6.03	IRB expenses	6,025		6,025
7.00	Support of Community Groups			

		FYE 2012 Hospital	FYE 2012 Other Casa Colina Entities	FYE 2012 Total, All Casa Colina Entities
7.01	Support of community health related organizations by sponsorship	17,130	22,200	39,330
7.02	Support of other community organizations for community building		11,290	11,290
7.03	Coalition building for community health improvement advocacy	18,473		18,473
8.00	(Not Federal IRS) State and national organization support			
8.01	Cash support, in-kind, participation and advocacy support	5,000	27,200	32,200
	Total Community Benefit effort	1,328,989	1,287,059	2,616,048

7. NARRATIVE OF COMMUNITY BENEFIT ACTIVITIES AND RESULTS FOR FYE 2012

1.00 Charity and subsidized care for persons in need

1.01 Charity care

Direct Charity Care for low income, uninsured and underinsured persons is provided at Casa Colina through an application and means-tested determination process. There are signs posted throughout the facility in English and Spanish alerting patients to the availability of free care. This year a video system was introduced that appears on all lobby and waiting room monitors with programming specific to Casa Colina. Part of this programming is an announcement of the Free Care fund in English and Spanish. Announcements also appear on Casa Colina's web site.

In FY 2012 \$145,000 in charges net of discounts were provided to patients in charity care at Casa Colina Hospital. In addition, direct charity care for other parts of Casa Colina's continuum of care, principally the Transitional Living Center, was \$64,700.

1.02 Government-Sponsored Health Care

Casa Colina Hospital experienced losses of \$235,210 on services provided to Medi-Cal patients on a fully allocated cost basis in FY 2012.

2.00 Community Health Improvement

2.01; 2.02 Free Sports Injury Screenings / Primary Care

Casa Colina provides the community a free Sports Injury Screening Clinic every Sunday morning except legal holidays, each session 3.5 hours, at the Pomona campus and, since its opening in December 2008, free Sports Injury Screening at the Casa Colina Azusa outpatient clinic on Monday evenings, each session 3.5 hours. An orthopedist or rehabilitation physician is

available at no cost to members of the public. Additionally, a physical therapist or Athletic Trainer is available and basic radiology. In FY 2012, 621 individuals were seen at Pomona and Azusa combined, with an average of 15 x-rays per session at Pomona. The expense of providing this service was \$59,675 in Pomona and \$48,475 in Azusa.

2.03 Free Audiology Screenings

The Hospital's Audiology service performs free hearing screenings, for all ages from infants to seniors. In FY 2012 Audiology performed 48 free screenings. The cost of providing these services in was \$5,940.

2.04 Free Balance Screenings

Casa Colina staff provided screenings for balance, strength deficiency, and other physical therapy issues at Casa Colina and at community locations such as senior centers and health fairs in the community. The cost of providing these services in FY 2012 was \$942.

2.06 Training and Pre-Season Physicals for Umpires

Casa Colina staff performed pre-season physicals for Umpires and training in identification of concussions. This was performed on a fee-for-service basis in FY 2012.

2.07 Game and Practice Sideline Sports Injury Coverage

Casa Colina provides physicians and/or certified athletic trainers to local high schools (Pomona and Walnut) to be on site during athletic competitions and at practice sessions. This was performed on a fee-for-service basis for the most part in FY 2012.

2.08 Support Groups

In FY 2012 Casa Colina hosted 15 support groups that had a cumulative total of 218 meetings, providing about 2,158 support group visits. Some of these groups are led or directed by Casa Colina staff, others are provided in cooperation with outside organizations that use Casa Colina facilities. For some activities a fee is charged and the Community Benefit valuation accounts for those revenues. Overall these support groups were provided/accommodated at a total unreimbursed cost of \$28,606. These support groups included:

- ALS Support Group
- Autism Support Group
- Brain Injury Caregiver Support Group (2)
- Fibromyalgia group for past patients
- Fibromyalgia support group (community)
- Fibromyalgia support group (teens)
- National Spasmodic Torticollis Association Support Group
- Parent Support Group (Children's)
- Post Polio group
- SCI Support Group
- Traumatic Brain Injury Caregiver/Family Support Group (1)
- Traumatic Brain Injury Support Group (1)
- Traumatic Brain Injury Support Group (2)
- Up for Downs
- WYNGS / Spinal Cord Injury Family and Friends support group

2.09 Community Health Education

Lectures, Workshop and Presentations

In FYE 2012 Casa Colina presented 38 Community Health Education lectures and workshops both on the Casa Colina campus and off. The total number of visits of people to these events was about 1,500. In addition, Casa Colina presented an Autism Conference in collaboration with Western University of Health Sciences attended by 158 people. The unreimbursed cost to Casa Colina of these activities was \$40,585. The cost to Casa Colina Hospital specifically is estimated at \$31,098 and the remainder was cost borne by other parts of the Casa Colina network, \$9,487.

Following is a representative list of the events that occurred in FYE 2012 in which the speakers were physicians, therapists and other allied health professionals.

