Citrus Valley Health Partners

Foothill Presbyterian Hospital
2011
Community Benefit Report
SB-697

CITRUS VALLEY HEALTH PARTNERS

COMMUNITY BENEFIT REPORT
SB 697

Foothill Presbyterian Hospital: Supplementary Report
250 South Grand Ave.
Glendora, CA 91740

Fiscal Year Report Period: 2011

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
Fax: (626) 813-7859
E-Mail Address: amesa@mail.cvhp.org

Citrus Valley Health Partners

Citrus Valley Medical Center
Foothill Presbyterian Hospital

2011 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.

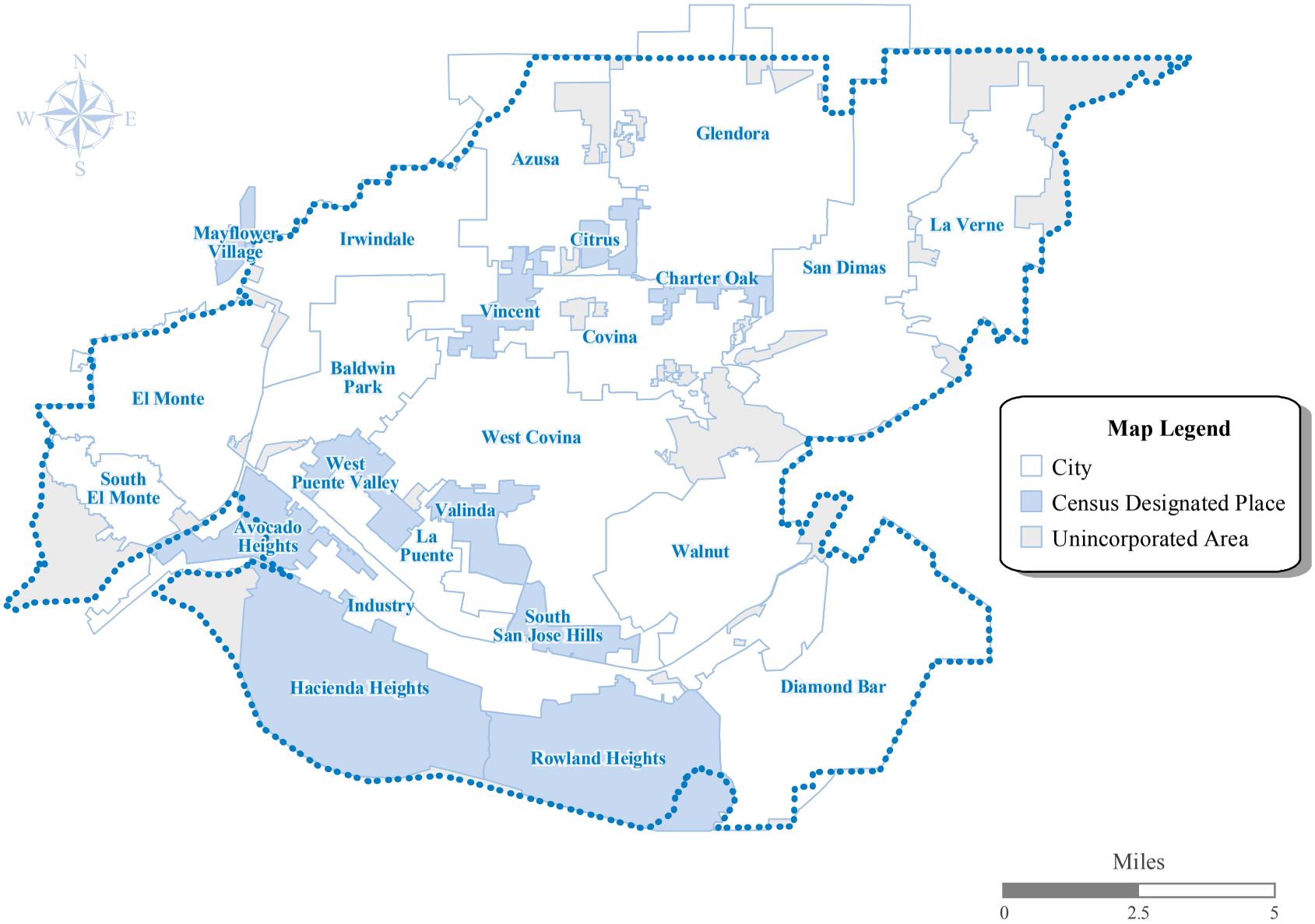
Foothill Presbyterian Hospital is a fully accredited facility with 105 beds. Foothill Presbyterian Hospital has proudly served the communities of Glendora, Azusa, La Verne and San Dimas since 1973. In addition to its full service acute program, Foothill Presbyterian Hospital is especially well known 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



