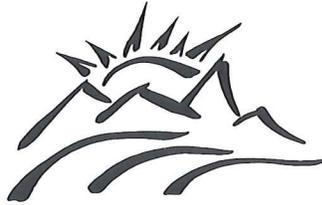


CITRUS VALLEY HEALTH PARTNERS

2012
Community Benefit Report
SB-697



CITRUS VALLEY HEALTH PARTNERS

COMMUNITY BENEFIT REPORT SB 697

Citrus Valley Medical Center:

Queen of the Valley Campus

1115 S. Sunset Ave.
West Covina, CA 91790

Inter-Community Campus

210 W. San Bernardino Rd.
Covina, CA 91723

Fiscal Year Report Period: 2012

Individuals Preparing Community Benefit Report:

Maria Peacock
Director, Community Benefit Department
Citrus Valley Health Partners
Phone: (626) 814-2405
Fax: (626) 813-7859
E-Mail Address: mpeacock@mail.cvhp.org

Abel Mesa
Executive Assistant
Community Benefit Department
Phone: (626) 814-2450
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E-Mail Address: amesa@mail.cvhp.org

Citrus Valley Health Partners
Citrus Valley Medical Center
Inter-Community Campus and Queen of the Valley Campus

2012 Community Benefit Report

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Citrus Valley Health Partners

I

General Information

CITRUS VALLEY HEALTH PARTNERS (CVHP)

GENERAL INFORMATION

Citrus Valley Health Partners (CVHP) was formed in April, 1994 as a result of the merger of Inter-Community Medical Center in Covina and Queen of the Valley Hospital in West Covina. Hospice of East San Gabriel Valley, a free-standing hospice and home care agency in West Covina, became an affiliate of Citrus Valley Health Partners at the same time. Foothill Presbyterian Hospital joined CVHP in November, 1995. Citrus Valley Health Partners is governed by a 21-member Corporate Board of Directors comprised of physicians, business and community leaders. Members of the Immaculate Heart Community, a group of former Catholic Religious Sisters who founded Queen of the Valley Hospital, also serve on this Board.

Citrus Valley Medical Center's **Queen of the Valley Campus** is a fully-accredited 325-bed, non-profit Catholic health care facility founded in 1962 by the Immaculate Heart Community. This campus specializes in oncology and has one of the busiest emergency departments in Southern California - with more than 54,000 visits annually.

Along with the new millennium came Citrus Valley Medical Center's **Family Birth and Newborn Center** at Queen of the Valley Campus. The Center, with approximately 100,000 square feet - combines state-of-the-art technologies with an integrated, family-centered approach to maternal, neonatal and pediatric care. Services include the full continuum of health and wellness care, pre- and post-delivery education and support groups, and access to the most current treatments, provided in an environment that encourages family support and involvement.

Citrus Valley Medical Center's **Inter-Community Campus** was founded more than 75 years ago. It is a 222-bed facility in Covina that provides high-quality health care to the East San Gabriel Valley, with a wide range of medical, surgical and specialty services. Inter-Community campus offers a complete range of inpatient and outpatient services, specializing in cancer treatment, wound care and cardiac care, with the only open heart surgery program in the East San Gabriel Valley.

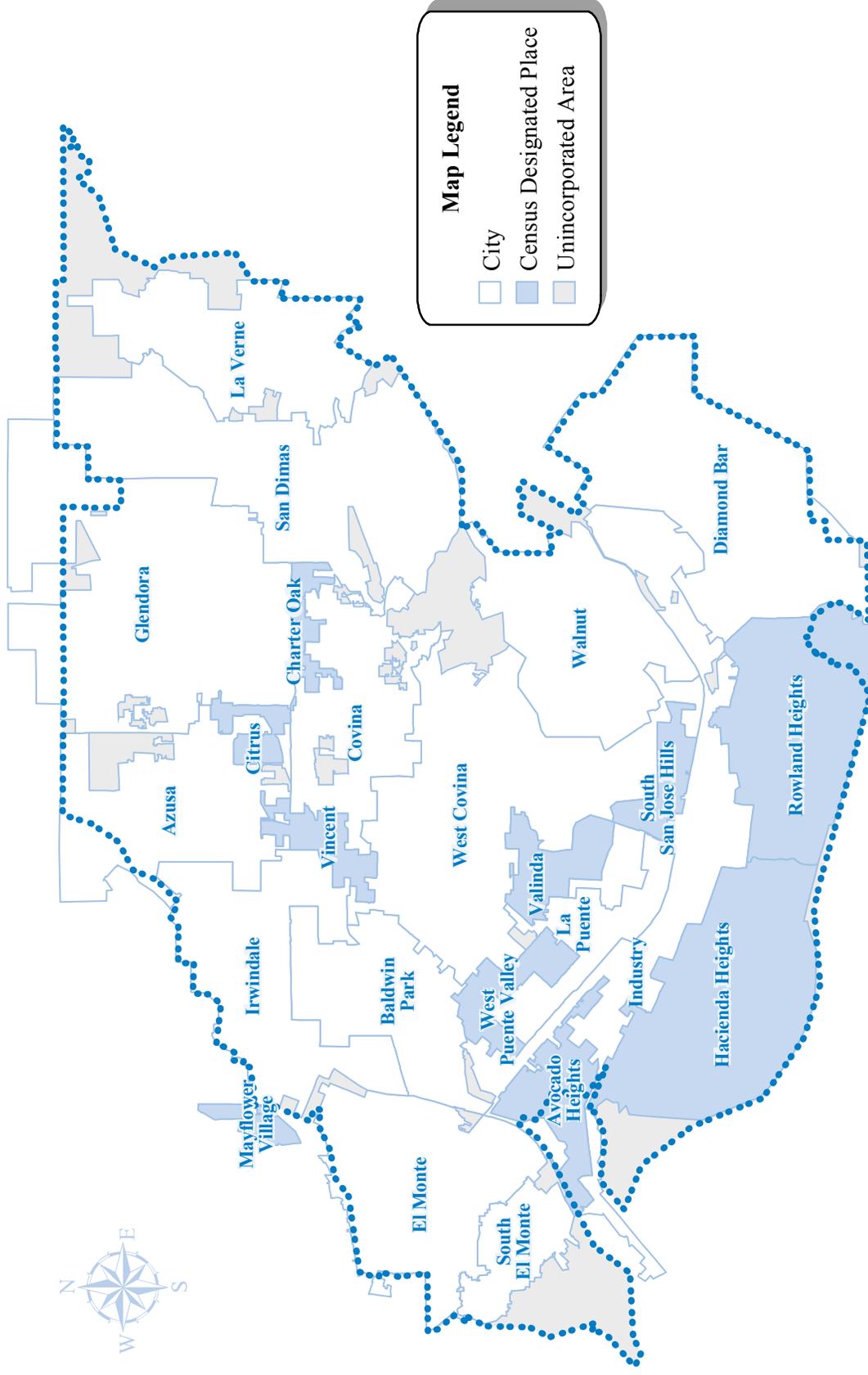
Foothill Presbyterian Hospital is a fully accredited facility with 105 beds. Foothill Presbyterian Hospital has proudly served the communities of Glendora, Azusa, La Verne and San Dimas since 1973. In addition to its full service acute program, Foothill Presbyterian Hospital is especially well known for its comprehensive Diabetes Care Unit, its Mountain Search and Rescue emergency service, and its special outreach to the partially sighted.

Citrus Valley Hospice, formerly known as **Hospice of the East San Gabriel Valley**, was founded by community leaders in 1979 and is one of the only free-standing hospices in the United States. The Hospice complex was built and is supported through private and community donations. Hospice provides care to all types of patients, age groups and diagnoses meeting the criteria for admission. It has an extensive home care program as well as 10 inpatient beds. Associated with Hospice, **Citrus Valley Home Health** provides physician-supervised skilled nursing care to individuals recovering at home from accidents, surgery or illness.

Citrus Valley Health Partners Community Outreach

CVHP and its numerous Community Partners have been recognized as a State and National Best Practice in various aspects of community health improvement by the following organizations: OSHPD; State of California; VHA; American Hospital Association; National Coalition for Healthier Cities and Communities; Health Research and Education Trust; The Healthcare Forum; The Public Health Institute; and the American College of Health Care Executives. In addition, CVHP was awarded the national 1999 VHA Leadership Award for Community Health Improvement.

Citrus Valley Health Partners SERVICE AREA



Map Legend

- City
- Census Designated Place
- Unincorporated Area



Citrus Valley Health Partners

II

Mission
Vision
Values

Mission Statement

• • •

Our mission is to help people keep well in body, mind and spirit by providing quality health care services in a compassionate environment.

• • •

Our Vision for the Future

We are an integral partner in elevating our communities' health.

Vision Definitions

- Integral Partner – CVHP will take a leadership role in developing collaborative partnerships with patients, physicians and other health care providers.
- Elevating – We will improve our communities' health by:
 - Expanding our system's focus to include health promotion and disease prevention.
 - Ensuring access to the right care at the right time at the right place
 - Providing safe, high-quality care and an exceptional customer service experience every time.
 - Providing a comprehensive array of ambulatory programs, including physician services, patient education, disease management and comprehensive ambulatory diagnostic and treatment offerings.
- Communities' Health – Elevating the overall health of the communities we serve.

Vision Level Metrics (2021)

- Financial – Achieve and maintain an investment grade rating.
- Community Health – Meet or exceed the Healthy People 2020 obesity objectives in our communities.
- Quality and Customer Experience - Consistently perform at the top for quality and customer service performance metrics.

What does CVHP Look Like in 2021?

- Elevating Health from Sick Care to Health Care
 - A strong focus on preventive care, health education and wellness, including outreach efforts focused on improving community health.
 - CVHP and its partners excel at managing risk-based partnerships with payers and medical groups that improve health and reduce the overall health care costs for our community.
 - Empower patients to take responsibility and to advocate for their own health.
 - Personalized, technologically advanced health care management programs.
 - Extensive clinical integration and care coordination across the care continuum, including health information exchange, ambulatory care protocols, hospice, home health and other activities.
- Culture/People
 - A culture of respect that is welcoming and inclusive of our diverse communities.
 - Culturally and age sensitive service offerings.

- CVHP is an employer of choice that develops and grows its employees.
- Physicians
 - In addition to community physician practices, provide a multi-specialty medical practice foundation with offices throughout the community that serves as an option for physicians.
 - Economic partnerships with physicians.
 - Widespread use of electronic ambulatory health records and linkages between offices, hospitals and other care sites using the latest evidence-based medicine.
- Strategic Partnerships
 - Alliances with academic medical centers and other facilities to provide access to tertiary specialty care, either at CVHP facilities or through transfer agreements.
 - Economic partnerships with physician groups and IPAs.
 - Partnerships with educational institutions that open or expand employee talent pipelines for hard-to-fill positions.
- Facilities
 - Facilities that create a welcoming environment for all patients and their families.
 - Comprehensive ambulatory sites in select areas of our community that include foundation physician offices and system owned or branded outpatient services.

Our Statement of Values

Patients and their families are the reason we are here. We want them to experience excellence in all we do through the quality of our services, our teamwork, and our commitment to a caring, safe and compassionate environment.

RESPECT – We affirm the rights, dignity, individuality and worth of each person we serve and of each other.

EXCELLENCE – We maintain an unrelenting drive for excellence, quality and safety and strive to continually improve all that we do.

COMPASSION – We care for each person and each other as part of our family.

INTEGRITY – We believe in fairness, honesty and are guided by our code of ethics.

STEWARDSHIP – We wisely care for the human, physical and financial resources entrusted to us.

Citrus Valley Health Partners

III

Governance And Management



GOVERNANCE AND MANAGEMENT STRUCTURES TO SUPPORT COMMUNITY BENEFIT ACTIVITY

2012 Update

Board and Administration Roles in Community Benefit

A corporate Senior Vice President for Community Benefit position and the Citrus Valley Health Partners Community Care Department were established in 1994 and charged with the following major tasks:

1. Assist the Board of Directors and Administration in advancing the Mission and Vision of the corporation;
2. Advance Community Benefit as a core value of the Corporation, and integrate community benefit programs and activities as part of the organization's culture and strategy;
3. Develop partnerships with public and private community agencies, individuals, to pursue programs and projects that help improve the health status and quality of life of the communities served by CVHP.

In 2012 the work of community benefits continued under the direction of the Chief Communications Officer, with the staff that the Sr. VP of Community Benefits had trained to continue the work of the community. The staff continued to work with public and private community partners to sustain existing programs and to create new programs to respond to the emerging needs of the community. The primary strategic approach and core of the community benefit efforts at CVHP has been efforts directed toward community capacity building and service to poor, at-risk, vulnerable populations. This work continues.

A Committee of the Citrus Valley Health Partners Board continues to provide direction and guidance. A semi-annual report is provided to the Strategic Planning, Marketing and Community Benefit Committee of the Board.

Management and Staff Involvement in Community Benefit

During 2012 all Administrative and Operations Managers throughout the corporation participated on a more limited basis in Community Benefit activities. Professional staff support for CVHP's community outreach efforts is provided on an as needed basis. [The major departments and divisions from whom Community Benefits draws staff support are: Corporate Development and Planning, Communications, Operations Council and the Strategic Planning, Marketing and Community Benefit Committee of the CVHP Board of Directors.]

Departmental Community Benefit Projects

A number of departments in the Citrus Valley Medical Center and at Foothill Presbyterian Hospital have developed and participated in Community Benefit activities as department teams. In collaboration with community partners, they continue to organize and lead significant community health improvement programs.

The main departments who serve the ECHO (Every Child's Health Option) program include Radiology, Laboratory, Out Patient Pharmacy, and the Emergency Department. Working with the Public Health Department, the Emergency Department staff helps ensure that our homeless "residents" of local cold/wet weather shelters get the medical help they need. This staff also serves as the safety net for local physicians involved in ECHO (Every Child's Health Option).

The Citrus Valley Health Foundation provides support and has served as the vehicle to facilitate the flow of funding for community benefit partnerships, such as the ECHO (Every Child's Healthy Option) Program.

The CVHP Center for Diabetes Education continues to offer free community lectures and information, glucose screenings, and support groups for type I and type II adults, seniors, adolescents, parents, and a type II Spanish support group throughout the year.

The Public Relations Department continues to support community groups in writing and distributing press releases and ads on events and programs. In addition, the department assists in the design of brochures, invitations, save-the-date cards, maps, etc.

The Auxiliary at CVMC Inter-Community Campus gave ten (15) scholarships to students who are furthering their education in the healthcare field. A total of \$15,000 was donated in the year 2012.

The Auxiliary at Foothill Presbyterian also donated sixteen (16) scholarships to community members totaling \$20,000 in the year 2012.

The Food and Nutrition Services departments at CVMC Queen of the Valley Campus and Inter-Community Campus, and Foothill Presbyterian provide meals five days a week for the "Meals on Wheels Program."

Adopt-A-Family Program . In the spirit of giving, CVHP employees come together to adopt families in need every Holiday Season. Staff members go to the homes and personally deliver food and gifts for all family members.

Citrus Valley Health Partners, its medical staff and its community Partners have been recognized nationally for their successful collaborative programs directed toward community health improvement and community capacity building. For articles, information and research studies, contact:

Community Care Department, Citrus Valley Health Partners,
1115 S. Sunset Ave., West Covina, CA 91790, or call (626) 814-2450.