- Free Community Seminar: Headache (1 and 2)
- Free Community Seminar: Joint Replacements
- Free Community Seminar: Homework Success (pediatric)
- Lymphedema Lecture
- Consultant to Wellness Program at Monte Vista Grove Home (1, 2 and 3)
- Free Community Seminar: Fibromyalgia (1, 2 and 3)
- Free Community Seminar: Fibromyalgia - overflow
- Free Community Seminar: Life after a stroke
- Free Community Seminar: Exercise for seniors
- Enhance Vision - Low Vision Seminar
- Free Community Seminar: Pulmonary
- Free Community Seminar: Learning & Language (pediatric)
- Sorority of Retired Teachers Meeting: Role and Effectiveness of Rehabilitation
- MSCC Conference (Multiple Sclerosis)
- Benefits of venous ablation procedures
- Concussion in young athletes workshop (1 and 2)
- Free Community Seminar: Low Vision
- Safe exercise with an ostomy basic education
- Concussion awareness - Soroptimist meeting
- Free Community Seminar: Parkinson's
- Youth Group career night: Physical therapy and sports medicine careers
- Free Community Seminar: Rheumatoid arthritis
- Sports safety and injury prevention
- Autism Conference: Trends in Autism

Public dissemination of materials and information

Some of these presentations are done for existing audiences, i.e., the Mental Health Consortium of Representative Napolitano; others are presented at community venues such as senior centers, public schools and colleges; and some are presented for the general public at Casa Colina's Tamkin Education Center, which are generally announced through newspaper advertising.

Individual health education for uninsured/underinsured populations

Casa Colina provides health education that is relevant for its defined community, persons with or at risk of disability, in ways that the education can be accessed. For instance, in situations where there is a fee that might be a barrier to access for uninsured / underinsured populations, Casa Colina typically provides and advertises scholarship opportunities, as at the Annual Autism Conference. In FY 2012 Casa Colina offered scholarships to persons in the general public, a reduced rate to groups from schools or other organizations and free registration to volunteers.

2.10 Other direct aid to patients and families

(With specific focus on vulnerable populations) Historically, in the early 1990's, Casa Colina was a founding member of the Community Senior Services Coalition that eventually became an organization in its own right, Community Senior Services. Through this organization the Get About transportation system was established. It is an on-call service that runs a fleet of accessible small buses to provide transportation to persons with disabilities and seniors. Previous to that time, Casa Colina provided its own transportation service to its Adult Day Health Care. Casa Colina continues to support Community Senior Services, its Get About transportation service, and the Senior Hot Line phone information service through sponsorship/donations and through donation of Casa Colina space for their Board and other meetings, on a rotating basis with other community organizations.

For persons who are low income, uninsured, and/or underinsured, Casa Colina provides financial assistance (charity care) through its financial assistance policies (see section 1.00). Casa Colina provided scholarship and subsidy support for parents of children with autism to attend the Trends in Autism Conference (see section 2.09b). Casa Colina Outdoor Adventures provides scholarships to individual participants in addition to a general subsidy of all activities, however this function happens outside the Hospital proper and therefore is not accounted for as a Hospital community benefit. Similarly, the contributions to individual patients at the Transitional Living Center are also outside the Hospital proper.

Casa Colina owns six suburban homes on streets adjacent to the main campus in Pomona. One of these homes is a long-term residential facility for adults with intellectual and/or developmental disabilities, a part of Padua Village, a non-hospital operating entity of Casa Colina. The other homes are used for short-term rentals for families of patients who live at some distance but want to be close by during the rehabilitation process. These homes are managed by the Facilities department of the Hospital and are rented at a charge of \$1500 per month. For some families for whom this would be a great burden, but whom the treatment team would like to have near by, Casa Colina discounts the rental charge on a sliding scale from 25% to 100%. In FY 2012 the discounts totaled \$28,400.

2.11 Cultural and linguistic competence

Casa Colina enjoys cultural and linguistic diversity in its workforce and achieves cultural competence on a functional, daily basis principally by creating an environment among all staff members where diversity is accepted and accommodated. This creates a cultural and linguistically rich environment for working with patients and their needs.

For times when a staff member fluent in a particular language is not available, Casa Colina subscribes to a telephonic 24/7 translation service called Language Line to ensure that any language can be translated at any time. The cost for the subscription and fees for this service in FY2012 were \$5,871.

2.12 Information and referral

Open line to nurse liaisons and clinicians for referral information. A number of phone and email requests for information about rehabilitation issues come to Casa Colina from the region and all

over the United States. Casa Colina staff takes time to assist these people with their questions about services available in their areas and/or explanations of the levels and settings of care that might be appropriate for their consideration, with the caveat that they need to make these decisions with the consultation of their own primary care physicians. It is estimated that there are 250 phone inquiries of this type and 275 email inquiries. Expenses for this activity in FY 2012 were estimated at \$6,390.

2.13 Treatment delivered through community partners

Children's Services has been providing treatment off site, at the locations of community partners, for many years. Most of these arrangements are by contract with school systems or other social service providers such as the LeRoy Haynes Center and ABC Schools, where physical therapy and speech therapy are offered by Casa Colina staff; and city government agencies such as La Verne in whose facilities the Teen Scene (autism) program operates. Through a joint venture with San Antonio Community Hospital, Casa Colina also manages the rehabilitation services at all of their sites both in their hospital in Rancho Cucamonga and at off-site outpatient locations. These services are all part of Casa Colina extending its benefit of expertise in rehabilitation and medicine to the community, but there were no unreimbursed costs for these programs.