November 2001

Citrus Valley Health Partners

II

Mission
Vision
Values

Mission Statement

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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

CITRUS•VALLEY
HEALTH PARTNERS

GOVERNANCE AND MANAGEMENT STRUCTURES TO SUPPORT COMMUNITY BENEFIT ACTIVITY

2011 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 2011 the work of community benefits continued under the direction of the Chief Operating 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 2011 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, Planning, Public Relations, Community Wellness and CVHP's Operations Council.]

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 Imaging Services, Laboratory and Pharmacy Departments also provide free or reduced fee services to patients referred from members of Public-Private-Partnership agencies.

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, whose mission is to provide same day urgent care services to uninsured children.

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 2011.

The Auxiliary at Foothill Presbyterian also donated sixteen (16) scholarships to community members totaling $20,000 in the year 2011.

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

CITRUS·VALLEY HEALTH PARTNERS

☒	CVHP	☒	CVH	☒	Policy
☒	CVMC-ICC	☒	CVHH	☒	Procedure
☒	CVMC-QVC	☒	FPH	☒	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)

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

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

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

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

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

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

Citrus Valley Health Partners

V

2010 Community Needs Assessment

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
[1]2008 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 (1st 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 Foothill Presbyterian	73.3% 82.0%	81.9%

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
2011

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 <u>not</u> 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 2011 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 loses. 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 2011 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 2011.

Citrus Valley Health Partners, Inc.
Community Benefit Summary
2011

Community Benefit Threshold

Exemption from taxes:		
Property Taxes	$	1,328,647
Total Community Benefit Threshold	**$**	**1,328,647**

This is the amount which the community invested in CVHP through tax preferences in 2011

Program Valuation

Community Assistance Program (Charity Care)	$	6,209,000	
Community Outreach and Mission Effectiveness		100,281	
Neonatal Apnea Net Costs		17,462	
Community Wellness (50% of net costs)		257,228	
Ed Call Panel		2,995,378	
Foundation Community Benefit		88,490	
Departmental Community Benefit Services Quantification		1,184,442	
Total Value of Community Benefit Services Provided	**$**	**10,852,281**	[1]
This is the value of SB697 services that CVHP provided to the community in 2011	**$**	**10,852,281**	

Measurement excluding Government Program Shortfalls

[1] Community Benefit Service Provided by CVHP in 2011	$	10,852,281
Community Benefit Threshold		1,328,647
Surplus of Services Provided Over Threshold	**$**	**9,523,635**

Citrus Valley Health Partners
Schedule to Estimate Property Taxes
2011

	Net Property Plant and Equipment				
	Property				
	Land, Buildings & Improvements	Adjustment Rental Properties	As Adjusted	Rate	Estimated Property Taxes
CVMC	$ 68,647,631		$ 68,647,631	1.2%	$ 823,772
Foothill	31,120,179		31,120,179	1.2%	373,442
CVHP & Other Affiliates	11,440,085	(487,337)	10,952,748	1.2%	131,433
CVHP Total	$ 111,207,895	(487,337)	$ 110,720,558		$ 1,328,647