Citrus Valley Health Partners

IV

Charity Care Policy



<input checked="" type="checkbox"/>	CVHP	<input checked="" type="checkbox"/>	CVH	<input checked="" type="checkbox"/>	Policy
<input checked="" type="checkbox"/>	CVMC-ICC	<input checked="" type="checkbox"/>	CVHH	<input checked="" type="checkbox"/>	Procedure
<input checked="" type="checkbox"/>	CVMC-QVC	<input checked="" type="checkbox"/>	FPH	<input checked="" type="checkbox"/>	Attachments

Title: Charity Care		Policy #: A009
Type: Corporate		
Effective: 4/24/02	Reviewed: 7/27/11	Revised: 5/25/05, 7/27/05, 9/24/08

Statement of Policy

Our mission is to help people keep well in body, mind and spirit by providing quality health care services in a compassionate environment. This charity policy is the means through which CVHP fulfills its mission as an integrated health care organization committed to maintaining and enhancing the health of all the people of the communities we serve. Those patients that currently do not pay for their medical bills because of an inability to pay are covered under this policy.

Declarations

Many Government programs (Medi-Cal, Healthy Families, and Medicare) and other third party coverage programs have been established to provide for or defray the healthcare costs for the individuals who also may be considered needy. In the case where arrangements for payment to the hospital require the hospital to accept the payment amount as payment in full, the balances of these accounts written off are attributable to contractual adjustments and will not be considered charity care. In cases where these programs require the patients to pay co-payments or deductibles and the patients do not have the ability to pay; these amounts will be considered charity care.

Charity determination will be granted on "all, partial, or nothing" basis. There is a category of patients who qualify for Medi-Cal, but do not receive payment for their entire stay. Under the charity policy definition, these patients are eligible for charity care write-offs. In addition, the hospital specifically includes as charity the charges related to denied stays, denied days of care, and non-covered services. These "TAR" denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity. These patients are receiving the services and they do not have the ability to pay for it. In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/deductibles, for which Medi-Cal does not make payment and Medicare does not ultimately provide bad debt reimbursement will also be included as charity. These indigent patients are receiving a service for which a portion of the resulting bill is not being reimbursed.



Title: Charity Care

Policy#: A009

Procedure

General Process and Responsibilities

A. Patients unable to demonstrate financial coverage by third party insurers will be required to complete a financial screening form. Completion of this form:

- 1) Allows the hospital to determine if the patient has declared income and or assets giving them the ability to pay for his/her health care services.
- 2) Authorizes CVHP to obtain a credit report.
- 3) Provides a document to be reviewed by Patient Financial Services to determine the patient's financial liability, if any.

B. All patients not covered by third party insurance

- 1) Pay an advance payment based on estimated charges.
- 2) Insured patients who indicate that they are unable to pay patient liabilities must complete a financial screening form to qualify for any waiver of their co-pays.

C. Charity screening process:

- Obtain individual or family income.
- Obtain individual or family net worth including all assets, both liquid and non-liquid, less liabilities and claims against assets.
- Eligibility for Medi-Cal once some assets are depleted will also be considered.
- Current employment status: patient and/or guarantor.
- Unusual expenses or liabilities.
- Family size. This is used to determine the benchmark for 100% charity, if income is at or below 300% of the Federal Poverty Guidelines.

The attached forms are to be used in the financial screening process:

Form 2: Income Certification form

Form 1: Hospital Screening Assessment form (this form also gives permission to obtain credit information)



Title: Charity Care

Policy#: A009

Forms 1 and 2 will be available in the primary languages spoken in the hospital's community area, including English and Spanish.

To qualify for a charity care write-off for either the entire hospital bill, or a portion of the hospital bill, the following criteria must be met:

- Coverage-The services being provided are not covered/reimbursed by Medi-Cal or any other third party.
- Income Level—If the patient's income is at 300% or less of the Federal Poverty Guidelines, the entire hospital bill will be written-off, regardless of net worth or size of bill.
- Income Level---If the patient's income is between 300% and 350% of the Federal Poverty Guidelines, then a portion of the hospital bill is written-off based upon a sliding scale, regardless of net worth or size of bill, as follows:
 - 300% - 325% = 75% write-off
 - 326% - 350% = 50% write-off
- Size of Hospital Bill and Net Worth---If the hospital bill exceeds the patient's net worth then the following applies:
 - If the patient meets the net income levels between 300% and 325% of the Federal Poverty Guidelines, the amount of the hospital bill that exceeds the patient's net worth will be written-off
 - If the patient's income is over the 350% of the Federal Poverty Guidelines, then a portion of the bill that exceeds the patient's net worth may be either written-off if approved by the Corporate Director Business Services or his/her designee, or paid through the hospital's monthly payment plan.

Charity Determination Process

Admitting/Registration Department Role

The admitting department will:

- Financially screen 100% of all self-pay inpatients. If there is no income claimed by the patient and no third party insurance,



Title: Charity Care

Policy#: A009

Charity Policy Compared to Charity Determination Process

Key points to this policy include:

- The identification of potential charity patients as close to the time of admission as possible.
- The financial screening form will be used and a credit check performed for all self-pay patients, whenever possible.
- Income, along with net worth when appropriate, will routinely be verified for non-emergent self-pay patients and will be used in all circumstances to determine charity status.
- The actual charity care determinations will be made based upon the criteria expressed in this charity care policy.
- Charity determination will be granted on an “all, partial, or nothing” basis.

References

Not Applicable



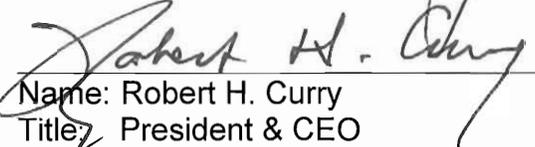
Title: Charity Care

Policy#: A009

Signatures


Name: Issa Aqleh
Title: Corp. Director Business Services
Date: 08/02/11


Name: Lois M. Conyers
Title: Senior V.P. & CFO
Date: 7/27/11


Name: Robert H. Curry
Title: President & CEO
Date: 8/15/11


Name: Harold Borak
Title: Chair, Finance Committee
Date: 11-30-11


Name: Earl S. Washington
Title: Chair, Board of Directors
Date: 11-30-11

Charity Care Policy

ATTACHMENTS

- I. CVHP Policy #A009 Attachments
- II. CVHP Policy #T-101
- III. CVHP Policy #T-102



CITRUS VALLEY HEALTH PARTNERS

FORM I

HOSPITAL FINANCIAL SCREENING ASSESSMENT FORM

This form needs to be completed by all patients prior to or at the time of admission. This information will be used to determine eligibility for selected hospital programs and services.

Patient Name: _____

Patient Social Security No.: _____

Total number of dependents: _____

Total Annual Income: \$ _____

Total value of all assets: \$ _____

Home/Property _____

Automobiles _____

Investments _____

Retirement _____

Other _____

Total Debts (including mortgages) \$ _____

Other special circumstances
(i.e. legal judgments/bankruptcy) _____

Please check if either of the following conditions apply:

Disabled _____

Injury related to a crime _____

Place your signature and date below indicating you are authorizing Citrus Valley Health Partners Representatives to obtain a credit report.

Patient signature

Date

Patient Representative/Financial Counselor

Date



CITRUS VALLEY HEALTH PARTNERS

FORMA I

FORMA DE EVALUACIÓN FINANCIERA DEL HOSPITAL

Esta forma necesita ser completada por los pacientes antes o al tiempo de ser hospitalizado(a). Esta información se utilizará para la determinación de la elegibilidad para programas o servicios seleccionados del hospital.

Nombre del paciente: [PATIENT NAME]

Nombre y apellido de la madre del paciente _____

Ciudad y país de nacimiento del paciente _____

Numero de seguro social del paciente _____

Numero de dependientes _____

Total del Ingreso Anual _____

Valor en total de todos los bienes _____

Casa/Propiedad _____

Automóviles _____

Inversiones _____

Retiro (jubilación) _____

Otros bienes _____

Total de deudas (incluyendo bienes y raíces) _____

Otras circunstancias especiales (i.e., bancarrota, juicios legales) _____

Indique si cualquiera de las condiciones siguientes le aplica:

Deshabilitado _____ Herido/Condición se debe a un crimen _____

Por favor firme y anote la fecha debajo indicando que usted autoriza a los representantes de Citrus Valley Medical Center que obtengan un reporte de crédito.

Firma

Fecha

Representante del Paciente o Consejero Financiero (firma y fecha)



CITRUS VALLEY HEALTH PARTNERS

FORM II

INCOME CERTIFICATION

I, [GUARANTOR NAME] CERTIFY THAT MY FAMILY INCOME FOR THE PAST 12 MONTHS HAS BEEN \$ _____ AND I CLAIM _____ DEPENDENTS. I GIVE PERMISSION FOR THE HOSPITAL TO VERIFY MY INCOME INFORMATION BY CALLING THE FOLLOWING EMPLOYER (S) OR OTHER SOURCES OF INCOME. IN LIEU OF CONTACTING MY EMPLOYER, I AM PROVIDING THE ATTACHED W-2 FORM AND MY LATEST TWO PAYCHECK STUBS.

COMPANY

PHONE #

COMPANY

PHONE #

SIGNATURE

DATE



CITRUS VALLEY HEALTH PARTNERS

FORMA II

CERTIFICACIÓN DEL INGRESO

YO, _____ CERTIFICO QUE MI INGRESO FAMILIAR POR LOS
ULTIMOS 12 MESES HA SIDO \$ _____ Y RECLAMO _____ DEPENDIENTES.
OTORGO MI PERMISO PARA QUE EL HOSPITAL VERIFIQUE MI INFORMACION
DEL INGRESO AL LLAMAR A MI EMPLEO (S) O OTROS RECURSOS DEL
INGRESO, SI ES QUE TENGO ALGUN INGRESO.

EN LUGAR DE LLAMAR A MI EMPLEO, ESTOY INCLUYENDO LA FORMA W-2
AJUNTO CON MIS DOS ULTIMOS TALONES DE CHEQUE.

COMPANIA

DE TELEFONO

COMPANIA

DE TELEFONO

FIRMA

FECHA



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME : [PATIENT NAME]
ACCOUNT # : [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
TOTAL CHARGE : \$[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Citrus Valley Health Partners was pleased to serve you during your need for medical care. You may be eligible for financial assistance with your hospital bill. Please complete and sign the attached forms and return to our office in the enclosed self addressed postage paid envelope.

FORM I - HOSPITAL FINANCIAL SCREENING ASSESSMENT FORM
FORM II - INCOME CERTIFICATION
PROOF OF CURRENT INCOME (BOTH IF MARRIED)
(TAX FORMS OR W-2/CURRENT PAY STUBS)

If any of the above forms are not submitted, we require a written statement from the patient or responsible party as to why the information is not available.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

015 (Cover letter)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY, STATE ZIP]

RE: Nombre del Paciente: [PATIENT NAME]
Número de Cuenta : [ACCOUNT #]

Estimado(a):

Fue un placer para Citrus Valley Health Partners el poder servirle en su necesidad de ayuda médica. Usted podrá ser elegible para asistencia comunitaria para su factura del hospital. Por favor llene los siguientes documentos y envíelos en el sobre adjunto a nuestra oficina.

FORMA I - FORMA DE EVALUACIÓN FINANCIERA DEL HOSPITAL
FORMA II - CERTIFICACIÓN DEL INGRESO
COMPROBANTE DE INGRESO ACTUAL (DE AMBOS SI CASADOS)
(FORMAS DE INGRESOS OR FORMA W-2/TALONES RECIENTES DE CHEQUE)

Si alguno de los documentos no es sometido, se necesitara una declaración escrita del paciente o la persona responsable en cuanto porque no esta disponible.

Su aplicación será revisada y recibirá notificación de la decisión por correo.

Sinceramente,

Dept. De Contabilidades del Paciente

014 (Cover letter -Sp)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SERVICE DATE: [ADM/SER DATE]
TOTAL CHARGES: \$[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

The application submitted for the Community Assistance Program is incomplete. Under federal regulations, this information is required to substantiate your application. Please submit the following:

- _____ FEDERAL INCOME TAX FORMS
- _____ W-2 FORMS
- _____ CURRENT PAY STUBS FOR THE LAST THREE MONTHS
- _____ SIGNATURE IS MISSING
- _____ SIGNED AFFIDAVIT EXPLAINING CURRENT FINANCIAL SITUATION OR EMPLOYMENT STATUS.
- _____ COPY OF UNEMPLOYMENT/DISABILITY STATUS
- _____ (OTHER)_____

Thank you in advance for your cooperation.

Sincerely,

Business Services
626)732-3100
(8:00a.m.-4:00p.m.)

(017 – CAP incomplete ltr)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
COBROS EN TOTAL: \$[AR CHG TOTAL]

[GUARANTOR NAME]:

Su aplicación para el programa de asistencia comunitaria esta incompleta. Bajo las reglas federales del gobierno esta información se requiere para sustentar su aplicación. Favor de someter la siguiente información:

____ FORMAS DE LOS INGRESOS
____ FORMA W-2
____ COPIAS DE LOS TALONES DE CHEQUES PARA LOS ULTIMOS 90 DIAS
____ FIRMA
____ CARTA EXPLICATORIA DE SU SITUACION FINANCIERA
____ CARTA COMPROBANDO SUS BENEFICIOS DE DESEMPLEO
(MISCELANIO)_____

Si esta información no se ha recibo dentro de 10 días su cuenta es sujeto para referencia a agencia externa de colecciones y probablemente usted se requiere aplicar bajo las reglas de la agencia respectivamente.

Gracias en adelantado por su cooperación.

Representante de pacientes
Departamento Financiero
(626)732-3100

018 (CAP incomplete ltr - Sp)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
TOTAL CHARGES: \$[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Based on the information you have submitted to Citrus Valley Health Partners you do not qualify for financial assistance.

If you have any questions regarding your outstanding accounts or would like to make payment arrangements, please contact Business Services.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

I HEREBY AUTHORIZE CITRUS VALLEY HEALTH PARTNERS TO CHARGE MY:

___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS ___ DISCOVER

PRINT NAME: _____

CARD#: _____ EXP DATE: _____

AUTHORIZED AMOUNT: \$ _____ DATE: _____

SIGNATURE: _____

MAIL PAYMENTS TO: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

ACCOUNT #[ACCOUNT #]

060 (Denial letter)



CITRUS VALLEY HEALTH PARTNERS

DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
COBROS EN TOTAL: \$[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Basado en la información que usted proporciono a Citrus Valley Health Partners, no califa para asistencia financiera.

Si tiene alguna pregunta tocante sus cuentas pendientes o si quiere hacer un arreglo de pagos póngase en contacto con nosotros.

Sinceramente,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

AUTORIZO QUE CITRUS VALLEY HEALTH PARTNERS COBRE A MI:
___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS ___ DISCOVER

NUMERO DE TARJETA: _____
FECHA DE EXPIRACION: _____
CANTIDAD AUTORIZADA: \$ _____ FECHA:: _____
FIRMA: _____

ENVIE PAGOS A: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

NUMERO DE CUENTA: [ACCOUNT #]

060S (Denial letter – Spanish)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
BALANCE: \$[PT BALANCE]

Dear [GUARANTOR NAME]:

Based on the financial information you submitted, we are pleased to inform you that you have been approved for financial assistance on this account.

The amount due listed above was determined after reviewing and calculating your information provided based on our financial assistance guidelines. You have qualified for a percentage of the total bill, and the balance is now due and payable. Please remit in full or contact us to make further payment arrangements.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

I HEREBY AUTHORIZE CITRUS VALLEY HEALTH PARTNERS TO CHARGE MY:

___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS ___ DISCOVER

PRINT NAME: _____

CARD#: _____ EXP DATE: _____

AUTHORIZED AMOUNT: \$ _____ DATE: _____

SIGNATURE: _____

MAIL PAYMENTS TO: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

ACCOUNT #: [ACCOUNT #]

061 (Approval ltr – bal due)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
BALANCE: \$[PT BALANCE]

Querido(a) [GUARANTOR NAME]:

Basado en la información que usted envió nos complace informarle que ha sido aprobado(a) para asistencia financiera con esta cuenta.