2.14 Community preventive health and wellness programs

Distinct from support groups, diagnostic assistance (free screenings), and therapy treatments, Casa Colina also addresses its population's maintenance of health and wellness through programs aimed at extending the gains made in therapy by continuing a self-directed program of exercise and/or implementation of newly acquired skills. These programs are populated by former patients and community members with disabilities and are conducted under the guidance of therapists. There is a nominal monthly fee for "membership" to participate, but the programs also need to be subsidized by Casa Colina. The unreimbursed cost of these programs in FY 2012 was \$49,581. These programs included:

- Parkinson's Speech and Exercise Group
- Speech Conversation Group (post-stroke and brain injury)
- Aquatic Fitness Program (3 times a day, 5 times a week)
- Neuro Fitness Program
- Ortho Fitness Program
- SCI Wellness Program at Claremont Club

3.00 Community Benefits Operations

3.01 Dedicated staff for Community Benefits operations

In FY 2012 Casa Colina continued using dedicated staff to oversee the community benefits effort. The documented expense for this dedicated staff in FY 2011 was \$88,124. In addition the direction of the community benefits efforts is overseen and advised by the Community Benefits Committee, a committee of Casa Colina Hospital that meets twice a year. The Committee is composed of community members, board members, persons with disabilities, and staff members, and currently consists of seven individuals. The committee serves as the direct liaison to the Board of Directors and the community on an on-going basis, reviewing and developing plans and direction for the community benefit effort, and interpreting community needs. The cost of operation of this committee was \$459. The total cost of operations to support

the community benefit effort was \$88,584, of which \$68,293 was paid by Casa Colina Hospital and \$20,290 was subsidized by Casa Colina Foundation.

3.02. Community Benefits Department, operational expenses

A *Community Health Needs Assessment* was commissioned in FY 2012 and completed 3/29/12, to inform the planning process for FY 2013 and the two years going forward. It was performed by James Griffith at Claremont Graduate University under the direction of Tarek Azzam, Ph.D., as a subcontract arrangement with Casa Colina. The summary **Report** is included as an **Attachment** with a **Supplement**, discussed in Section 4, on page 8. This Needs Assessment is now available to the public on the Casa Colina web site. The subcontract cost of this Needs Assessment was \$8,000. Total operational expenses for the Community Benefits Department, including the Needs Assessment subcontract, were \$9,605 in FY 2012.

4.00 Health Professions Education

4.01 Physician education and training

Regularly scheduled dinner meetings of the Medical Directors of the Physician Clinics are a venue to discuss and resolve operational issues of the clinics, but frequently become times for the sharing of technical information and integrating frames of reference from the represented specialties. These meetings happen monthly with the participation of the CEO, the Administrator of Outpatient Services, and an average of 13 community specialist physicians. In addition physicians make presentations to all staff, community members, and community professionals, which are detailed elsewhere. In FY 2012 Casa Colina hosted the following educational arrangements for physicians:

- Two Physician Assistant students from Western University of Health Sciences
- Two Doctor of Osteopathy students from Western University of Health Sciences
- One Research Fellowship at UCLA in Neuroscience/Neurosurgery for Nancy McLaughlin, MD

The unreimbursed cost of providing these educational opportunities was \$109,075, of which \$4,075 was borne by Casa Colina Hospital.

4.02 Nursing education and training

Casa Colina serves as a training site for the nursing program at Azusa Pacific University. In FY 2012, 50 nursing students participated in 468 hours of internship training at Casa Colina, over 43 days. Casa Colina's personnel cost for mentoring and managing this program was approximately \$2,924.

4.03 Allied health professions education and training, general statement / Physical therapy education and training

Introduction: Casa Colina serves as a training site for more than 25 schools or departments in physical therapy, occupational therapy, speech and language therapy, neuropsychology, respiratory therapy, recreation therapy, pharmacy, physician assistant, nursing, medical coding, and other programs related to the professional and technical operation of a rehabilitation hospital. In FY 2012, 98 students participated in 31,744 hours of allied health internship, rotation, externship or practicum training at Casa Colina.

Forty-nine individuals developing careers as **physical therapists or physical therapy aides** served a cumulative 397 intern-weeks (15,896 hours) and required 2,041 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a personnel cost to Casa Colina of approximately \$110,626. In addition, Casa Colina is accredited to host an advanced physical therapy residency program. During the course of the year there were two residents who devoted 2080 hours of service, requiring 140 hours of supervision at an expense of \$10,471.

4.04 Occupational therapy education and training

Twenty-eight individuals developing careers as **occupational therapists or occupational therapy aides** served a cumulative 283 intern-weeks (3,848 hours) and required 403 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a net personnel cost to Casa Colina of approximately \$22,292.

4.05 Speech pathology education and training

Twelve individuals who were developing careers in **speech pathology** served a cumulative 140 weeks (4,880 hours) and required 731 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a personnel cost to Casa Colina of approximately \$36,088.

4.06 Neuropsychology education and training

Nine individuals who were developing careers in **neuropsychology** served a cumulative 252 weeks (5,040 hours) and required 356 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a personnel cost to Casa Colina of approximately \$22,161.

4.07 Therapeutic recreation education and training

Because of program changes and other administrative issues it was not possible for Casa Colina to host an intern in therapeutic recreation in FY 2012.

4.08 Education events for community health professionals

Healthcare professionals and students from the community and Casa Colina staff made approximately 4,292 visits to allied health (PT, OT, Speech, etc.) training programs and educational events at Casa Colina Hospital or other locations facilitated by Casa Colina in 88 separate sessions. There was a (net) cost to Casa Colina of \$73,141. Some of these groups or individuals made honorarium donations or paid other participant fees that have been subtracted from the total cost of providing these services to determine this net cost.

4.09 Audiology education and training

In FY 2012 Casa Colina hosted students of Audiology for observation opportunities but not for formal internship programs. The cost of providing these educational opportunities was not quantified.