-

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

CITRUS VALLEY HEALTH PARTNERS
CHARITY CARE BY ENTITY
2011

2011				
	CVMC	FPH	HOSPICE/HH	**TOTAL**
Charity Care at cost is computed as follows:				
Adjusted Gross Revenue per IRS W/S-2	1,122,473,065	256,340,572	15,785,729	**1,394,599,366**
Adjusted Gross Costs per IRS W/S-2	313,706,002	67,071,529	10,845,202	**391,622,733**
Cost to Charge Ratio per IRS W/S-2	27.9%	26.2%	68.7%	**28.1%**
Charity Write-off per G/L at Gross	**17,358,778**	**4,685,310**	**65,218**	**22,109,306**
Total Traditional Charity Care at Cost - rounded	**4,938,000**	**1,226,000**	**45,000**	**6,209,000**
Unpaid cost of public programs (Excl HFP)	**30,453,000**	**6,033,000**	**262,000**	**36,748,000**
Hospital Fee Program Net Revenue	**(14,860,000)**	**(414,000)**	**-**	**(15,274,000)**
Community Benefits	**4,336,000**	**307,000**		**4,643,000**
Total Charity Care & Unpaid Costs	**24,867,000**	**7,152,000**	**307,000**	**32,326,000**

CITRUS VALLEY HEALTH PARTNERS
Community Outreach and Mission Effectiveness/Community Education
2011

	Mission Effect CVHP (40.86120)	Terminated FPH (12.87430)	TOTAL
Department Expenses			
Actual Expenses per 12/31/11 General Ledger	100,281	-	100,281
Adjustments:			
Adjusted Departmental Expenses	100,281	-	100,281
Department Income			
Actual Income per 12/31/11 General Ledger	-	-	-
Adjustments:			
Adjusted Departmental Income	-	-	-
Net amount spent for Community Benefits	100,281	-	100,281

CITRUS VALLEY HEALTH PARTNERS
Neonatal Sleep Apnea Deaprtment - Net Costs
2011

Department Expenses

Actual Expenses per 12/31/11 General Ledger	40,800
Adjustments:	
Adjusted Departmental Expenses	40,800

Department Income

Actual Income per 12/31/11 General Ledger	88,400
Adjustments:	
Revenue Deductions 73.6% (2011 QVC CCS IP W/O%)	(65,062)
Adjusted Departmental Income	23,338
Net amount spent for Community Benefits	17,462

CITRUS VALLEY HEALTH PARTNERS
Community Wellness Department - Net Costs
2011

Department Expenses

Actual Expenses per 12/31/11 General Ledger	615,717
Adjustments:	
Eliminate Non-Community Benefit Portion (50%)	(307,859)
Adjusted Departmental Expenses	307,859

Department Income

Actual Income per 12/31/11 General Ledger	50,631
Adjustments:	
	-
Adjusted Departmental Income	50,631
Net amount spent for Community Benefits	257,228

CITRUS VALLEY HEALTH PARTNERS
ER - On Call Physicians
2011

	CVMC	FPH	**TOTAL**
Department Expenses			
Actual Expenses per 12/31/11 General Ledger	**2,788,496**	**236,189**	**3,024,685**
Adjustments:			
Adjusted Departmental Expenses	2,788,496	236,189	**3,024,685**
Department Income			
Actual Income per 12/31/11 General Ledger	29,307	-	**29,307**
	-	-	-
Adjusted Departmental Income	29,307	-	**29,307**
Net amount spent for Community Benefits	2,759,189	236,189	**2,995,378**

CITRUS VALLEY HEALTH PARTNERS
Foundations - Net Fundraising Costs
2011

		CVH Foundation		To 7/1/2010 only Foothill Foundation	
	At Risk %	Total	At Risk	Total	At Risk
Contributions		CY		CY	
Prior Year Adj		-	0		0
Unrestricted contribution-curr yr	5%	1,011,976	50,599		-
Restricted					
Cardiac 20%		64,690	12,938		
Chaplains / Strength Journey	10%	300	30		
Echo	100%	15,050	15,050		
Maternal & Child Health	20%	889	178		
NICU	20%	7,108	1,422		
Pediatric 20%		1,980			
All other restricted	5%	1,308,541	65,427		-
Total Restricted		1,398,558	95,044	-	-
Total Contributions		2,410,534	145,643	-	-
		-	6.0%		0.0%
Total Expenses, Excl transfers		1,464,592			
Expenses ralated to Fundraising for At Risk Population			88,490		-
Total -					88,490