La cantidad debida y anotada arriba se determino después de revisar y calcular su información proporcionada basada en nuestras guías de asistencia financiera. Califica por un porcentaje de su factura en total y el balance se debe. Por favor envíe su pago en total o llámenos para hacer un contrato de pagos.

Sinceramente,

Business Services
(626) 732-3100
(8:00 A.M. - 4:00 P.M.)

AUTORIZO QUE CITRUS VALLEY HEALTH PARTNERS COBRE A MÍ:

_____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER
NOMBRE EN LETRA DE MOLDE: _____
NÚMERO DE TARJETA: _____ FECHA DE VENCIMIENTO: _____
CANTIDAD AUTORIZADA: \$ _____ FECHA: _____
FIRMA: _____

ENVIE SUS PAGOS A: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

NUMERO DE CUENTA: [ACCOUNT #]

061S (Approval ltr – bal due)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
BALANCE: \$[BALANCE]

Dear [GUARANTOR NAME]:

Based on the financial information you submitted, we are pleased to inform you that you have been approved for financial assistance on this account.

Your information provided was reviewed based on our financial assistance guidelines and approved for 100% coverage. Your balance is now zero.

Thank you for making Citrus Valley Health Partners your caregiver of choice.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

061A (Approval letter – 100%)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
BALANCE: \$[BALANCE]

Querido(a) [GUARANTOR NAME]:

Basado en la información que nos envió nos comparamos en informarles que usted ha sido aprobado(a) para asistencia financiera en esta cuenta.

Su información proporcionada fue revisada basada en nuestras guías de asistencia financiera y fue aprobada el 100%. Su balance es cero.

Gracias por escoger a Citrus Valley Health Partners como su proveedor de salud.

Sinceramente,

Business Services
(626)732-3100
(8:00 a.m. - 4 p.m.)

061A-SP (Approval letter – 100%)



CITRUS VALLEY
HEALTH PARTNERS

	CVHP		CVH	X	Policy
X	CVMC-ICC		CVHH	X	Procedure
X	CVMC-QVC		FPH		Attachments

Title: TRIAGE, MEDICAL SCREENING EXAMINATION AND NURSING ASSESSMENT		Policy #: T-102
Type: EMERGENCY DEPARTMENT		
Effective: 10/93	Revised: 12/98, 7/02, 10/04, 3/24/10	Reviewed: 3/05, 1/31/07

Statement of Policy

The goal of the patient triage, medical screening examination and nursing assessment is to ensure the highest quality emergency medical care at utilizing an organized patient process, emphasizing efficiency, communication, teamwork, flexibility, and quality standards.

Declarations

All patients arriving in the Emergency Department requesting medical evaluation and/or treatment are triaged by an Emergency Department Triage Certified Registered Nurse, and receive a Medical Screening Examination (MSE) by a physician, and have a nursing assessment completed without regard to financial status.

Procedure

- A. Patient reception and Emergency Department registration. (Refer to separate policy and procedure).
- B. Triage:
 1. Utilizing a systematic approach and a broad knowledge base, the Triage nurse will perform an accurate initial complaint driven focused assessment of each patient's immediate needs upon presentation to the Emergency Department on a 24-hour basis.
 2. Every patient is triaged by an Emergency Department Registered Nurse into one of the following five levels of acuity for purposes of patient prioritization:
 - 1) Resuscitation
 - 2) Emergent
 - 3) Urgent
 - 4) Non-Urgent
 - 5) Minor

3. Every patient brought in by ambulance (BLS/ALS) is triaged by the Emergency Department Registered Nurse, Charge Nurse or his/her designee.
- a. Level I Resuscitation
Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions:
- (1) Code/Arrest
 - (2) Major Trauma
 - (3) Shock states
 - (4) Unconscious
 - (5) Severe Respiratory Distress
- b. Level II Emergent
Conditions that are potential threat to life, limb or function, requiring rapid medical interventions or delegated acts. Those patients requiring immediate care with presenting problems include, but are not limited to the following:
- (1) Acute respiratory Distress
 - (2) Chest Pain, Dysrhythmia with Hemodynamic Compromise
 - (3) Active Hemorrhage
 - (4) Altered Level of Consciousness
 - (5) Severe Trauma
 - (6) Psychosis/Extreme Agitation
 - (7) Abuse/Neglect/Assault
 - (8) Open or Displaced Fractures or Fractures causing Neurovascular Compromise
 - (9) Severe Burns
 - (10) Attempted Suicide
 - (11) Overdoses
 - (12) Status Epileptics
 - (13) Unstable Vital Signs
 - (14) Moderate to Severe Pain
 - (15) Eye Injuries/Exposures to Foreign Substances
 - (16) Infant less than 3 Months Old with Temperature in Excess of 101.5
 - (17) Acute Alteration of Motor/Sensory Functions
- c. Level III Urgent
Conditions that could potentially progress to a serious problem, requiring emergency intervention, may be associated with significant discomfort or affecting ability to function at work or activities of daily living. Those patients

with presenting problems include, but are not limited to the following:

- (1) Closed Fractures without Neurovascular Compromise
- (2) Lacerations without Active Bleeding and Requiring Sutures
- (3) Most Burns \leq 10% BSA
- (4) Abdominal Pain, Moderate
- (5) Fever and Signs of Possible Early Sepsis/Infection
- (6) Headache
- (7) Mild Pain
- (8) Head Injury with no Neurological Deficits

d. Level IV Non-Urgent

Conditions that relate to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours. Those patients with presenting problems include, but are not limited to the following:

- (1) Small Lacerations not Requiring Sutures
- (2) Sprains, Strains, and Contusions
- (3) Colds/Flu
- (4) Dysuria
- (5) Ear Ache

e. Level V Minor

Conditions may be acute but non-urgent as well as conditions, which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed. Those patients with presenting problems include, but are not limited to the following:

- (1) Sore Throat
- (2) Scheduled Returns
- (3) Wound Checks, Dressing Changes
- (4) Minor Rash

3. The triage category is recorded on the Emergency Department Patient Record.
4. During the triage process, patients are provided audio and visual privacy.

When there is a shortage of beds available for patient placement, and an excessive amount of high acuity patients waiting, patients are re-triaged within

the initial triage category assigned and then patients beds are allocated as they become available based on level of distress noted and presenting complaint.

C. Medical Screening Examination

1. A medical screening examination is performed to determine if an "emergency Medical condition" exists. Patients seeking an examination or medical treatment will be offered a medical screening examination.
2. An "emergency Medical condition" is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychic disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:
 - a. Placing the health of the individual (or with respect to a pregnant women, the health of the women or unborn child) in serious jeopardy.
 - b. Serious impairment to bodily functions or
 - c. Serious dysfunction of any bodily organ or part or
 - d. With respect to a pregnant women who is having contractions:
 - (1) That there is inadequate time to effect a safe transport of the mother before delivery or
 - (2) That the transport may pose a threat to the health or safety of the women or her unborn child.
3. A "Medical Screening Examination" is defined as an evaluation by a physician utilizing resources available within the facility necessary to determine whether an "Emergency Medical Condition" exists. This examination may include treatment necessary for stabilization to ensure that no potential deterioration of the condition is likely, within reasonable medical probability.
4. A "Qualified Medical Person" is defined as the Emergency Department physician on duty.
5. The Emergency Department physician performs the medical screening examination for all patients who present for medical evaluation and/or treatment.

NURSING ASSESSMENT AND REASSESSMENT:

- A. Nursing assessment is performed on every patient as part of the Emergency Department's overall patient assessment.
 1. Nursing care is based upon the continuing assessment of patient needs by a Registered Nurse starting with the initial complaint focused assessment done at the time of admission to the Emergency Department.

2. Content of the assessment is based upon:
 - a. Age-specific needs of the major population served in order to determine the need for care and treatment.
 - b. Type of care to be provided.
 - c. Need for further assessment.
 - d. Factors such as anticipated Emergency Department length of stay.
 - e. Complexity of physical development.
 - f. Psychological and social needs.
 - g. Dynamics of patient conditions.
 3. A "Medical Screening Examination" is defined as an evaluation by a physician utilizing resources available within the facility necessary to determine whether an "Emergency Medical Condition" exists. This examination may include treatment necessary for stabilization to ensure that no potential deterioration of the condition is likely, within reasonable medical probability.
 4. A "qualified Medical Person" is defined as the Emergency Department physician on duty.
 5. The Emergency Department physician performs the medical screening examination for all patients who present for medical evaluation and/or treatment.
- B. Qualified individuals who may assist in gathering pieces of data as part of the initial assessment and in accordance with their skill levels and scope of practice are:
1. Emergency Services Technician (EST)
 2. Licensed Vocational Nurse (LVNs)
 3. Unit Secretaries/Information Assistants
 4. Nursing Students
 5. Paramedic Trainees
 6. EMT Trainees
 7. Clinical therapists may assist with measurable data gathering as it pertains to their discipline.
- C. Examples of information that can be delegated to qualified individuals are:
T, P, R, BP, Pulse Oximetry Reading:
1. Allergies
 2. Weight
 3. Age
 4. Presence or Use of Assistive Devices
 5. Oxygen Utilization Prior to Arrival to the Emergency Department

- D. Additional areas of complaint-focused assessment performed by the RN are:
1. Complaint-Focused Systems Review (ROS Section of ED Patient Progress Record).
 2. Physiological Parameters
 3. Psychosocial Factors
 4. Nutrition Needs
 5. Spiritual Needs
 6. Environmental Needs Considerations
 7. Self-Care Needs
 8. Educational Needs
 9. Plan for care and follow-up after discharge from the Emergency.
- E. Collaboration with other disciplines:
1. Goals of collaboration with other disciplines include:
 - a. Enhancement of the comprehensiveness of the assessment
 - b. Improved effectiveness of the plan
- F. Parameters of Assessment and Reassessment
1. Assessment and reassessment are a continuing process during the patient's length of stay in the Emergency Department.
 2. Vital signs are assessed initially within 15 minutes of arrival to the ED including pain scale rating either at Triage or at the bedside if the patient bypasses the triage desk.
 3. Reassessment of the patient in the waiting is done every two hours or as indicated by the patient's triage category and/or changing status as observed by the Triage RN.
 4. Further assessment/reassessment is determined by:
 - a. Changes in therapy
 - b. Changes in patient's condition
 - c. Patient's response to treatment
 - d. Extended length of stay in the ED and/or
 - e. Change in diagnosis
- G. Responsibility of Reassessment Data Gathering/Planning/Analysis of Data:
1. Data gathering may be delegated to qualified personnel in accordance with their skill level.
 2. Reassessments will be done by the RN

Citrus Valley Health Partners

V

2010 Community Needs Assessment Executive Summary

2010

Citrus Valley Health Partners

Community Health Needs Assessment



Executive Summary

Citrus Valley Health Partners (CVHP) conducted a state-mandated community health needs assessment. Needs assessments are the primary tools used to determine a hospital's "community benefit" plans, that is, how the hospital will give back to the community in the form of health care and other community health services to address unmet community needs. This community health needs assessment was conducted in partnership with Kaiser Foundation Hospital – Baldwin Park.

In 1994, California passed legislation (SB 697) that required non-profit hospitals to report on the community benefit they provide. This legislation further required hospitals to assess the health needs of the communities they serve and develop plans to address priority needs. In addition to California's requirement for health needs assessments, the recent passage of the Patient Protection and Affordable Care Act, has instituted federal regulations for tax exempt hospitals to conduct community health needs assessments and develop community benefit plans every three years.

Service Area

Citrus Valley Health Partners comprises four campuses: Inter-Community in Covina, Queen of the Valley in West Covina, Foothill Presbyterian in Glendora, and Citrus Valley Hospice in West Covina. The service area for Citrus Valley Health Partners encompasses 13 cities and 4 Census designated places (CDPs).

Avocado Heights, CDP	Glendora	San Dimas
Azusa	Hacienda Heights, CDP	South El Monte
Baldwin Park	Irwindale	Valinda, CDP
Covina	La Puente	Walnut
Diamond Bar	La Verne	West Covina
El Monte	Rowland Heights, CDP	

Data Collection

This community health needs assessment includes collection and analyses of primary and secondary data.

Service Area Description

The secondary data selected for this report examine up-to-date data sources for the service area to present a community profile, birth indicators, leading causes of death, access to health care, chronic diseases, preventive practices, health behaviors, social issues, and school and student characteristics. When pertinent, these data sets are presented in the context of Los Angeles County and/or the state. Demographic data are presented for all cities and CDPs in a supplementary appendix.

Stakeholder Interviews and Community Focus Groups

Primary data were collected directly from people in the community. Twenty-two people representing 20 community organizations and agencies were interviewed. Additionally, four focus groups were conducted with: Health Care Providers, Social Services Providers, Promotoras and School Liaisons, and Business and Education Leaders. Three groups were conducted in English and one in Spanish (the Promotoras/School

Liaisons group). For the Promotoras group that spoke Spanish, a bilingual facilitator conducted the focus groups in Spanish. A total of forty-nine people participated in the focus groups.

This report presents a summary that highlights the data findings, presents key needs and opportunities for action. A detailed narrative follows that examines each of the data sets. The report includes benchmark comparison data (where available), comparing CVHP community data findings with newly released Healthy People 2020 objectives.

Overview of Key Findings and Community Needs

This overview summarizes significant findings drawn from an analysis of the data from each section of the report. Full data descriptions, findings, and data sources follow in the full report.

Community Profile

From 2000 to 2008, the population in the CVHP service area increased 5.8% from 793,007 to 839,291 persons. The population is estimated to increase by 3.7% from 2008 to 2013.

Total Population

	2000 Census	2008	Percent Change 2000-2008	2013	Percent Change 2008-2013
CVHP Service Area	793,007	839,291	5.8%	870,421	3.7%
Los Angeles County ¹	9,519,338	10,342,429	7.6%	10,701,691	3.5%

Source: U.S. Bureau of the Census, 2000 and ESRI Business Analyst 2008

¹2008 estimates and 2013 projections from the California Department of Finance.

Population by Age

From 2000 to 2013, population by age shows a trend toward an increase in children, from 0-4, a decrease in youth, ages 5-17, and an increase in seniors.

Population by Age

	2000	2008	2013
Age 0-4	7.7 %	7.9%	8.3%
Age 5-17	22.1 %	20.9%	19.6%
Age 18-64	61.2 %	62.2%	61.9%
Age 65+	8.9 %	9.0%	10.2%

Source: U.S. Bureau of the Census, 2000; ESRI Business Analyst 2008

Population by Race and Ethnicity

Service area residents of Hispanic or Latino ethnicity increased from 52.0% in 2000 to 57.8% of the population in 2008. The service area has seen an increase in the population of Asian/Pacific Islanders and a decrease in White/Caucasians.

Population by Race and Ethnicity

	2000	2008
White	47.0 %	43.2 %
African American	2.9 %	2.6 %
American Indian	1.0 %	0.9 %
Asian or Pacific Islander	19.3 %	20.1 %
Other Race	25.3 %	28.1 %
Multiracial	4.5 %	5.1 %
Hispanic or Latino (any race)	52.0%	57.8%
Not Hispanic or Latino	48.0%	42.2%

Source: ESRI Business Analyst

Unemployment

In 2009, unemployment in the area averaged 10.3%; more than double the rates of unemployment in 2005.