5.00 Subsidized health services

This Report has already described the Free Care program (1.01) and the cost to cover losses on care provided to Medicare/Medicaid patients (1.02). The Board of Casa Colina has also determined that certain clinical programs or activities are of such value to patients and members of the community that they need to be sustained in spite of known potential for financial losses. In particular there are three "Signature Programs" that have been recognized in this respect for many years: Outdoor Adventures, the Padua Village residential homes and Children's Services. Both Outdoor Adventures and the Padua Village homes are not within the Hospital corporation so they are not included in the Hospital's community benefits tabulation. However, the subsidies, supplied by Casa Colina Foundation from historic and current fundraising, are community benefits and are noted separately in the tabulation. Children's Services, which is within the Hospital, also benefited from this type of fundraising.

5.01 Children's Services Center / Autism Program, Team 124

The START (Special Therapies and Autism Related Treatments) program for children up to three years old was subsidized in FY 2012 as part of the general Children's Services subsidy (see Section 5.09).

5.02 Children's Services Center / Learning and Language Program, Team 119

The Learning and Language program was subsidized in FY 2012 as part of the general Children's Services subsidy (see Section 5.09).

5.03 Sports Medicine, Team 173

The Sports Medicine Program (distinct from the Free Sports Injury screenings) used \$43,442 in subsidy in FY 2012.

5.04 Senior Evaluation Program, Team 105

The Senior Evaluation Program (SEP), which helps seniors define capabilities and target areas of disability that have potential for remediation, used \$22,084 in subsidy in FY 2012.

5.05 Audiology, Team 107

The Audiology program (distinct from the Free Hearing Screenings) has historically used a subsidy but did not require one in FY 2012.

5.06 Hyperbaric Oxygen Therapy / Stroke Study, Team 169

The HBOT/Stroke Study is a research project currently funded by Casa Colina. This subsidy represents the clinical element that includes physician evaluation, hyperbaric oxygen treatments, and therapy evaluations and interventions. The research work for this project is conducted under the Research Institute and is accounted separately. The subsidy for Team 169 in FY 2012 was \$9,984.

5.07 Padua Wellness Clinic, Team 193

The Padua Wellness Clinic provides a geriatric specialist to review the age-related health status and needs of residents at the Padua Village homes; it is provided through the Physician Clinics within the Hospital but these services were paid through Padua Village. It used \$425 in subsidy in FY 2012.

5.08 Concussion, Team 168

This is a preventive service and training program whose goal is to help athletes and sports teams know when concussion is an issue for an individual. It uses the ImPact system to conduct pre-season base line tests of brain function and, when concussion is suspected, same tests are performed again. The results indicate if further medical intervention or cessation of play is indicated. The subsidy for the ImPact Concussion program was \$5,052 in FY 2012.

5.09 Children's Services

In addition to the specific subsidies of two Children's Services programs listed above (5.01, 5.02), Children's Services as a whole is sustained on the basis of a Board-designated annual donation transfer. The amount of that subsidy in FY 2012 was \$120,938.

5.10 Padua Village

Padua Village is a long-term residential program for adults with intellectual and/or developmental disabilities, with group homes located in Claremont and Pomona. It operates as a separate non-profit corporation from Casa Colina Hospital and uses a subsidy from historic and current fund raising to continue to provide its service to the members of the community who are its residents. In FY 2012 that subsidy was \$627,906.

5.11 Outdoor Adventures

Outdoor Adventures is a community-oriented program to assist people with disabilities in effective re-entry into community and family life by providing challenging outdoor excursions in a therapeutic and intentional context. This program is not supported by insurance payments or government sources (MediCare, Medi-Cal, Regional Centers, CSS, etc.). In order to keep participation fees low enough to be affordable to persons with disabilities, who are overwhelmingly on limited, fixed incomes, the program as a whole has historically been subsidized by about 60% of the actual cost of every trip. These funds are raised on an annual and continuing basis through events and solicitations. Outdoor Adventures does not operate under the corporate umbrella of Casa Colina Hospital, but its services are an extension of the continuum of care whose base is in hospital services. The subsidy to sustain this program for FY 2012 was \$252,533.

5.12 Wounded Warrior Fund, including family and support services

In 2003 it became evident that Traumatic Brain Injury (TBI) would be the signature wound for United States military personnel in the Iraq/Afghanistan wars. It was also understood that this was a relatively new diagnosis in terms of the volume of patients needing rehabilitation at the Department of Defense and Veterans Administration medical facilities. As Casa Colina already had state-of-the-art expertise, Casa Colina's Board of Directors and management committed Casa Colina to providing rehabilitation services to appropriate military patients with TBI, to the best of our ability to produce optimum outcomes, whether or not all the services were reimbursed. Casa Colina established a Wounded Warrior program to be the organizational clearing house for this effort. Grant funding was acquired and, as news of the work Casa Colina was doing with military began to be made public, additional donations came earmarked for this purpose. Although the bulk of those funds has been expended, Casa Colina continues to see new military patients and follow through with former patients and participants in the Survive and

Thrive program held in October 2009. In FY 2012, \$104 of these special funds was expended on patient care services at Casa Colina Hospital and \$28,802 in other services of Casa Colina, primarily in the post-acute setting of the Transitional Living Center.

5.13 Grant and donor directed funding for direct care

Casa Colina is the recipient of grants and donations that are ear-marked by donor intent to provide services or enhance programs for certain diagnostic populations or age groups, such as services for children. The ability of Casa Colina to provide these extra services results in a community benefit for those patients and families. In FY 2012 services with a total value of \$9,850 were provided through this mechanism.

6.00 Research

Casa Colina is not directly affiliated as a teaching hospital with a medical school or university. However, for more than 40 years it has sponsored an aggressive, independent research program and has collaborated with many medical and academic institutions, encouraging and sponsoring research about rehabilitation techniques, efficacy of models of care, outcomes measurement and health policy research. That tradition continues today with independent research, as a location for multi-site research projects, as an incubator for young therapist-researchers, in the evaluation of programs and innovations, and as a location for collaborative research projects.