12-Month Average Unemployment Rates

	2005	2006	2007	2008	2009
CVHP Service Area	4.7 %	4.2 %	4.5 %	6.6 %	10.3 %

Source: California Employment Development Department, Labor Market Information Division, April 2010 Preliminary Report

Households and Household Income

From 2000 to 2008 the number of households increased 3.2%. Average household income for the service area was \$51,942 in 2000, increasing to \$65,912 in 2008 for a 26.9% increase in household income.

Households and Median Household Income, Growth Projections

	Households		Percent Change 2000-2008	Median Household Income		Percent Change 2000-2008
	2000	2008		2000	2008	
CVHP Service Area	222,963	230,043	3.2%	\$51,942	\$65,912	26.9%

Source: U.S. Bureau of the Census, 2000, American Fact Finder, ESRI Business Analyst 2008

Over one-third (33.7%) of the residents in the CVHP service area live at 200% of Federal Poverty Level and are classified as low-income.

Population Characteristics Compared by Place

Selected population characteristics are summarized and compared by place. These include children and youth (age 0-17), Hispanic or Latino ethnicity, language spoken at home among the population five years and older speaking Spanish or Asian/Pacific Islander languages, low-income population, and population unemployed.

Selected Population Characteristics by Place

	Age 0-17	Hispanic or Latino (any race)	Language Spoken		Low-Income <200% FPL	Unemployed
			Spanish	Asian/PI		
Avocado Heights	30.8%	82.8%	62.3 %	7.0 %	41.9 %	9.8 %
Azusa	31.2%	72.6%	49.5 %	4.3 %	44.7 %	12.6 %
Baldwin Park	34.0%	82.7%	67.5 %	10.8 %	47.3 %	14.4 %
Covina	27.4%	51.2%	25.0 %	7.5 %	26.6 %	8.2 %
Diamond Bar	22.9%	22.8%	11.3 %	33.8 %	14.7 %	8.3 %
El Monte	34.0%	76.5%	61.8 %	18.3 %	59.6 %	14.3 %
Glendora	24.9%	30.6%	13.1 %	4.6 %	17.4 %	6.1 %
Hacienda Heights	22.3%	44.1%	26.0 %	32.7 %	24.2 %	8.6 %
Irwindale	32.9%	92.4%	65.9 %	2.6 %	35.6 %	12.0 %
La Puente	32.9%	87.0%	68.8 %	6.6 %	47.5 %	13.6 %
La Verne	22.4%	32.1%	12.7 %	4.8 %	14.2 %	6.7 %
Rowland Heights	23.6%	32.9%	20.3 %	46.6 %	28.0 %	7.9 %
San Dimas	23.3%	32.8%	14.6 %	6.2 %	15.5 %	6.8 %
South El Monte	33.8%	87.6%	75.2 %	7.2 %	57.3 %	14.7 %
Valinda	33.3%	77.8%	59.2 %	7.8 %	39.9 %	15.8 %
Walnut	22.3%	22.8%	12.2 %	46.4 %	13.2 %	5.7 %
West Covina	27.5%	53.3%	30.7 %	19.4 %	25.0 %	10.2 %
CVHP Service Area	28.8%	57.8%	38.1%	17.9%	33.7%	10.3%
Los Angeles County	26.1%	47.3%	37.9%	10.0%	39.9%	11.6%

Source: U.S. Bureau of the Census, American Fact Finder, ESRI Business Analyst 2008; California Employment Development Department, 2009

Birth Characteristics

In 2008, there were 13,223 births in the area. The rate of births has decreased by approximately 3% from 2006. Teen births occurred at a rate of 9.7% of live births.

The birth indicators within the CVHP service area compare favorably to the Healthy People 2020 objectives:

- ◆ Among pregnant women, 86.7% obtain prenatal care as recommended in the first trimester.
- ◆ Low birth weight babies (less than 2500 g) are 6.5% of live births.
- ◆ The infant death rate is 4.9 per 1,000 live births in 2008.
- ◆ 82% of new mothers giving birth at Foothill Presbyterian breastfeed their infants

Birth Indicators

	CVHP Service Area	Healthy People 2020 Objective
Early entry into prenatal care (1 st trimester)	86.7%	78.0%
Low birth weight infant (under 2500 grams)	6.5%	7.8%
Infant mortality rate (per 1,000 live births)	4.9	6.0
Mothers who breastfeed -Queen of the Valley	73.3%	81.9%
Foothill Presbyterian	82.0%	

Source: California Department of Public Health, 2008

Leading Causes of Death

When adjusted for age, the CVHP service area has a higher death rate (762.3 per 100,000 persons) than that of the county (713.2) and the state (650.1).

Heart disease, cancer and stroke are the three leading causes of death. The CVHP service area has lower rates of death per 100,000 persons for cancer, stroke, diabetes, unintentional injuries and suicide when compared to Healthy People 2020 objectives.

Rates of Death per 100,000 Persons, 5 Year Average

	CVHP Service Area	Healthy People 2020 Objective
Heart disease deaths	144.1	100.8
Cancer deaths	123.8	160.6
Stroke deaths	31.4	33.8
Diabetes deaths	22.3	65.8
Unintentional injury deaths	18.5	36.0
Suicides	6.1	10.2

Source: California Department of Public Health, 2004-2008

Premature Death

Coronary heart disease was the number one cause of premature death, followed by motor vehicle crash and homicide. The number one cause of premature death among males is heart disease and among females it is breast cancer.

Leading Causes of Premature Death

	Male	Female
#1 Cause	Coronary heart disease	Breast cancer
#2 Cause	Homicide	Coronary heart disease
#3 Cause	Motor vehicle crash	Motor vehicle crash

Source: L.A. County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2007: Leading Causes of death and premature death with trends for 1998-2007, 2010.

Access to Health Care

Among the adult population, ages 18-64, 22.2%-28% are uninsured and 7.5%-9.1% of children, ages 0-17, lack health insurance. Almost one-fifth of adults (19.3%) have no regular source of care.

Insurance Coverage and Access to Care

	CVHP Service Area	Healthy People 2020 Objective
Adult health insurance rate	72.0%-77.8%	100%
Children health insurance rate	90.9%-92.5%	100%
Ongoing source of care	80.7%	89.4%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2007

Barriers to Care

In the service area, 22.4% of adults cannot afford dental care and 10.9% cannot afford medical care. 13.8% of adults could not afford their prescription medications in the past year.

Barriers to Accessing Health Care

	CVHP Service Area	Los Angeles County
Adults Unable to Afford Dental Care in the Past Year	22.4%	22.3 %
Adults Unable to Afford Medical Care in the Past Year	10.9%	11.8 %
Adults Unable to Afford Mental Health Care in the Past Year	6.4%	5.9 %
Adults Unable to Afford Prescription Medication in the Past Year	13.8%	12.1 %
Adults Who Reported Difficulty Accessing Medical Care	32.5%	27.3 %
Adults Who Reported Difficulty Talking to a Doctor because of a Language Barrier in the Past Year	10.7%	15.1 %
Adults Who Reported Transportation Problems Prevented Obtainment of Medical Care	8.4%	7.4 %

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2007

Chronic Disease

Adults in the area served by CVHP have high rates of high blood cholesterol, diabetes, heart disease, and hypertension. 8.3% of children, ages 0-17, have been diagnosed with asthma.

Chronic Disease

	CVHP Service Area	Los Angeles County
Adults diagnosed with High Blood Cholesterol	35.7%	29.1%
Adults diagnosed with Depression	13.4%	13.6%
Adults diagnosed with Diabetes	10.0%	8.7%
Adults diagnosed with Heart Disease	8.1%	7.7%
Adults diagnosed with Hypertension	25.7%	24.7%
Children diagnosed with Asthma	8.3%	7.9%

Source: Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2007

Preventive Practices

Among seniors, 69.3% received flu shots and 54.1% received pneumonia vaccines. These rates are below recommended Healthy People 2020 objectives. Among women, 81.3% obtained a Pap test and 72.4% obtained screening mammograms; both rates for these preventive screenings are below recommended Healthy People 2020 objectives.

Preventive Practices

	CVHP Service Area	Healthy People 2010 Objective
Senior flu shot	69.3%	90%
Senior pneumonia vaccine	54.1%	90%
Pap smear in last 3 years	81.3%	93%
Mammogram in the last 2 years	72.4%	81.1%

Source: Los Angeles County Health Survey, 2007

Health Behaviors

Adult Overweight and Obesity

In the service area, 34.3% of adults are overweight and 25.3% are obese.

Overweight and Obese Adults

	CVHP Service Area	Los Angeles County
Overweight	34.8%	35.9%
Obese	25.8%	22.2%

Source: Los Angeles County Health Survey, 2007

Childhood Obesity

Among children, there is a broad range of obesity prevalence. The service area is home to the community in L.A. County ranked highest for childhood obesity – Irwindale (40.9%). Walnut has the lowest rate of childhood obesity at 14.4%.

Childhood Obesity

	Prevalence of Childhood Obesity Percent+	Rank of Obesity Prevalence among Cities in Los Angeles County*
Irwindale	40.9%	128
Baldwin Park	28.3%	103
El Monte	28.0%	100
La Puente	27.8%	97
South El Monte	27.6%	91
Avocado Heights	27.6%	93
Azusa	27.4%	88
Valinda	26.6%	81
West Covina	23.7%	64
Covina	23.1%	60
Hacienda Heights	20.2%	49
Rowland Heights	19.7%	45
San Dimas	17.7%	37
Glendora	15.6%	32
La Verne	15.3%	30
Diamond Bar	14.5%	26
Walnut	14.4%	25
Los Angeles County	23.3%	

Source: L.A. County Department of Public Health, 2005, +BMI for age > or equal to 95th percentile

*Cities were ranked from 1-128, with 1 indicating the lowest prevalence of obesity and 128 indicating the highest prevalence.

Alcohol Use

47.9% of area adults consume alcohol and 14.8% engage in binge drinking.

Adult Alcohol Use

	CVHP Service Area	Los Angeles County
Adults who consumed alcohol in the past month	47.9%	52.0%
Adult binge drinking in the past month	14.8%	16.2%

Source: Los Angeles County Health Survey, 2007

Smoking

Communities in the service area have smoking rates that range from 8.8% to 12.8%.

Smoking Prevalence

	Percent of Smokers
Valinda	12.8%
Covina	12.7%
La Puente	12.7%
El Monte	12.4%
Azusa	12.1%
Baldwin Park	11.8%
West Covina	11.3%
South El Monte	11.2%
Glendora	10.8%
San Dimas	10.6%
Hacienda Heights	10.5%
Rowland Heights	10.5%
Avocado Heights	10.3%
La Verne	10.1%
Diamond Bar	9.3%
Walnut	8.8%
Los Angeles County	14.3%
Healthy People 2020 Objective	12.0%

Source: LA County Department of Public Health. Cigarette Smoking in LA County, 2010

Social Issues

Over 85.3% of parents in the area report access to safe places to play for their children. Half (49.9%) of children eat fast food one or more times a week; and 39.3% of children consume one or more sodas or sweetened drinks a day. Only 13.5% of adults consume 5 or more servings of fresh fruits and vegetables daily. Over one-half of adults (50.4%) and one-third of youth (35%) are physically active.

Social and Health Behaviors

	CVHP Service Area	Los Angeles County
Safe places to play	85.3%	79.8%
Fast food consumption among children	49.9%	47.6%
Fast food consumption among adults	39.5%	40.2%
Soda consumption among children	39.3%	43.3%
Soda consumption among adults	37.0%	38.8%
Adults consume 5 or more fruits/vegetables a day	13.5%	15.1%
Adults physically active	50.4%	53.2%
Youth physically active	35.0%	37.6%

Source: Los Angeles County Health Survey, 2007

Mental Illness

Over 9% of adults experienced mental illness/psychological distress and 9.7% received counseling in the past year.

Mental Health Indicators

	CVHP Service Area	Los Angeles County
Adults who had psychological distress during past year	9.4%	8.3 %
Adults who saw a health care provider for emotional-mental and/or alcohol-drug issues in past year	8.1%	11.0%
Has taken prescription medicine for emotional/mental health issue in past year	6.9%	9.0%
Received psychological/ emotional counseling in past year	9.7%	7.1%

Source: California Health Interview Survey, 2007

Homelessness

The number of homeless in the area is decreasing, and there is a trend toward an increase in the percentage of sheltered homeless.

Homelessness, 2005/2007/2009

	Number of Homeless Persons		
	2005	2007	2009
Sheltered	550	957	1,010
Unsheltered	8,704	8,985	1,770
Total	9,254	9,942	2,780

Source: Los Angeles Homeless Services Authority, 2005, 2007, 2009

Crime

Rates of crime are lower in the CVHP service area than in L.A. County for violent crimes, property crimes and arson. Rates of theft exceed the rates found in the county.

Crime Rates per 10,000 Persons, 2008

	CVHP Service Area	Los Angeles County
Violent crimes	372.7	583.7
Property crimes	1542.5	1697.2
Theft	1466.3	1450.6
Arson	16.6	32.9

Source: California Department of Justice 2008, Rand CA Community Statistics, U.S. Department of Finance 2008 Population Estimates, Center for Economic Development at CSU, Chico

Domestic Violence

An examination of domestic violence calls within the CVHP service area communities (averaged over ten years) shows a rate of 33.7 per 10,000 persons. This is a lower rate than the county or the state. Among the calls, 44.5% were for calls that involved a weapon.

Domestic Violence Calls per 10,000 Persons, 10-Year Average

	CVHP Service Area	Los Angeles County
Domestic violence, total calls	33.7	44.9
Domestic violence call involving a weapon	15.0	30.7

Source: California Department of Justice 2008, Rand CA Community Statistics, U.S. Dept of Finance Population Estimates, Center for Economic Development at CSU, Chico

Student and School Characteristics

The percentage of students eligible for the free and reduced price lunch program averages 54.8% in the service area and ranges from 10.5% to 95.2% among area school districts. Close to one-quarter (23.5%) of children in area school districts are categorized as English Learners. Approximately one-fourth (26%) of the third graders in area school districts are proficient in English and Language Arts. Among ninth grade students, 16% are proficient in Algebra. The high school graduation rate in area schools is 86.4% and over one-fourth (25.8%) of students are UC/CSU ready.

Student Indicators

	CVHP Service Area	Los Angeles County
Free and reduced meal program	54.8%	62.5%
English Learners	23.5%	27.2%
Third Grade English-Language Arts Proficiency	26.0%	25.0%
Ninth Grade Algebra I Proficiency	16.0%	16.0%
High School graduation rate	86.4%	77.8%
UC/CSU ready	25.8%	32.6%

Source: California Department of Education, 2007-2009

Community Stakeholder Interview Findings

- ◆ The issue of greatest concern among community stakeholders is the impact of the slowing economy, which has resulted in: unemployment, loss of health insurance coverage, increased stress and depression, and lack of availability of affordable housing.
- ◆ Interwoven with issues related to the economy are issues of access to preventive care for both children and adults.
- ◆ Other issues of concern to the interview participants include:
 - Lack of access to dental care, specialty care, and mental health services
 - Rising rates of obesity and diabetes, in children as well as adults
 - Domestic violence and child abuse
 - Poor parenting skills community-wide; parents who are unaware of normal child development, proper nutrition, and proper care
 - Teens with no access to employment, and cuts to community services, leading to more gang activity and rising drop-out rates
 - Food insecurity; low enrollment in the food stamp program in spite of a large number of qualifying families
 - Transportation, particularly for the lower-income members of the community
 - Rising wait times at local Emergency Rooms
- ◆ People who previously never needed assistance are now in poverty; they are unfamiliar with the system and feel a stigma associated with accessing aid.
- ◆ It has become very difficult to find doctors who take various types of insurance, particularly Medi-Cal.
- ◆ Two groups that were singled out with special issues were teens and immigrants:

- At-risk teens (gangs, violence, drugs, pregnancy) are not receiving support and treatment
- Recent immigrants have a tendency to downplay health issues, use herbal remedies from their home countries, and delay necessary care
- ◆ There is a lack of information and communication about available, free/low-cost services, even among service agencies. They don't know where to refer clients.
- ◆ Many issues in the community are too big for any one group to effectively address. Cities, businesses, school districts and health care organizations need to work together.

Community Focus Group Findings

The following issues were identified among focus group participants as the biggest issues facing the community:

Homelessness/Housing/Shelter

- ◆ Increasing homeless population.
- ◆ Affordable housing.
- ◆ Overcrowded housing.
- ◆ Shelter for homeless in non-winter months.
- ◆ Shelter for seniors and teen parents.
- ◆ Lack of recuperative care for the homeless discharged from hospitals and sent to homeless programs or other agencies, but who need more care than these agencies can provide.

Health Care Access

- ◆ Need for affordable health care, especially for those who do not have Medi-Cal or other health insurance.
- ◆ Lack of access to quality, affordable health care, including specialty care, mental health, dental services and vision services.
- ◆ What will be the impact of health care reform? Who will be covered?

Basic Needs

- ◆ Poverty.
- ◆ The biggest issue depends on economic status; those with higher incomes are concerned with health care access and those with lower incomes are concerned with jobs.
- ◆ Emergency services for people becoming homeless, such as phone cards, food stamps, clothing suitable for seeking employment or housing.
- ◆ Services for single mothers.
- ◆ Food.
- ◆ Due to a lack of financial resources, people are forced to choose between paying their mortgages or their health insurance premiums.
- ◆ People go without their medications for diabetes and other chronic conditions. Some reduce their medication use from the prescribed amount to make them last longer.

Education

- ◆ Lack of education.
- ◆ It is taking students 3-4 years to get their AA degrees because they need to work and also because fewer classes are now offered due to budget cuts.
- ◆ Young people are graduating high school deficient in reading, writing and math. Community Colleges are spending a lot of time getting students up to a minimal level in basic skills. Most need remediation.

Job Market

- ◆ Increased unemployment creates a greater burden on the health care system since people do not have jobs with insurance.
- ◆ It is sometimes hard to find the right fit between unemployed people and available jobs. There is a need for better school-to-work transition that is more focused on the needs of the community.
- ◆ Competition for good jobs is intense since so many people are unemployed. Many people lose their motivation to keep looking for a job given the competition.
- ◆ Employers are seeking individuals with multiple skills for positions, as people are expected to do the work of what were formerly 2-3 jobs.
- ◆ There is uncertainty about what future jobs will be and what associated skills will be needed.

Information about Services

- ◆ Lack of community awareness about where to go for services.
- ◆ There is a need to educate clients so they know the right place to go for services.

Citrus Valley Health Partners

VI

Financial Valuation Summary And Report

Citrus Valley Health Partners Financial Valuation Summary 2012

This section of the SB697 Report presents the economic valuation of both the non-profit organization's tax exempt status and the services it provides to vulnerable and at-risk populations. This valuation summary represents the services that can be reasonably quantified; however, CVHP continues its role as servant leader, advocate and facilitator for community leaders to continue the efforts to create and sustain a healthier community.

Community Benefit Threshold

The Community Benefit Threshold measures the value of the organization's tax exempt status. This amount represents the community's investment in the non-profit organization.

The benefit threshold is the sum of tax exempt savings that a non-profit organization enjoys. For this report, we have valued the property and income tax exemptions. All other savings were deemed to be immaterial. The calculation of the Community Benefit Threshold is instrumental in order to measure the organization's SB 697 performance.

Program Valuation

The Program Valuation section quantifies the dollar value of services CVHP provides to vulnerable and at-risk populations. The key elements for the valuation process are: 1. **Data Gathering** of services offered by different CVMC's departments. 2. **Inclusion Test** which is met if (1) the service would not be provided in the absence of the non-profit organization, and (2) the service is directed at vulnerable and at-risk populations. 3. **Project Weighting** is calculated when only a portion of the program or service is intended for vulnerable and at-risk populations. 4. **Cost to Charge Ratio** is the calculation of total operating expenses divided by gross charges. This method converts the charges into costs. It is a hospital-wide average that is intended to approximate costs in the aggregate. 5. Although *government program shortfalls* are included in this report, they are not included in the valuation and threshold comparison because they do not meet the inclusion criteria established above.

VALUATION SECTIONS

CVHP continued in 2012 the same criteria in the selection of the SB 697 valuation categories:

1. **Operations that Lose Money**

These are services that the organization continues to provide in the face of operating losses. To the extent that these services pass the Inclusion Test, the costs are includable in the SB 697 Report.

2. **Unpaid Costs of Public Programs**

These shortfalls are program costs minus payments received. They are not the same as “contractual allowances.” Examples may include Medi-Cal and other state or local indigent care programs. For CVHP, this category fails the first question of the **Inclusion Test**. In their absence, other providers would compete for CVHP’s Medi-Cal business. We therefore have excluded these shortfalls from the valuation.

3. **Educational Programs**

These activities include (1) direct community benefit provided through public health education; (2) wellness programs; and (3) net costs for training health professionals. CVHP is involved in all three areas. For the SB 697 report, we calculated the value of staff time, salaries and benefits, for hours devoted to these efforts.

4. **Programs that Meet Unmet Needs**

These programs include healthcare services provided without charge and many of the Mission Effectiveness and Community Care projects. CVHP has computed the cost of its **Community Assistance Program** (Charity Care) as direct measure of charity care provided to vulnerable and at-risk populations. Other significant projects include *Partnership Nursing, ECHO, GEM, San Gabriel Valley Best Babies Collaborative, Seamless System of Care, and the Clinical Care Extenders.*

5. **Cash and In-Kind Donations Made by the Facility**

These are cash or non-monetary assets contributed by CVHP directly to other programs or efforts for vulnerable and at-risk populations. These services are valued by determining the staff time involved and applying an average rate for salaries and benefits. In addition to out-right grants, CVHP donates cash, in-kind assets, and services through (1) meals-on-wheels program in which the food and preparation costs are donated; (2) staff leadership of rehabilitation support groups; and (3) durable medical equipment provided without charge to patients unable to pay.

6. **Health-Related Research**

This section covers health-related research for studies on alternative health delivery methods, testing of medical equipment, and controlled studies of therapeutic protocols. CVHP's primary activity has been the *Neonatal Sleep Apnea Program*, which is the only one provided in Southern California. The costs for this unmet need, net of any payments received, are included in the SB 697 report. It is considered research because the treatment incorporates studies that further science's understanding of the illness.

7. **Fund-Raising Costs**

The costs to raise funds for programs that serve vulnerable and at-risk populations are includable in the SB 697 report. Foundation operating costs have been weighed so that only those portions that support vulnerable populations are included.

In preparing the valuation of departmental services, we learned that many functions fell under more than one of the categories listed above. To simplify this report, we have listed services by department. The reader of our SB 697 report may assume that all items included (1) have passed the *Inclusion Test*; (2) have been weighed and discounted appropriately; and (3) fall into one or more of the seven categories.

MEASUREMENT

The 2012 community benefit summary includes (1) a valuation of the Community Benefit Threshold; (2) a valuation of the services provided to vulnerable and at-risk populations; and (3) a summary page that compares the two values. The report compares what the community invested in CVHP with the value of services given back to the needy. CVHP surpassed its Community Benefit Threshold in 2012.

Citrus Valley Health Partners, Inc.
Community Benefit Summary
2012

Community Benefit Threshold

Exemption from taxes:	
Property Taxes	\$ 1,394,309
Total Community Benefit Threshold	\$ 1,394,309

This is the amount which the community invested in CVHP through tax preferences in 2012

Program Valuation

Community Assistance Program (Charity Care)	\$ 4,526,000
Community Outreach and Mission Effectiveness	81,929
Neonatal Apnea Net Costs	19,059
Ed Call Panel	3,025,143
Foundation Community Benefit	87,969
Departmental Community Benefit Services Quantification	1,419,523
Total Value of Community Benefit Services Provided	\$ 9,159,623

This is the value of SB697 services that CVHP provided to the community in 2012

Measurement excluding Government Program Shortfalls

¹ Community Benefit Service Provided by CVHP in 2012	\$ 9,159,623
Community Benefit Threshold	1,394,309
Surplus of Services Provided Over Threshold	\$ 7,765,314

Citrus Valley Health Partners
Schedule to Estimate Property Taxes
2012

	<u>Net Property Plant and Equipment</u>				
	<u>Property</u>				
	<u>Land, Buildings</u>	<u>Adjustment</u>	<u>As</u>		<u>Estimated</u>
	<u>& Improvements</u>	<u>Rental Properties</u>	<u>Adjusted</u>	<u>Rate</u>	<u>Property Taxes</u>
CVMC	\$ 71,447,503		\$ 71,447,503	1.2%	\$ 857,370
Foothill	30,877,796		30,877,796	1.2%	370,534
CVHP & Other Affiliates	14,347,653	(480,561)	13,867,092	1.2%	166,405
CVHP Total	<u>\$ 116,672,952</u>	<u>(480,561)</u>	<u>\$ 116,192,391</u>		<u>\$ 1,394,309</u>

Note: Adjustment represents income property on which the organization is already paying taxes.

**CITRUS VALLEY HEALTH PARTNERS
CHARITY CARE BY ENTITY
2012 AND 2011**

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2012		CVMC	FPH	HOSPICE/HH	TOTAL
Charity Care at cost is computed as follows:					
Adjusted Gross Revenue per IRS W/S-2	Tab C-1	1,102,706,313	249,442,046	15,262,701	1,367,411,060
Adjusted Gross Costs per IRS W/S-2	Tab C-1	296,563,455	62,657,696	9,114,412	368,335,563
Cost to Charge Ratio per IRS W/S-2		26.9%	25.1%	59.7%	26.9%
Charity Write-off per G/L at Gross	Inc Stmt>	14,293,209	2,487,141	23,574	16,803,924
Total Traditional Charity Care at Cost - rounded		3,887,000	625,000	14,000	4,526,000
Unpaid cost of public programs (Excl HFPP)	Tab-C	28,434,000	5,989,000	130,000	34,553,000
Hospital Fee Program Net Revenue	I/S	(25,084,000)	(14,000)	-	(25,098,000)
Community Benefits	Tab-D	4,388,000	261,000		4,649,000
Total Charity Care & Unpaid Costs		11,625,000	6,861,000	144,000	18,630,000

**CITRUS VALLEY HEALTH PARTNERS
Community Outreach and Mission Effectiveness/Community Education
2012**

	Mission Effect CVHP (40.86120)	Terminated FPH (12.87430)	TOTAL
Actual Expenses per 12/31/12 General Ledger	81,929	-	81,929
Adjustments:			
Adjusted Departmental Expenses	<u>81,929</u>	<u>-</u>	<u>81,929</u>
Actual Income per 12/31/12 General Ledger	-	-	-
Adjustments:			
Adjusted Departmental Income	<u>-</u>	<u>-</u>	<u>-</u>
Net amount spent for Community Benefits	<u>81,929</u>	<u>-</u>	<u>81,929</u>

CITRUS VALLEY HEALTH PARTNERS
Neonatal Sleep Apnea Department - Net Costs
2012

Department Expenses

Actual Expenses per 12/31/12 General Ledger 41,600
 Adjustments:

Adjusted Departmental Expenses 41,600

Department Income

Actual Income per 12/31/12 General Ledger 97,920
 Adjustments:
 Revenue Deductions 76.98%
 (2012 QVC CCS IP W/O%) (75,379)

Adjusted Departmental Income 22,541

Net amount spent for Community Benefits 19,059

**CITRUS VALLEY HEALTH PARTNERS
ER - On Call Physicians
2012**

	CVMC	FPH	TOTAL
<u>Department Expenses</u>			
Actual Expenses per 12/31/12 General Ledger	2,870,941	176,304	3,047,245
Adjustments:			
Adjusted Departmental Expenses	2,870,941	176,304	3,047,245
<u>Department Income</u>			
Actual Income per 12/31/12 General Ledger	22,102	-	22,102
Adjusted Departmental Income	22,102	-	22,102
Net amount spent for Community Benefits	2,848,839	176,304	3,025,143

CITRUS VALLEY HEALTH PARTNERS
Foundations - Net Fundraising Costs
#REF!

	At Risk %	CVH Foundation (CVMC/Hosp/FPH)		To 7/1/2010 only Foothill Foundation	
		Total CY	At Risk	Total CY	At Risk
Prior Year Adj		-	0		0
Unrestricted contribution-curr yr	5%	903,986	45,199		-
Restricted					
Cardiac	20%	-	-		
Chaplains / Strength Journey	10%	1,175	118		
Echo	100%	15,000	15,000		
Maternal & Child Health	20%	300	60		
NICU	20%	34,946	6,989		
Pediatric	20%	2,810			
All other restricted	5%	697,249	34,862		
Total Restricted		751,480	57,029		
Total Contributions		1,655,466	102,228		
			6.2%		0.0%
Total Expenses, Excl transfers		1,424,559			
Expenses related to Fundraising for At Risk Population			87,969		
Total					87,969

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2012

<u>Dep</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>
Radiology				
	Advisory Committee for Mt. SAC Radiology Program--ICC	Resource	780	
	Advisory Committee for Mt. SAC Radiology Program--QVC	Resource	875	
	Student coordinator for Mt. SAC Radiology Program--ICC	Resource	1,750	
	Student coordinator for Mt. SAC Radiology Program--QVC	Resource	2,266	
	Advisory Committee for Cypress College Untrasound Program	Resource	1,770	
	Student Coordinator for Cypress College Ultrasound Program	Resource	3,708	
	QVC Donation - Free Mammograms - Support ofr Breast Cancer Awareness M	Charity	1,100	
	ICC/QVC MR Safety Tours	Education	1500	
	Radiology Subtotal		13,749	13,749
Pediatrics				
	4 Boris the Bear Preoperative classes	Education	-	
	2 Library Teddy Bear Clinics	Education	-	
	46 Pediatric Teddy Bear Clinics	Education	4,503	
	Pediatric Teddy Bear Clinics	Resource	2,519	
	Pediatrics Subtotal		7,022	7,022
Food Services				
	Food donated - Meals on Wheels	Charity	950	
	Cal Poly Pomona Student Interns/Chaffee College	Education	5,000	
	Dieticians speak to community groups on health issues	Education	2,400	
	Food donated - Muscular Dysterphy Assoc. picnic	Charity	1,500	
	Health fairs--health screenings	Education	4,500	
	Food Services Subtotal		14,350	14,350
Emergency Department				
	Base Station Program	Base Unit	295,000	
	QVC Emergency Dept.	SART	845	
	QVC Emergency - Pulmo-aide	Charity	6,250	
	QVC Emergency - Crutches	Charity	11,927	
	ICC Emergency - Pulmo-aide	Charity	150	
	ICC Emergency - Crutches	Charity	4,410	
	Emergency Department Subtotal		318,582	318,582
Volunteers & Auxiliary Department/Patient Relations & Service Recovery				
	Fifteen \$1,000 scholarships for students in allied healthcare field	Education	15,000	
	Community Outreach Van (pick up/delivery of oncology & cardiac patients)	Service	33,500	
	Chaplain Services-Spiritual Visits	Service	33,500	
	Scholarship Committee	Education	2,250	
	Spiritual Tape Distribution	Service	3,725	
	Telecare (Calls to Home Bound patients 365 days per year)	Resource	21,150	
	Boutique	Service	32,241	
	Pet Therapy	Service	12,000	
	Volunteers & Auxiliary Department/Patient Relations & Service Recovery		153,366	153,366
Public Relations Department				
	Brian Clay Foundation	Resource	3,000	
	Elevations Community Newsletter	Education	49,600	
	Community Education Ads/Flyers	Education	19,231	
	Glendora Kiwanis and Chamber	Resource	1,250	
	AltaMed Health Services	Resource	5,000	