6.01 Dedicated research staff

The Research Institute at Casa Colina has a full-time director, Emily Rosario, Ph.D., who is a research scientist. Her responsibilities include both designing and implementing research projects as the Principal Investigator and serving as a mentor to other staff who are initiating research projects. For the first three quarters of FY 2012 the Institute was housed in Casa Colina Foundation. The applicable expenses for the operation of the Institute in that period were \$117,226 and are listed separately from Hospital-based community benefits. On January 1, 2012 the Research Institute became part of Casa Colina Hospital. The applicable expenses in that period were included in the Community Benefits Department tally.

6.02 Research projects

The Casa Colina research program encompasses studies and investigations whose goal is to create generalizable knowledge particularly with respect to rehabilitation issues and diagnoses, and make it available to health care professionals and the public. Research interests include:

- Knowledge about underlying biological mechanisms of health and disease,
- Principles affecting health or illness,
- Evaluation of the efficacy or safety of interventions such as studies of therapeutic protocols, health outcomes and effectiveness,
- And behavioral or sociological studies related to health, delivery of care or prevention.

Research activities also include communication of findings and observations, including publication and conference presentations. The expenses for this program at Casa Colina Hospital in FY 2012 that were not accounted elsewhere were \$66,044.

The research projects initiated and pursued at Casa Colina in FY 2012 included these topics:

- The effect of hyperbaric oxygen therapy on functional impairments caused by ischemic stroke
- Use of a Patient Navigator to assist individuals with brain injury to make a better transition to living with family and in the community
- Why falls occur among hospital patients and how they can be avoided
- The outcomes of rehabilitation programs and their usefulness in patients' lives
- Relationship of grip strength to writing capabilities in children
- Study of audiology services
- Traumatic brain injury and pituitary hormones
- Healthy Aging Practices and persons aging with developmental/intellectual disabilities, county-wide nurse practitioner health care assessment project (with grant funding from UniHealth Foundation)
- Healthy Aging Practices and persons aging with developmental/intellectual disabilities / Intervention for health promotion activities at Padua Village Homes (with grant funding from UniHealth Foundation)
- I-Care study (collaborative site): Interdisciplinary Comprehensive Arm Rehabilitation Evaluation (I-Care) Stroke Initiative
- Does an electronic medical record save time? The first part of the study will measure the time it takes to use a hard-copy medical record. This is a preliminary base-line study that will be used as a comparison with a time study to be done after an electronic medical record is implemented in the next year.
- Participation in the national research working group of the American Medical Rehabilitation Providers Association.

Dissemination of research findings

The following conference acceptances and presentations at national and international levels were made in FY 2012:

1. Rosario, E.R., Sanchez, G., Aqeel, R., Patterson, D. *Neuroendocrine Dysfunction Following Traumatic Brain Injury and the Effect on Functional Improvement in Acute Rehabilitation*. Federal Interagency Conference on Traumatic Brain Injury (2011) – oral presentation
2. Rosario, E.R., Hahn, J., Guenther, N., Aronow, H.U. *Health Risk Appraisal Among Adults Aging With Traumatic Brain Injury Versus Other Acquired Disabilities*. Federal Interagency Conference on Traumatic Brain Injury (2011) – poster presentation
3. Rosario, E.R. *A diagnosis specific approach to outcomes research*. AMRPA (2011) – oral presentation
4. Rosario, E.R., Kaplan, S. *Predicting Fall Risk in Acute Rehabilitation Facilities*. 7th Annual Brain Injury Rehabilitation Conference (2012) - oral presentation
5. Rosario, E.R., Aqeel, R., Brown, M.A., Sanchez, G., Moore, C., Patterson D. *Hypothalamic pituitary dysfunction following traumatic brain injury affects functional improvement during acute rehabilitation*. 9th World Congress on Brain Injury (2012) - oral presentation
6. Attaway, J., Stone, C., Sendor, C., Rosario, E.R. *The Effect of Amplification on Speech and Language Abilities in Children with Artesia*. Audiology Now! National Conference (2012) – poster presentation

The following manuscripts were accepted for publication in FY 2012. They included publication in the #2 ranked rehabilitation journal, the *Journal of Head Trauma Rehabilitation*.

1. Johnson, S., Rodriguez, J., Rosario, E.R. (2011) *Measuring the efficacy of physical rehabilitation for low back pain. The Journal of Southern California Clinicians* 5 (1): 22-29.
2. Kwan, F., Kaplan, S., Hudson-McKinney, M., Redman-Bentley, D., Rosario, E.R. (2012) *Comparison of Fallers and Non-fallers at an Inpatient Rehabilitation Facility: A Retrospective Review. Rehabilitation Nursing* 37 (1): 30 – 36.
3. Rosario, E.R., Aqeel, R., Brown, M.A., Sanchez, G., Moore, C., Patterson, D. *Neuroendocrine dysfunction following traumatic brain injury and the effect on functional improvement in acute rehabilitation. Journal of Head Trauma Rehabilitation (in press as of 3/31/12))*

6.03 Institutional Review Board (IRB) operations

An IRB is an essential part of a medical organization's research efforts. Casa Colina maintains its own federally-sanctioned IRB to monitor and oversee the role of human subjects in research projects. The IRB has monthly meetings. The Director of the Research Institute is also the Chairman of the IRB. There are six other members of the IRB including a physician, a pharmacist, the Chief Nursing Officer, a neuropsychologist, a member of the community, and the Corporate Compliance / Accreditation / Licensure Officer. During the year the IRB reviewed 15 research projects. The unreimbursed expense of the IRB in FY 2011 was \$6,025.