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2012

<u>Dep</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>
	Covina Rotary	Resource	2,500	
	La Verne Chamber	Resource	222	
	West Covina Chamber Sponsorships	Resource	2,500	
	San Dimas Chamber Events	Resource	85	
	Puente Hills Family YMCA	Resource	300	
	Lighten Up SGV (5 events, classes, online)	Education	84,327	
	Senior Health Fair	Education	4,914	
	Flu shot clinic	Resource	2,663	
	Blood Pressure seminar	Education	8,687	
	Know Your Stats	Education	8,696	
	Women's Wellness (2 events)	Education	25,863	
	Sirona Health call center	Resource	40,968	
	Beryl call center	Resource	19,251	
	Health Day web library	Resource	15,090	
Public Relations Department			294,147	294,147
Pharmacy				
	QVC Charity Assistance Program	Charity	340	
	ICC Charity Assistance Program	Charity	3,752	
Pharmacy Subtotal			4,092	4,092
Education				
	CVHP Scholarship	Resource	69,000	
	CVHP Externship	Service	121,000	
	Onsite Nursing Student Coordination CVMC	Service	70,000	
	Onsite Nursing Student Coordination FPH	Service	15,000	
Education Subtotal			275,000	275,000
Laboratory				
	QVC Red Cross Blood Drives	Service	4,882	
	ICC Red Cross Blood Drives	Service	3,016	
Laboratory Subtotal			7,898	7,898
Other Departments				
	Cardiopulmonary Mended Hearts, Breathsavers & Support Groups	Resource	55,087	
	Breathsavers Program Scholarship	Education	5,597	
	Clinical Care Extenders: Annual Expense for Program	Service	150,000	
	PrepStep: Expense for Cohort	Service	10,000	
	Clinical Care Extenders (CCE's): Sponsorship of Student Volunteers-T-Shirts	Service	7,525	
	CCE's : Recruit, train, monitor students for service learning projects	Service	7,140	
Other Departments Subtotal			235,349	235,349
Center for Diabetes Education				
	Community Lectures (10)	Education	1,200	
	Support Groups: Hours	Education	5100	
	Support Groups: Supplies	Education	520	
	Inpatient Education - 10 hours per week	Education	20,000	
Diabetes Education Program Subtotal			26,820	26,820
FPH Nursing				
Perinatal				
	Maternity Tea and Tour	Education	1,620	
	Breast Feeding Class	Education	1,275	
	Sibling Class	Education	540	

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2012

<u>Dep</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>
	Baby Basics	Education	1,305	
	Prepared Childbirth Series	Education	2,125	
	Prepared Childbirth (Lamaze)	Education	<u>2,610</u>	
	Perinatal Subtotal		9,475	9,475
	FPH Food Services			
	Preceptor to Intern	Education	13,440	
	Food Outdated	In-Kind	500	
	ED Patient Trays	In-Kind	2,358	
	Guests	In-Kind	275	
	Food donated to funerals	In-Kind	<u>250</u>	
	Food Services Department Subtotal		16,823	16,823
	FPH Volunteer Services & Auxiliary			
	Telecare (Calls to Home Bound patients)	Service	21,150	
	16 Scholarships	Education	<u>20,000</u>	
	Volunteer Services and Auxiliary Subtotal		41,150	41,150
	FPH Other Departments			
	Engineering			
	Set up/ tear down for events	In-Kind	<u>1,700</u>	
	Engineering Services Subtotal		1,700	1,700
	Grand Total--CVHP Departmental Outreach Services			<u><u>\$ 1,419,523</u></u>

Citrus Valley Health Partners

VII

Community Benefit Plan Update

Citrus Valley Health Partners (CVHP)
CVMC: Inter-Community; Queen of the Valley Campus and
Foothill Presbyterian Hospital
Community Benefit Activities 2012

2010 Community Health Needs Assessment

In 2010, Citrus Valley Health Partners conducted the state-mandated community health needs assessment in partnership with Kaiser Foundation Hospital-Baldwin Park.

Citrus Valley Health Partners comprises one Medical Center with two campuses: Queen of the Valley Campus in West Covina, Inter-Community Campus in Covina and Foothill Presbyterian Hospital in Glendora, CA. In addition, Citrus Valley Hospice in West Covina. The service area for CVHP encompasses 13 cities and 4 census designated places (CDPs).

The comprehensive report of the 2010 Community Health Needs Assessment (CHNA) was submitted with the 2011 Community Benefit Report Update. A copy of the CHNA's executive summary is included in this report.

In 2013, Citrus Valley Health Partners is engaged in the process of conducting the new *Community Health Needs Assessment*. The new CHNA is being implemented in accordance with the ACA (Affordable Care Act) amendments in the Internal Revenue Code new section 501(r).

Regional Safety Net Accountable Care Network

CVHP is a founding member of the Regional Safety Net Accountable Care Network, which seeks to provide coordinated and patient-centered care to the safety net populations in our service area. The other network partners are AltaMed, White Memorial Medical Center, Hollywood Presbyterian Medical Center and LAC+USC Medical Center. Together, the network partners have established a governance structure, are working on completing a care transitions and coordination gap assessment, and have had discussions with CMS, the state, and payers regarding delivery system redesign and shared savings.

Access to free and affordable health care services for low income uninsured and underinsured children and families

Insurance Enrollment for Low-Income Populations

- **A total of 4,242 applications for health insurance were completed at no charge for low-income uninsured children, families, pregnant women, and seniors.**
The programs include MediCal, Healthy Kids, Healthy Families, AIM, KPCHP, California Kids, and other Safety Net Programs.

Background:

Since 2001, CVHP's GEM (Get Enrollment Moving Project) has been a leader in the San Gabriel Valley in connecting families and individuals with access to free or low-cost health insurance as well as referrals to other health access programs for the uninsured. The GEM project partners with promotoras, schools; child care agencies; places of worship; family resource centers; clinics; community based organizations, etc., to identify uninsured children and adults and provide insurance enrollment services in the GEM office and at the off-site community locations.

During its ten years of experience as the hub for Medi-Cal/Healthy Families enrollment in the San Gabriel Valley, one of the lessons learned is that the populations who need the programs the most, experience significant barriers to enrolling in programs for which they are eligible.

Update:

- **In 2012 we provided 3,095 referrals to access other health care/safety net options available for individuals who did not qualify for the free or low-cost public insurance programs.**

As a result of the weak economy, the need to access free and/or low-cost health insurance programs has increased. Children and families need assistance to access the programs and to maintain their coverage.

ACCESS TO CARE/HEALTH INSURANCE: OUTCOMES

Based on data from the CVHP's 2010 Community Health Needs Assessment, the percentage of uninsured children was 28%. New studies are showing the number of children without insurance in CVHP'S catchment area has decreased steadily. This outcome is quite significant considering that an additional number of children became uninsured in the last couple of years due to parents and/or caregivers becoming unemployed. Out of the 4,242 total applications completed, 3,712 were for children ages from birth to 17 years of age; this represents 72.16%.

Troubleshooting and Assistance to Overcome Barriers to Health Access

- **In 2012 CVHP's GEM Project assisted 3,458 community members with free services on troubleshooting and advocacy to ensure that people do not lose coverage; as well as education on how to navigate the complex healthcare system.**

Insurance/ Health Access Programs	Focus of Program
Full Scope Medi-Cal and Healthy Families	Children, parents and disabled who are legal, permanent residents
Restricted Medi-Cal	Children and pregnant women who are not legal, permanent residents
Healthy Families	Healthy Families is low cost insurance for children and teens. It provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medicaid.
Healthy Kids	Children 0 - 5 who are not eligible for Full Scope Medi-Cal or Healthy Families
California Kids (CalKids)	California Kids is a charitable program that provides low cost

	medical and dental insurance for children 2-18 years of age.
AIM	Access for Infants and Mothers (AIM)
Kaiser Permanente Child Health Plan	Uninsured children from birth thru age 18 who are not eligible for other public/private programs, such as Medi-Cal or Healthy Families (<i>open temporarily</i>)
CHDP, CCS, EBCDP,	Specialized (non-insurance) programs for specific populations
Ability to Pay (ATP) & Pre-Payment Outpatient Simplified Application (ORSA) Healthy Way LA	Non-insurance programs available at DHS Health Centers and L.A. County partner community clinics for families who are not eligible for insurance.
Access to Care Referrals	Programs that provide free health care and dental services: Our Savior Center/Cleaver Clinic; East Valley Community Health Center; El Monte Comprehensive Health Center; San Gabriel Valley Foundation for Dental Health, Fairgrove Dental Clinic, Tzu-Chi Clinic, ECHO (Every Child's Health Option), etc.

Retention and Utilization of Health, Dental and Mental Health Services

- Enrollment verification:** Once the enrollment is completed, the GEM retention/utilization specialist contact all clients to confirm enrollment in the insurance program and to provide assistance with any possible barriers or questions that may result in the process of finding an accessible and acceptable health care, dental and vision care provider to receive timely preventive services. Enrollment verification efforts have shown that 80% (3377 of 4222) of individuals, whose application was completed by the GEM staff, were confirmed enrolled in the programs.
- Utilization assistance:** Once the enrollment verification is completed, the GEM staff contacts each client between the 4 - 6 month post-enrollment mark to confirm that the client is indeed utilizing their health, dental and vision benefits. At this point, the person is able to express any problems or issues that they might be experiencing. They receive

trouble-shooting assistance with any issues that arise with access, quality, and utilization. Based on information provided by enrolled individuals that GEM was able to reach, a minimum of 71% have utilized benefits. It is pertinent to mention that the difference is due to the fact that some individuals qualify only for “Emergency MediCal “ and they can only utilize services in case of emergencies.

- **Retention and re-enrollment:** Eleven months after enrollment all clients are re-contacted to ensure that they have received and completed their redetermination form. Many clients, particularly those with limited literacy, utilize support services from the GEM staff to complete the required process to remain enrolled and maintain coverage. In 2012, a minimum of 80.41% of enrollees reported continued coverage for one full year and completed their redetermination forms for the following year.

CVHP’s GEM Project has excelled as a leader in its service area for tackling the number one need in the community: “Access to healthcare and affordable insurance.”

Provide Community Outreach to low income vulnerable populations via door-to-door, school, faith-based and community events.

Community Outreach:

A total of 50,983 individuals received outreach services at various community locations. CVHP’s partnership with the *Promotora (Health Promoter)* Program resulted in 10,515 door-to-door and community site outreach contacts. Community members receive information on how to access low-cost local healthcare services and referrals for other health, food, rent assistance, social services, etc. They focus on reaching out to the poor and uninsured residents; they serve as a bridge between the community residents and the agencies that have programs and services

available to them. *Promotoras* also provide assistance in educating and assisting families to access applications for utilities at a discounted cost.

Promotoras “A Community-based leadership and capacity building model”

“Building Communities from the Inside Out”

Pueblo que Camina Promotoras - Background

Although an independent neighborhood-based group, “*Pueblo que Camina*” - “*Village that Walks*” *Promotora Group* was developed in collaboration with Citrus Valley Health Partners GEM Project and neighborhood women whose passion is to make a contribution to improve the quality of life for families in their communities. For the most part they are Hispanic women who volunteer time to inform low-income families regarding opportunities for health care and other community resources. This program has grown to be a very important neighborhood-based force in the most vulnerable cities in the San Gabriel Valley. CVHP’s GEM Project offers education, resources, support and coordination. Over time, it has been found that *Promotoras* who are affiliated with faith communities are more committed and more active in the outreach efforts.

Promotora Education and Training

Promotoras are influential leaders in the neighborhoods as “community voices”. As such, it is very important to provide them with continuing education and tailored trainings so that they can become role models and promoters for good health behaviors and a resource to the community residents as it relates to health promotion and disease prevention.

Some of the trainings include education on topics such as free and/or low cost health insurance updates; stress management; Affordable Care Act; California Lifeline program; health and leadership training; definitions and strategies to “serve the community”, “how to work as a team” and “how to form its own identity”. Other curriculums included servant leadership,

personal strength, service, quality and empowerment; as integral components in community building. “Service is the ability to prepare oneself to be able to help someone else” (help your neighbor). Also, complementary health and relaxation practices such as TaiChi. Once a year, CVHP co-sponsors a leadership and skill building retreat at an off-site facility. The retreat provides for an opportunity to create bonding among the group and allows for time out from their busy lives to learn new skills, and to strengthen the relationships with the whole group. This experience translates in renewed energy and desire to continue with their passion in serving their neighbors.

Promotoras as Agents of Change and Community Educators in the Affordable Care Act (ACA)

In 2012, the *Promotoras* continue to receive ongoing updates on the Affordable Care Act and the new developments related to health insurance coverage regulations. Through this training, the Promotoras are well informed and are beginning to talk to people in the different neighborhoods about the important healthcare system changes taking place and the new developments being lead by the California Healthcare Exchange. As time progresses, questions about the “Obama Care” are increasing. It is important to be well informed to share timely information. It is anticipated that in the year 2013, more organized outreach and education activities will be implemented.

CVHP Service Area Joint Community Planning

In 2012, Citrus Valley Health Partners continued to be an active and voting partner of the Steering Committee of the Los Angeles County SPA3 (San Gabriel Valley) Health Planning Group (SPA3 HPG). CVHP participates in ongoing community planning and strategies to respond to ongoing and emerging needs in the community. CVHP provides leadership and financial support to sustain the facilitation and organizational activities of this important community planning group.

SPA3 HPG: Overview, Accomplishments and Ongoing Activities

The Service Planning Area (SPA) 3 Health Planning Group (HPG) is a coalition of community health advocates and local health organizations serving the low-income and uninsured population of the San Gabriel and Pomona Valleys. SPA 3 HPG participants include, but are not limited to, hospitals, community health centers and clinics, other community-based organizations and health providers, non-for-profit hospitals, private practice providers, faith-based organizations, Los Angeles County (LAC) Departments of Health Services (DHS) and Public Health (DPH), Pasadena Public Health Department, school district health programs, advocates, and programs offering services for children, seniors and disabled populations.

Through this collaborative work, the group is able to help strengthen the safety net for area residents by assuring and coordinating access to primary care as well as improving appropriate access to specialty care for uninsured and underinsured individuals, thereby helping to reduce unnecessary emergency room visits to local hospitals.

The mission of the SPA 3 HPG is *to improve the health and wellbeing of the SPA 3 community by increasing access to care and promoting healthy lifestyles*. This group was formed in 1999 and is comprised of diverse community stakeholders concerned with accomplishing the Group's vision and mission.

Brief update of activities and accomplishments in 2012:

- Ongoing monthly meetings with active participation, held 11 months per year, of the steering committee or full group along with the Specialty Care Coalition.
- Three co-chairs from different organizations serve tri-annual terms.
- Regular dissemination of health-related information via email to 45 community agency leaders.
- Upkeep of the Eat Well Live Better website with nutrition and physical activity programs in the area.
- Presentations and discussions on data trends and issues that impact service needs and other issues of interest such as the Healthy Way LA program and local implementation of the Affordable Care Act.
- Seek and create opportunities to coordinate services and share resources (e.g. retinal and other specialties telehealth program).

Health Promotion and Disease Prevention Activities:

Maternal and Child Health Improvement

Background:

Since 2009, Citrus Valley Health Partners in partnership with the Best Babies Network and First 5 LA, has formed the San Gabriel Valley Best Babies Collaborative (SGVBBC). The SGVBBC seeks to improve the birth outcomes and increase the breast feeding rates among childbearing age women in high risk areas in the San Gabriel Valley and Pomona Areas. The program provides case management and home visitation services to support and assist high-risk pregnant teens and women to ensure access to health care, mental health services, personalized support to access food, shelter, education, and social support services to increase the rate of healthy births and improve their quality of life. The goal is for the woman to achieve a healthy birth at a present and future pregnancy. CVHP is the lead agency of the San Gabriel Valley Best Babies Collaborative. The success of these services and outcomes is attributed to the joint partnership with other agencies: Foothill Family Service; SPIRITT Family Services; East Valley Community Health Center; PHFE WIC; and Catholic Charities. CVHP practices its principles of *shared responsibility and shared leadership* with its partners and follows the *relationship centered* approach which has proven effective in various community initiatives.

Update:

- In 2012, **110** teens and women benefited from the program. This is a psychosocial case management model with two main objectives: To achieve a **healthy birth** and **to increase breast feeding** rates. This program serves African American, Hispanic, Asian, and White populations which reflect the communities we serve. Case Managers develop a 24 month care plan with each participant that includes goals and objectives to achieve, based on their specific life circumstances. The services go beyond just the mom who is being served. The whole family benefits from it. Following is one story that illustrates how the program can change lives: “A case manager came across a graduated client and the mom extended her gratitude and shared that the case management services had not only helped her with the high-risk pregnancy but also benefited her husband. The program case manager offered resources, encouragement and

support to her husband to overcome his alcoholism. He is now in his fourth year of sobriety. The program staff influenced change in this man's behavior to overcome this difficult situation. He joined an AA group and is very active in it. The health and quality of life for this family significantly improved.”

- CVHP is proud to announce that 100% of clients initiated breastfeeding postpartum during the 2012 fiscal year, surpassing the Healthy People 2020 goal for breastfeeding initiation of 81.9% and higher than the Los Angeles County any breastfeeding rate (Source: California in-hospital Breastfeeding as indicated in the Newborn Screening Test Form: 2009). In addition, 40% of SGVBBC clients exclusively breastfed at 6 months postpartum, exceeding the Healthy People 2020 Breastfeeding Goal of 25.5 %. It is also higher than the California percent breastfed exclusively through 6 months (Source: Maternal, Infant, and Child Health; Healthy People 2020 Breastfeeding Objectives: 2012). This illustrates the dedication of the SGVBBC.

Assistance with Transportation Barriers to Access Care

A total of 76 free taxi transportation services were provided in 2012 for low-income pregnant teens and women to access medical and mental health services.

SPA3 (Service Area Planning 3) Healthy Births Learning Collaborative (HBLC)

Capacity Building:

CVHP and its *Best Babies Collaborative* partners initiated a community-wide group named San Gabriel Valley Best Babies Collaborative. This group successfully established in May of 2011.

Purpose:

To establish and convene a SPA3 (San Gabriel Valley) Healthy Births Learning Collaborative to increase awareness, capacity and coordination of services to improve birth outcomes in the San Gabriel Valley.

Mission: To promote healthy birth outcomes through a holistic approach that incorporates community involvement, education, social support, access to services and strengthening families.

Up to date, the group has met four times and already has some achievements:

- Received education on the state of maternal/child health in the San Gabriel Valley
- Participation of a broad group of agencies representing different disciplines. i.e. PHFE WIC; Community Clinics; Los Angeles County Comprehensive Perinatal Services Program; healthcare providers; faith communities; community based and social service organizations; schools, homeless agencies and advocates; perinatal nurses; Black Infant Health Program, faith-based agencies, etc.
- Key identified recommendations are:
 - a) OB/GYNs and their staff should be educated on all the lactation resources available to women, including the 24 hour hot lines.
 - b) Encourage family practice physicians to place more value in breastfeeding and promote it with their patients.
 - c) Need to find creative ways to bring classes to low-income communities and offer transportation options.
 - d) Breastfeeding promotion and practices for the homeless community, women in shelters and breastfeeding in public.
- Shared Resources:

All participants received a community resource directory compiled by the Best Babies Collaborative.

Prioritization and Planning:

The HBLC went through a comprehensive review and prioritization process through a value voting system.

The top three identified priorities selected by the group are: 1) Need for Family Shelters for pregnant women and their families; 2) Advocacy to support legislation that will benefit perinatal services and breast feeding

practices; 3) Reaching out to the Medical Community; and Teen Pregnancy support and prevention.

In 2012, the HBLC convened twenty (20) community stakeholders and service providers to address the first group priority. CVHP and the San Gabriel Valley Best Babies Collaborative hosted a forum where multiple experts and service agencies made presentations and brought forth resources and information to respond to the needs for shelter. In addition, they lead a discussion related to awareness on the issues associated with the impact of homelessness. Some of the presenters include Volunteers of America; Doors-of-Hope; San Gabriel Valley Consortium on Homelessness and Family Promise. The event received great reviews from participants. The new information and resources received will increase access to shelters and services for homeless women and families.

CVHP will continue to lead and provide facilitation for the HBLC with a call to action to develop strategies and action to continue addressing the three top identified needs and priorities.

San Gabriel Valley Disabilities Collaborative (SGVDC)

Background

In 2009, fourteen representatives of various community public and private organizations met at Citrus Valley Health Partners - Queen of the Valley Campus - to consider developing a collaborative made up of representatives of community based organizations, healthcare facilities, and governmental agencies, as well as interested individuals that would look at ways to improve programs and services for persons with disabilities (PWDs) and partner in efforts to obtain more resources for such efforts in the San Gabriel and Pomona Valleys. In 2012, the SGVDC met every month. Currently, it has approximately 200 individuals interested in these efforts.

Update

During 2012, Citrus Valley Health Partners has continued to partner and support the SGVDC. This year, it was the recipient of the Community Wellness Advocacy plaque from the Center for Independent Living.

- Kept informed about the various programs and services of agencies and organizations serving persons with disabilities in the San Gabriel Valley. Some examples include the ACCESS and para-transit systems serving the San Gabriel Valley; the Vet Hunters and other programs and services for veteran PWDS, and the services available for dual eligible (Medi-Cal/Medicare) seniors and PWDS with managed care benefits.
- Review the State Plan for Independent Living (as a result of the Olmstead Decision) and the State and Federal budgetary implications affecting several key issues for persons with disabilities including housing, personal assistance, transportation, and assistive technology.
- Hosted a speaker panel to highlight “Persons with disabilities who are homeless in the San Gabriel Valley”. The panel consisted of local experts of homelessness including the SGV Consortium on Homelessness.
- Featured renowned speakers who educated the group on disaster planning for PWDS; legal basics of employee rights and employer responsibilities; tax provisions of the Affordable Care Act, and seniors taking charge of their future through providing model legislation and advocacy for their needs.
- Presented opportunities to meet and be inspired by guest speakers who have excelled despite their disabilities. Laurie Hoirup is an author and former deputy director of the California Council on Developmental Disabilities. She shared about “Living Life as a Person with a Disability”. Katy Sullivan is an actress, athlete and motivational speaker who shared about her experience as a bilateral above knee amputee who competes as a world class athlete in the Paralympics and current US 100 meter Champion.

Citrus Valley Health Partners has continued its support and partnership with the lead agency, Center for Independent Living, in service coordination and advocacy.:

- Active participation in monthly SGVDC meetings
- Free of cost meeting rooms and refreshments for 12 monthly meetings.
- Audio/ visual equipment and set-up services
- Presentation on “Access to Insurance Programs”

- Promotion of Collaborative initiatives through CVHP Seamless Committee electronic communications
- Dissemination of information on SGVDC advocacy activities to support bills that benefit persons with disabilities.

Seamless System of Care Committee

Since conception in 1994, this community committee

continues to meet on a monthly basis for updates on programs; services; trends and program changes. The meeting is chaired by a volunteer community leader and former school nurse supervisor. CVHP staff actively participates in the planning and implementation of the meetings.

The monthly meetings are hosted at CVHP-Queen of the Valley Campus. A staff person from the CVHP Community Care Department takes the meeting minutes and sends them out to all committee members along with a wealth of information on available services; federal and state changes in benefits; funding opportunities, etc.

San Gabriel Valley Homeless Coalition

Citrus Valley Health Partners continues to be the hub where the homeless consortium meets monthly to advance the work related to increasing support and bringing resources to respond to the needs of the homeless population in the San Gabriel Valley.

S U M M A R Y

Citrus Valley Health Partners community benefit activities have continued to focus on the most significant needs identified by the 2010 Community Needs Assessment:

- 1) CVHP continues to be the “hub” for the uninsured for screening, enrollment, advocacy and troubleshooting to remain in the programs. For the last 11 years, CVHP has provided access to health care services and health insurance coverage for low-income families, uninsured and underinsured. Through these activities CVHP seeks to connect the community with access to health, dental, vision and mental health services.

The vision is to have a community who has access to a medical home and not to use episodic care at different places nor use the emergency room as a source for primary care.

- 2) Education, Advocacy and Community Awareness to address the high incidence of obesity and overweight among children and their families. Citrus Valley Health Partners will be engaging the community in a campaign on obesity prevention. The kick off date took place in January of 2012.
- 3) Health Promotion and Disease Prevention activities through case management, health education and community events.
- 4) Maternal and Child Health: Expansion of scope and services.
- 5) Health Promotion and Disease Prevention
- 6) Community Capacity Building through the Promotoras (Health Promoters) program who serves in poor low-income neighborhoods through outreach, education on how and where to access healthcare services. Strategy: Grassroots leadership and community capacity.

- 7) Community Planning; Coordination of Services; and Access to Resources to respond to community needs, particularly specialty care in partnership with the SPA3 Health Planning Group and the ECHO (Every Child's Health Opportunity) program.

- 8) CVHP's leadership in the initiation in leading and forming a *Clinical Integration and Coordination Collaborative* in the service area. This is a partnership with COPE Health Solutions, Community Clinics, Physicians, and DHS Health Centers. The report on the development of the Accountable Care Network is included in this reporting system.

2012 Community Benefit Plan Update

ATTACHMENTS

- I. GEM Project
Community Outreach, Insurance
Enrollment, Retention, and Utilization
Report January 2012 – December 2012

**Citrus Valley Partners
GEM Project
Community Outreach, Insurance Enrollment, Retention, and Utilization Report**

Period: January 2012-December 2012

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	TOTAL
2012 TOTALS													
Outreach	9165	6793	5497	5459	1410	1155	3611	1438	1046	6261	1278	7870	50,983
Applications	321	395	421	294	352	312	333	396	317	419	380	301	4,241
Referrals	204	281	257	208	256	263	228	314	276	329	271	207	3,094
Investigated Enrollment	100% 427	100% 393	100% 261	100% 321	100% 395	100% 421	100% 294	100% 352	100% 312	100% 333	100% 396	100% 317	100%
Enrollment Confirmed	80.56%	74.81%	74.71%	81.31%	77.72%	80.29%	71.86%	85%	75.32%	86.49%	86.62%	82.33%	80%
Ongoing Assistance	374	368	332	230	277	285	233	273	184	306	308	288	3,458
Offer Utilization Assistance	83.00%	81.00%	81.00%	86.00%	78.00%	79.00%	83.00%	84.00%	77.00%	79.00%	80.00%	84.00%	81%
Redetermination Assistance	77.00%	64.00%	78.60%	83.74%	91.45%	87.37%	77.97%	83.62%	71.23%	83.23%	83.76%	82.91%	80.41%
Non Agency Assistance	6	8	2	9	6	17	10	11	11	13	29	6	128

updated 5/20/13

**Citrus Valley Partners
GEM Project
Breakdown of Enrollment by Health Insurance Program
Period: January 2012-December 2012**

2012 PROGRAM TOTALS	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	TOTAL
AIM	1	2	1	1	1	1	0	1	0	0	1	2	11
CK-CA Kids	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medi-Cal	18	35	24	29	38	29	14	30	37	35	26	15	330
Healthy Families	55	73	99	55	53	57	50	78	63	68	72	56	779
Healthy Kids	3	7	2	2	0	1	0	1	1	2	3	0	22
KP-CHP Kaiser Perm. Child. Hlth. Plan	0	0	0	0	0	2	75	63	57	51	47	43	338
Medi-Cal	235	264	285	178	240	207	170	211	153	255	207	172	2577
Medi-Cal Share of Cost	9	14	10	30	19	15	24	12	6	8	24	14	185

Total Applications 4,242

updated 5/20/13

Citrus Valley Health Partners

VIII

Foothill Presbyterian
Hospital

Supplementary List of
Community Benefit
Contributions

**Foothill Presbyterian Hospital
Supplementary List of Community Benefit Contributions
2012**

<u>Department</u>	<u>Description</u>	<u>Category</u>	<u>Dept. Total</u>
FPH Perinatal	Monthly Maternity Tea and Tour	Education	1,620
	Breast Feeding Class	Education	1,275
	Sibling Class	Education	540
	Baby Basics	Education	1,305
	Prepared Childbirth Series	Education	2,125
	Prepared Childbirth (Lamaze)	Education	2,610
		TOTAL:	9,475
FPH Volunteer Services & Auxiliary	Telecare (Calls to Home Boun	Service	21,150
	16 Scholarships	Education	20,000
		TOTAL:	41,150
FPH Engineering	Set up/tear down for events	In-Kind*	1,700
		TOTAL:	1,700
FPH Food Service	Preceptor to Intern	Education	13,440
	Community Events	In-Kind	500
	ED Patient Trays	In-Kind	2,358
	Guests	In-Kind	275
	Food donated to funerals	In-Kind	250
		TOTAL:	16,823
		Grand Total:	\$69,148

In-Kind – (definition): paid or given in goods, commodities, or services instead of money

Citrus Valley Health Partners

IX

Community Education/
Wellness Program

Community Education & Outreach

Citrus Valley Health Partners' takes existing valuable services, in conjunction with business partners, and makes them available in ways that will improve the health of the community at low or no cost.

The programs differ somewhat from those previously described under Community Benefit, which represents partnership programs initiated in the community, designed by the community and implemented collaboratively. Rather than services, the community benefit programs are community built responses to community needs.

Executive Summary

Citrus Valley Health Partners (CVHP) advocates for the health needs of the East San Gabriel Valley and coordinates community education over the full continuum of care.

1. *Community Health Partners* – Employee volunteers committed to improving the physical, mental, social, and spiritual health status of the East San Gabriel Valley and to conserve and enhance the resources of CVHP.
2. *Health Education and Support Groups* – Education and Support Groups are offered on all CVHP campuses as well as multiple community locations. Sessions are usually provided free; occasionally there is a minimal charge for material. All programs fall under one of the following categories:

Special Events
 A Healthier You
 Childbirth Education
 Diabetes Education

Cancer Resources & Programs
 Hospice & Bereavement Services
 Lighten Up SGV

Multiple departments coordinate all activities, classes and programs.

4. *CVHP Resource Center/Library* – located in the Medical Arts Building of the Inter-Community Campus, 315 N. Third St., Ste. 303B, Covina, CA 91723. The center offers the community an opportunity to check out books, review reference books, videos, tapes, and have access to the internet with a directory of sites related to cancer education and information. The focus of the resources center is cancer but resources on other topics such as nutrition and relaxation techniques are offered. Diabetes support groups are also held here.