7.00 Support of community groups

7.01 Contributions to nonprofit health related community organizations

As a part of coalition and capacity building for local community organizations pertaining to health care and the needs of persons with or at risk of disability, Casa Colina sponsors or participates in events for a range of other charitable, non-profit and educational organizations in the area. During FY 2012 Casa Colina as an organization made 18 significant contributions to local organizations through direct contributions and sponsorships of events. This does not include memberships in Chambers of Commerce, which were deleted from this tally. Of these sponsorships, Casa Colina Hospital was the sponsoring entity for the value of \$17,130, while other Casa Colina entities were the sponsoring entities for \$22,200. The organizations included:

- San Antonio Community Hospital
- LeRoy Haynes Center
- Community Senior Services
- Pomona Valley Hospital Medical Center
- Be Perfect Foundation
- A Gary Anderson Children's Fund
- UCLA Foundation
- Megan's Wings
- Ralphs Rider (SCI)
- Western University of Health Sciences
- UC Regents

7.02 Community building through support of community organizations

Casa Colina, as one of the larger non-profits in the area, has facilities and people on staff with particular expertise that many smaller non-profits do not have. In addition to direct support through sponsorship, and as part of its own citizenship in the non-profit community, Casa Colina makes these available to other organizations, particularly in cases where their overall mission or particular goal is consonant with Casa Colina's mission of service to persons with our at risk of disability. Community benefit in this sense was provided in form ranging from donations of equipment, financial support, to technical assistance for organizations and community groups, particularly in their use of the classroom (A/V) equipment in the Tamkin Education Center. In FY 2012 these were provided through the agency of Casa Colina Foundation rather than Casa Colina Hospital at a cost of \$11,290. The organizations that benefitted included:

- San Bernardino County Sheriffs
- 36th Victor Valley Community Fair
- AYSO Region 7
- Pomona Police Officers
- Glendora After School Program
- Foothill Country Day School
- San Dimas High School
- Scheu Family YMCA, Upland
- Los Angeles County Fair
- Diamond Bar Pop Warner Baseball
- Fairplex Education Foundation
- Sam and Alfreda Maloof Foundation
- Angel Mind Toy Drive
- Damien High School
- Kiwanis Club of Upland

7.03 Community and coalition building activities; community health improvement advocacy

Casa Colina staff members participate in many local organizations that have individuals with disproportionate unmet healthcare needs (DUHN) as their focus. These range from organizations that focus on Downs Syndrome, autism, spinal cord injury, brain injury, MS, Parkinson's, and many other diagnostic and disability related areas. Staff time of more than 347 hours and expenses devoted to these efforts came to a value of \$18,473. Community and health-care related organizations with which Casa Colina personnel worked included these:

- Vendor Advisory Committee (Regional Center VAC)
- Central California Case Manager Society
- Rehab Nurse Coordination Network
- Workers Comp Fund Annual Conference
- Coventry Case Management Meeting
- House of Ruth (Mutual support agreement)
- Workers Compensation Employees (Education session at Casa Colina)
- Workers Compensation Forum Inland Empire
- Rehabilitation Nurses Society
- Lions Club
- Diamond Love Foundation, Pomona
- Pomona Rotary Club
- Case Management Society of America
- Autism Society (Meeting at Casa Colina)

EII Group (Early Identification and Intervention for Autism)
City of La Verne Inclusion Advisory Committee
San Gabriel Regional Center Community Relations Committee
Local Interagency Council Association

Among these involvements were:

- Cindy Sendor, Director of Children's Services, and Susan Stroebel, family liaison at Children's Services, continue as Casa Colina's representatives to the San Gabriel Pomona Regional Center Vendor Advisory and Community Relations Committees, serving as a conduit for information relative to services and needs among Casa Colina, the Regional Center and the community.
- Cindy Sendor and Susan Stroebel continue as Casa Colina's representatives to the LICA Early Intervention Collaborative, a monthly meeting of all Early Intervention providers that is an opportunity for training and a forum for the exchange of information, yielding the ability to be more responsive to families' and Regional Centers' needs.
- Susan Stroebel continues as the Casa Colina representative to the Early Identification and Intervention Group (EII Group). This is a regional consortium of provider and advocacy agencies from across Los Angeles County concerned with appropriate early identification and intervention care for children with developmental delay in general and autism spectrum disorders in particular. The group meets monthly at various locations to share information, evaluate legislation pertinent to children with developmental delay, and make recommendations to government and other agencies about policy.
- Collaboration with the regional unit of the MS Society and the provision of meeting space for their events and programs. The expense incurred by Casa Colina for this provision of space, technical support, and on-site management of events (labor) is included in various sections above.
- Felice Loverso, Ph.D., CEO and President of Casa Colina, is an Association Member of Fairplex (LA County Fair), an important organization in the Pomona community and the region. In this position he serves as an advocate for health care and for the access to all aspects of community life for individuals with disabilities. (2004 to present).

8.01 State and national organization support / advocacy

Casa Colina staff members participate in many regional and national organizations that have individuals with disproportionate unmet healthcare needs (DUHN) as their focus, in this case persons with or at risk of disability. As a part of coalition and capacity building at this regional and national level, and advocating through these organizations for improved health for persons with or at risk of disabilities, Casa Colina supports organizations and sponsors events for a range of other charitable, non-profit and educational entities. The goal is to build effective organizations for teaching, advocacy, support of research, and recognition of the needs of persons with disabilities. Because some of these cash contributions were paid through Casa Colina Foundation on behalf of all of Casa Colina's services, including the Hospital, it is not registered as a Hospital community benefit but as a generalized Casa Colina community benefit. In addition, support of organizations and activities at this regional and state level falls outside the federal definitions of community benefit as expressed in the IRS Form 990 Schedule H instructions, yet fall inside the definition of community as interpreted from the ASCBA guide as

recommended by the State of California⁶. For this OSHPD report, they are included. In FY 2012 the expenses relating to the support of these organizations were \$5,000 for Casa Colina Hospital and \$27,200 for other entities of Casa Colina. The organizations included the following:

American Osteopathic Society
AHMC Health Foundation
Timothy C McWilliams Foundation (Brain Injury)
National Health Foundation
MDS Consulting
Foundation for Physical Medicine and Rehabilitation
American Medical Rehabilitation Providers Association
UFK Foundation
Partners in Care

Staff time loaned and assistance donated to national organizations

Many of the issues that are critical for the health and well-being of the population that Casa Colina serves have aspects that are impacted by decisions and priorities set at a regional and national level. Therefore, as a steward of their interests, it is necessary for Casa Colina to be engaged and pro-active in organizations that have a voice in those discussions.

- Dr. Loverso, President and CEO of Casa Colina, has been a member of the Board of Directors of the American Medical Rehabilitation Providers Association (AMRPA) since 1999. The AMRPA is the national trade organization for medical rehabilitation providers, with offices in Washington, DC. From 2002 to 2005 Dr. Loverso served as President. He has also served as Chair of the Data Committee, the Veterans Affairs Committee and with several other working committees.
- Dr. Emily Rosario, the Director of Casa Colina's Research Institute, serves as a member of the AMRPA Research Committee.
- Dr. Loverso has served as a member of the Board of Directors of the California Brain Injury Association.
- Dr. Loverso has served as a member of the Board of Directors of the Foundation for Physical Medicine and Rehabilitation. With offices in Chicago, IL, the FPM&R is the education, advocacy, research-sponsoring and fund-raising arm of the Association of Physical Medicine and Rehabilitation, the national organization for specialist physicians in physical medicine and rehabilitation (physiatry).
- Stephanie Kaplan, DPT, Director of Therapy Services for Casa Colina, has been an active board and committee member at the State level in the Association for Physical Therapy, working on policy and advocacy issues for that discipline.

The total expense for this community health improvement advocacy participation, including travel, lodging, and time, was not quantified separately for FY 2012.

⁶ *Advancing the State of the Art in Community Benefit: A User's Guide to Excellence and Accountability* (ASACB), Public Health Institute, November 2004

9.00 Non-quantifiable benefits

Recent history of health care in California shows that well-regarded hospitals have been forced to close. In the case of a specialty hospital unique in its region, if that were to happen to Casa Colina Hospital, there would not be a comparable replacement or alternative for services. In that Casa Colina by definition serves a vulnerable population with, arguably, disproportionate unmet healthcare needs (DUHN), its continued existence carries a Community Benefit aspect in its own right.

10.00 ASACB-defined public interest initiatives

The Public Health Institute ASACB⁷ partners regard the following activities as important demonstrations of a nonprofit hospital's support of activities in the public interest, but they also agree that there are legitimate questions about including them in the financial accounting of a hospital's community benefit contributions. They also recognize that there is a need for increased public awareness of hospital expenditures and efforts in these areas. They suggest that these resource allocations be compiled and reported in a separate narrative portion of the community benefit report, and not include them in the financial totals of hospital community benefit contributions (ASACB, p.33). Therefore this section is included as an Addendum to the present report.

10.01 Service improvements

Casa Colina continues to develop its services. In FY2012 these developments were financed out of operational funds. The Board of Directors has committed more than \$7,000,000 to these and other development projects in the current two year period, however, the value of these activities in FY2012 is not separately quantified.

- In FY 2012 Casa Colina Hospital's satellite outpatient therapy facility in Azusa continued to grow in volume and in sustainability. It provides physical, occupational, and speech therapy modalities; specialization in hand therapy; neuropsychology; specialist physician services and a free Sports Medicine screening clinic one evening a week. It is across the street from Azusa Pacific University (APU) and serves as an internship site for Allied Health students from APU.
- The Children's Services Language and Learning Center (LLC) continues to develop. This center offers therapeutic remediation for children with learning disabilities that are diagnosable and treatable, but are not recognized as developmental delay. Along with diagnostically-directed programs for young children (autism, developmental delay), Children's Services also addresses learning issues with reading, arithmetic, and handwriting that affect academic achievement and subsequently social and psychological development.
- Casa Colina continues laying the groundwork for implementing a comprehensive, entity-wide Electronic Health Record. Elements of the system have been brought on-line slowly and the contract for the principal vendor was not signed in FY 2012. As many other institutions have experienced disastrous results by not entering this major cultural change with caution (Cedars Sinai installed a system in the 2002 and had to abandon it, losing \$34 million in the process), Casa Colina is proceeding with deliberation.

⁷ *Advancing the State of the Art in Community Benefit*, cited above.

- Casa Colina is in mid-construction of a 24,000 square foot Medical Office Building to attract and retain more primary care physicians to the community, and give them a place to practice in proximity to Casa Colina’s continuum of support services. This project is being financed internally with the support of community physicians.

10.02 Disaster preparedness

Casa Colina Hospital has an internal disaster preparedness program and participates in regional, county and state-wide preparedness exercises. As the only fully-seismically-upgraded medical facility in the region, Casa Colina feels a responsibility to be a solid partner in these exercises particularly in relation to the potential for a large earthquake in the near future and the potential that Casa Colina would be a structurally safe haven that many people would come to. The cost of planning, preparing, and conducting drills in FY 2012 was not separately quantified.