5. *Methodology for Selecting Activities* – 1. Review of community needs assessment; 2. Review of health information data; 3. Review of feedback from previous program participants regarding types of programs they are interested in.

7. *Program Coordination with Community Agencies* – Services and programs are developed and implemented in collaboration with the following entities:

- American Cancer Society
- American Dietetic Association
- American Academy of Dermatology
- BCOEP
- Churches
- Local Physicians
- Senior Centers
- Medical Groups
- Medical Products Vendors
- EIF Revlon Run/Walk

Documentation of Public Education – Three times a year, all services and programs are advertised in the community magazine “Elevations in Health.” Programs, events and classes are also advertised in the local media and with special fliers and mailings.

Overall Outcome of all CVHP community education programs – In 2012, more than 3,000 community members attended CVHP community education programs and events.

2012 CITRUS VALLEY HEALTH PARTNERS PROGRAMS AND GOALS

CVHP is committed to elevating the physical, mental, social and spiritual health status of our communities. This is accomplished through a variety of classes, community programs, support groups, health fairs, screenings, educational programs within our schools, churches, libraries, senior centers as well as the use of telephone referrals. Most programs are offered at no charge. If there is a charge for the class it is minimal and would be waived if the client, verbally states that the fee may be a hindrance to them accessing the important health education information. All programming is open to every member of our community and surrounding communities. Participants are never screened to determine whom their payer is, ability to pay or any other criteria. Education is frequently available in English and Spanish. In 2012, Citrus Valley Health Partners adopted the following Community Outreach Goals.

In 2012, CVHP will work with more community partners to offer more preventative education and resources

In 2012, CVHP will continue to provide programs and services to enhance awareness of clinical services.

The seven (7) operational program categories are:

A Healthier You that provide monthly evening and luncheon programs on physical or mental health topics, programming specific to seniors, a daily walking program for adults, programs geared to change health habits, as well as early detection. Support groups helping the community to deal with chronic conditions, new diagnosis, move through chronic pain or life changing experiences and a program to prepare children ages 3-12 for surgery.

Childbirth Education programs designed to provide the expectant family with information, resources, guidance and support in preparation for the new baby. Lamaze, Newborn Necessities, Breastfeeding Basics, Sibling Classes, Infant Massage, and Maternity open house and tours are available. A low cost breast pump rental program is also available. (see Mother Baby Specialty Shoppe)

Diabetes Education counseling and support groups to help patients learn how to live with and manage diabetes.

Cancer Resources & Programs that include multiple, bi-lingual support groups, programs for free or low cost wigs, breast prosthesis, programs to help women cope with the physical changes of cancer treatments, and treatment/instruction of therapies that compliment western medical treatments for cancer at no or low cost to the patient.

Hospice & Bereavement Services provide class series, individualized to adults, to deal with the loss of a loved one as well as training for volunteer opportunities to help someone else in need. Attendance varies from Class to class but averages about 20 participants per program.

Special Events provide various types of health screenings and informational events. This is a time to share valuable health education information, in addition to providing referrals.

Mother Baby Specialty Shoppe provides free lactation support/services and low cost breast pump rentals and breastfeeding supplies for new moms. Approximately 99 breast pumps are being used in the community on a monthly basis.

Lighten Up SGV provides monthly classes on weight loss support and community weight loss challenge and a online community for those looking for free resources to help them lose weight.

Partnership with Other Public, Private and Community Agencies to offer preventative health care and education

Breath Savers Club (partnership with American Lung Association)

Mother Baby Specialty Shoppe

Diabetes - Parents Support Group

Diabetes Education – Managing your Diabetes

Yoga for the Cancer Patient

Clinical Trials

Look Good, Feel Better

Reiki Therapy For Cancer Patients

Skin Cancer Screenings

EIF Revlon Run/Walk

Programs & services to enhance Citrus Valley Health Partners' services

Nutrition Counseling

Partners in Your Progress – Cardiac Education Series

FBNC – Breast-Feeding Educational Classes

MOM-2-MOM – Breastfeeding Support Group

Mother Baby Specialty Shoppe

Lamaze – Childbirth Education Class

FBNC - Newborn Necessities Educational Class

Newborn Inn - Sibling Class

Adultos con Diabetes Grupo de Apoyo

Boris the Bear

Managing Your Diabetes

Parents Support Group – Diabetes

Adults with Diabetes Support Group

Type 1 Support Group - Diabetes

Adolescent Support Group – Diabetes

Sweet Success – Gestational Diabetes

Mended Hearts

Yoga for the Cancer Patient

Cancer Resource Center

Clinical Trials

Group De Apoyo Para Personas Con Cancer

H.O.P.E.

Look Good, Feel Better

Reiki Energy Healing Sessions for Cancer Patients

Become a Volunteer for Hospice

Grief Outreach

Road to Survival

Cancer Resource Center Open House

Getting Through the Holidays After the Loss Of A Loved One

Skin Cancer Screenings

Sweet Success
Breath Savers Club
Supermarket Tour – Diabetes/A Healthier You
Inter-Faith Diabetes Outreach

Citrus Valley Health
Partners

X

2013
Community Benefit
Plan

Citrus Valley Health Partners (CVHP)

Community Benefit Plan 2013 - 2014

Citrus Valley Health Partners (CVHP) conducted its state-mandated community health needs assessment in 2010. Needs assessments are the primary tools used to determine a hospital's "community benefit" plans, that is, how the hospital will give back to the community in the form of health care and other community health services to address unmet community needs. The implementation strategies this year are still based in the 2010 Community Health Needs Assessment (CHNA).

In 2013, Citrus Valley Health Partners is engaged in the process of conducting the new *Community Health Needs Assessment*. The new CHNA is being implemented in accordance with the ACA (Affordable Care Act) amendments in the Internal Revenue Code new section 501(r). CVHP will analyze and review the results of new CHNA through a detailed process to prepare a plan to respond to community needs as appropriate.

CVHP will widely share the 2013 Community Health Needs Assessment with the community through multiple venues. CVHP will continue to engage public and private stakeholders to work together to elevate our communities' health and address the newly identified community needs.

ACCESS TO HEALTHCARE SERVICES FOR LOW-INCOME UNINSURED AND UNDERINSURED CHILDREN AND FAMILIES.

Based on the findings of the 2010 Community Needs Assessment, "lack of health insurance and access to health care and specialty care services" is the number one health issue identified through community consultation. In addition, due to the current economic recession and loss of jobs, there is a significant increase in need to access affordable healthcare services. Furthermore, with the recent Healthcare Reform, it has become more important to be able to guide, assist and provide information in the community.

Citrus Valley Health Partners will continue to respond to this important community need through the following services and activities:

1. Be actively involved in local and county-wide efforts to provide free or affordable health access and health coverage services to all children 0-19

years of age in the service area through active leadership involvement in Los Angeles County's Healthy Kids Initiative; L.A. Health Collaborative; MediCal Health and Nutrition Access; MediCal Barriers Committee; Los Angeles Community Health Councils, LA Access Committee, 211 Health Committee, and the L.A. County Everyone On Board Committee.

2. Continue to support and co-sponsor the implementation of the partially grant-funded GEM (Get Enrollment Moving) Project, established in 2001. The program is well known in the community as the "hub" to connect with free and/or low cost health insurance programs. The program is well regarded by School Districts, Faith Communities, L.A. County Public Health Department; Community Based Organizations, Community Clinics and Health Centers as well as the community residents of the San Gabriel Valley. This program not only provides insurance enrollment for the individuals who qualify for the programs but, the staff takes the time to educate and connect people with other access options for people who do not qualify for the public programs.
3. Continue to partner with, educate and support the GEM Project *Promotora community-based Group* to conduct door-to-door outreach and education on how and where to access healthcare services. Special focus will be placed in poor, low-income cities.
4. Will assist in completing a minimum of **3,300 health insurance applications** for low-income community residents.
5. 30-90 Days after the application, staff will contact 100% of the clients to **confirm enrollment** in the program. If any issues arise, the staff will provide troubleshooting and advocacy assistance to help client resolve any possible barriers.
6. At 6 months after enrollment we will attempt to contact all clients to **ensure utilization of preventive and health care services. Including dental and vision care.** We will provide with guidance on how to resolve any issues or barriers to access quality healthcare services.

7. At 11 months after enrollment, we will attempt contact clients for a 3rd time to offer assistance in completing the **redetermination/re-enrollment process** to ensure that they do not fall out of the insurance programs.
8. CVHP's Family Birth and Newborn Center will have a GEM Insurance Enrollment Specialist visit MediCal moms to process the **MediCal Newborn Referral**. Through this service, the newborn baby is confirmed enrolled to ensure access to follow-up pediatric care.
9. The Citrus Valley Health Foundation will continue to serve as fiscal agent for the **ECHO (Every Child's Healthy Option)** program which provides same day urgent care services (including specialty care) to uninsured children.

CITRUS VALLEY HEALTH PARTNERS STRATEGIC PLAN AND OBESITY

Addressing Obesity and Overweight.

- CVHP's new vision focuses on elevating the health of the communities it serves. To implement its vision, in 2012 CVHP has made a commitment to address obesity reduction and prevention as a key component of the strategic plan for three years.

“Lighten Up SGV (San Gabriel Valley)”

In 2013, as one of the largest healthcare providers in the San Gabriel Valley, Citrus Valley Health Partners will continue to implement its campaign to increase awareness about overweight and obesity in our communities and to offer a comprehensive support program for community members who want to lose weight and get healthy. It includes a weight loss contest, Web site, weight loss support classes, expert key note speakers, and other events and resources for both adults and children. .

CVHP will continue to sponsor the bi-annual weight loss contest to encourage and motivate community members to lose weight. The “Lighten Up SGV” program kicked off on January of 2012 and participants jointly lost 816 pounds. CVHP will continue sponsoring the program with a bi-annual Community Weigh-In Event at the

CVMC Queen of the Valley Campus and at other community and school sites as requested. Participants will register for the contest and officially be weighed in on that day. Participants also receive a free blood pressure screening and the BMI screenings as well.

The first phase will run for six months and prizes will be awarded in June of 2013. The second phase of the contest will start in June and run through November of 2013.

CVHP Farmers Market

In 2013, CVMC-Queen of the Valley Campus in partnership with the California Polytechnic University Pomona Agricultural Program will kick off a monthly "Farmers Market" at the hospital's front lawn to promote consumption of fruits and vegetables among community members and employees.

MATERNAL AND CHILD HEALTH

Improvement of Birth Indicators/Community Capacity Building

- CVHP will continue to co-sponsor with First 5 LA the San Gabriel Valley Best Babies Collaborative (SGVBBC) program designed to improve health of women and newborns by reducing the rates of adverse birth outcomes such as: preterm, low birth weight and still births. The core approach to achieve the goals is based in an intensive high risk case management model. Target community is reproductive age women below the 300% FPL, chronic conditions, and teen mothers. This program serves Latino, African American, and Asian Pacific Islander communities in the San Gabriel Valley. In 2013, the program will provide Home Visitation and Case Management services to at least 75 high risk pregnant teens and women. The program covers home visitation since pregnancy until the child reaches two years of age. Services include pre-conception, pregnancy, post partum and inter-conception care.
- SPA 3 Healthy Births Learning Collaborative (HBLC) CVHP will continue to lead the San Gabriel Valley a Healthy Births Learning Collaborative (HBLC). This community multidisciplinary collaborative will come together quarterly to get updates on maternal and birth outcomes in the San Gabriel Valley. In 2013, the group will develop strategies to address gaps in services and

priority needs for pregnant and inter-conception women. Focus is in on low-income high-risk pregnant and parenting women and teens.

The purpose of the HBLC is to learn and promote and educate on best practices in maternal and child health practices, share community resources and coordinate services to respond to the ongoing and emerging needs for pregnant women.

Welcome Baby Program

In 2013, CVHP will co-sponsor with First 5 LA the Welcome Baby program which will offer hospital and home-based services for pregnant women and mothers who have just given birth. The main goal of Welcome Baby is to work with families to enhance the parent-child relationship and the health, safety and security of the baby, and to make it easier for families to access support services when needed. The Welcome Baby program includes prenatal and postpartum home-based visits, as well as a hospital visit at the time of the child's birth.

Breastfeeding

CVHP's Family Birth and Newborn Center has a cadre of professional lactation consultants who provide coaching and encourage new moms to breastfeed their infants. Breastfeeding success rates will be tracked for the next reporting system.

- In 2013, CVHP will enhance its breastfeeding policies and practices to become a "Baby Friendly" hospital.

ACCESS TO MENTAL HEALTH SERVICES

CVHP's Parkside West service program is a 30-bed mental inpatient health unit located at Citrus Valley Medical Center—Inter-Community Campus in Covina and provides the following: Adult Inpatient Services,

Crisis Stabilization, 5150 (Involuntary) and Voluntary Status, Medication Management, Comprehensive Discharge Planning, Multi-Disciplinary Treatment Team Approach and Activity Therapies. This is the only mental health inpatient facility in the San Gabriel Valley area.

HEALTH PROMOTION AND ADVOCACY FOR THE DISABLED

1. In 2013, CVHP will continue providing resources and support to the Center for Independent Living to continue the important work of the **San Gabriel Valley Disabilities Collaborative**. There was a need in this area for leadership, program coordination, education on available services and advocacy for the people with disabilities. The purpose is to identify and advocate for issues impacting the Disability Community. Regular meetings will be hosted at CVHP with the purpose of:
 1. Keeping persons with disabilities (PWDs) connected with programs and services in light of the present economy.
 2. Share concerns and consider possible solutions for issues facing PWDs in the San Gabriel Valley including political advocacy strategies.

COMMUNITY HEALTH PLANNING

CVHP will continue to provide resources, support, collaborate and be active in the SPA3 Health Planning Group comprised by community clinics, public health, hospitals, DHS, and community-based organizations. The focus areas for 2013 are:

1. Convene the Specialty Care Committee regularly and expand participation.
2. Systematize implementation of specialized health screenings.
3. Improve the specialty care referral process with Los Angeles County USC Medical Center via a referral navigator.
4. Develop an operational and business plan for two specialty care hubs in the San Gabriel Valley at two community clinics to include both, telemedicine and live consults.
5. Prepare and coordinate outreach and education strategies for the kick off of enrollment in Covered California - "The Exchange".

DIABETES COLLABORATIVE

- Responding to the current epidemic of diabetes and obesity, CHVP will form the La Puente Diabetes Multidisciplinary Community Collaborative. The initial plan consists of two phases: 1) Patient Information and Education. There is a plan to partner with the University of California Los Angeles (UCLA) to conduct research through a survey to determine people's health needs and barriers to care. Phase I consists of ten strategies. 2) Diabetes Management. Phase II will implement a culturally and linguistic appropriate community programs including education, fitness, nutrition, etc. This phase has also identified 10 strategies for implementation.

6th Annual Diabetes Symposium

- This course is designed for the health professional that takes care of people with diabetes.

Diabetic Foot Screenings

- Free diabetic foot screenings (English and Spanish) will be offered to the community once a month.

Free Diabetes Screenings and Education

- Free community events focusing on understanding diabetes. They will feature free glucose, diabetic foot screenings and lecture on diabetes risk and treatment by a CVHP affiliated physician.

CVHP: COMMUNITY CONNECTOR

CVHP will continue to host the Seamless System of Care Committee. Monthly meetings are hosted at CVMC QVC. All necessary support is provided to the volunteer community facilitator. The CVHP's Community Benefit Department produces the meeting minutes; update on community resources as well as policy and advocacy initiatives which will be disseminated with over 80 public and private community agencies.