10.03 Workplace enhancement of diversity

Casa Colina honors and respects the diversity of Southern California, and has since its inception in 1936 as evidenced by photographs of Frances Eleanor Smith, the founder, with diverse patients and staff from that period. Currently Casa Colina hires on the basis of expertise and potential for the candidate to do the best job and advances people from within on the same basis. Within that context, Casa Colina exists in the highly diverse environment of Southern California and the composition of the staff strongly reflects that diversity. As stated in the Mission Statement with reference to the goals for patients, “an environment that recognizes their uniqueness, dignity and self-esteem,” the same is applied with reference to every staff member. Casa Colina’s commitment to working with students who also come from this diverse environment is another practical way that Casa Colina implements the goal of giving people of all backgrounds the tools to be successful in health care careers, whether at Casa Colina or elsewhere. This value of this activity is not quantified.

10.04 External funds leveraged: Grants and donations secured to implement community benefit activities

Casa Colina Hospital and other Casa Colina entities received and/or made use of previously received grant awards and directed donations to implement projects that reflect community benefits. These included the following projects listed with the amounts expended in FY 2012.

<i>Source of funds</i>	<i>Funds used at Casa Colina Hospital</i>	<i>Funds used at other Casa Colina entities</i>	<i>Use of funds</i>
UniHealth Foundation 03		30,758	“Healthy aging for persons with an intellectual/development disability” grant
Neilsen Foundation 01	5,475		Assistive technology equipment grant
UniHealth Foundation 04	27,742		Electronic medical record implementation grant
A. Gary Anderson Foundation	601		Expenses for Dr. Bauman, pediatric neurology consultant

Source of funds	Funds used at Casa Colina Hospital	Funds used at other Casa Colina entities	Use of funds
California Community Foundation		25,000	Transitional Living Center general operations
Norris Foundation 04	5,000		Children's Services general operations
Norris Foundation 05	9,000		Children's Services general operations
Rick Majerus / Rountree Memorial		231	Padua residents
Brain Injury Research Fund		1,250	Quality of Life (QOL) consultant for Transitional Living Center Navigator program
Wounded Warriors		1,569	Veterans scholarships for Land Meets Sea Camp
Weingart Foundation		2,898	Participant scholarships for Land Meets Sea Camp
Outdoor Adventures San Gabriel Temporary Restricted Account		14,334	ODA trip scholarships
Adult Day Health Care Temporary Restricted Account		2,179	ADHC supplies for clients
SUB-TOTALS	47,818	143,171	
TOTAL		190,990	

10.05. Grants secured for other organizations/local groups by the Hospital.

There was no activity of this type in FY2012.

10.07 Funds raised at events

Casa Colina has an annual cycle of fund raising events. Most of these are targeted to raise funds for Signature Programs that are not under the umbrella of or specific to the Hospital such as the residential services at Padua Village or the community-based Outdoor Adventures program. Others support free care or general operating support. In total in FY 2012 all of these events brought net proceeds to Casa Colina of \$447,141.

10.08 Financial value of volunteers who directly support CB activities.

Community Benefit related activities were not documented distinct from other Volunteer Services activities in FY 2012. However, in general, the activities of all volunteers are aimed at supporting the mission of Casa Colina, which in itself is directed at service to individuals with or at risk of disabilities, and therefore would be considered as Community Benefit activities. Additionally, the opportunity to volunteer can be considered a community benefit in itself, for both younger people who use volunteering as a stepping stone to employment and older people for whom it is an opportunity to give back to the community and be productive. In these senses

the expense of operating the volunteer program and the financial benefit of the program would both be community benefit elements.

The total budget for the volunteer program in FY 2012 was \$26,697. The total of volunteer hours was 21,000 for 432 active volunteers, equivalent to the work of 10.1 full time employees. With a conservative valuation \$12 per hour plus fringe benefits, the value of that effort was \$332,640. The net benefit that the program brought to the community was \$305,943. It is also interesting to note that typically two-thirds of volunteers were younger than 30 years old, with the implication that they are using volunteering as part of their education or initial job advancement. Another 10% are 50 year old or more, with the implication that volunteering is giving them an outlet to be productive and participate in a social environment.

In addition, Outdoor Adventures also has a Volunteer program. In that setting 82 volunteers contributed 5,117 hours of volunteer effort, about the equivalent of 2.5 full-time staff. The value of this volunteer effort was \$81,503.

10.09 Other Benefits for Vulnerable Populations

10.091 Self help

Padua Village Homes is a residential service for adults with intellectual/developmental disabilities operated by Casa Colina, Inc., but separate from the Hospital. However, Casa Colina Hospital has established a special physician's clinic in the hospital's outpatient physician clinic system to monitor and assist with medical oversight especially with regards to issues of aging with a disability. A multi-year grant project to support this work was awarded March 2008 from the UniHealth Foundation. As well as supporting an intentional healthy aging program at Casa Colina's Padua Village Homes that is under the medical leadership of the dedicated Physician Clinic, the grant design also includes a research component that will investigate health-promotion activities and effectiveness among persons aging with a disability across Los Angeles County. A significant part of the Padua health intervention is self-help and self-regulation among the residents, and personal initiatives for health promotion among the residents' families and care givers.

10.092 Child care

Casa Colina has looked into the need and potential level of use of child care on site for children of staff members but has found to date that the projected volume of use would not support it. This issue is under periodic review.

10.093 Enrollment assistance

Casa Colina continues to assist patients with enrollment into health care funding programs when requested, as their needs change due to rehabilitation, recovery and employment status. The cost of this assistance is not tracked.