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2011

Dept	Description	Category	Department Totals	Totals
Radiology				
	Advisory Committee for Mt. SAC Radiology Program--ICC	Resource	750	
	Advisory Committee for Mt. SAC Radiology Program--QVC	Resource	850	
	Student coordinator for Mt. SAC Radiology Program--ICC	Resource	1,700	
	Student coordinator for Mt. SAC Radiology Program--QVC	Resource	2,200	
	Advisory Committee for Cypress College Untrasound Program	Resource	860	
	Student Coordinator for Cypress College Ultrasound Program	Resource	3,600	
	ICC/QVC MR Safety Tours	Education	500	
Radiology Subtotal			10,460	10,460
Pediatrics				
	Boris the Bear Preoperative classes	Education	483	
	Pediatric Teddy Bear Clinics	Education	3,435	
	Pediatric Teddy Bear Clinics	Resource	1,261	
Pediatrics Subtotal			5,179	5,179
Food Services				
	Food donated - Meals on Wheels	Charity	950	
	Cal Poly Pomona Student Interns/Chaffee College	Education	4,000	
	Dieticians speak to community groups on health issues	Education	1,600	
	Food donated - Muscular Dysterphy Assoc. picnic	Charity	1,500	
	Health fairs--health screenings	Education	4,500	
Food Services Subtotal			12,550	12,550
Emergency Department				
	Base Station Program	Base Unit	282,998	
Emergency Department Subtotal			282,998	282,998
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	
	Wings (shelter for women and children - clothing)	Resource	1,500	
	Clothing/Shoes for Patients	Resource	600	
	Meal tickets for Families	Resource	1,500	
	Patient Birthday Recongnition	Service	1,500	
	Recovery Gifts for Patients	Resource	2,500	
	Bargain Box for K9 Training	Resource	19,800	
	Telecare (Calls to Home Bound patients 365 days per year)	Resource	21,150	
	St. Vincent DePaul	Resource	8,000	
	Salvation Army	Resource	3,000	
	Boutique	Service	32,241	
	Pet Therapy	Service	12,000	
Volunteers & Auxiliary Department/Patient Relations & Service Recovery			191,766	191,766
Public Relations Department				
	Elevations Community Newsletter	Education	18,000	
	Community Education Ads/Flyers	Education	56,000	
	Glendora Kiwanis and Chamber	Resource	1,750	
	Immaculate Heart Community	Resource	600	

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2011

Dept	Description	Category	Department Totals	Totals
	YWCA	Resource	1,000	
	La Verne city events	Resource	1,000	
	West Covina Chamber Sponsorships	Resource	2,500	
	San Dimas Chamber Events	Resource	3,250	
	Puente Hills Family YMCA	Resource	300	
Public Relations Department			84,400	84,400
Pharmacy				
	Human Dignity/Community Assistance Program	Charity	631	
Pharmacy Subtotal			631	631
Education				
	CVHP Scholarship	Resource	78,000	
	CVHP Externship	Service	121,000	
	Onsite Nursing Student Coordination CVMC	Service	70,000	
	Onsite Nursing Student Coordination FPH	Service	15,000	
Education Subtotal			284,000	284,000
Laboratory				
	QVC/ ICC Red Cross Blood Drives	Service	4,150	
	PSA Screening	Service	1,200	
Laboratory Subtotal			5,350	5,350
Other Departments				
	Cardiopulmonary Mended Hearts, Breathsavers & Support Groups	Resource	36,893	
	Breathsavers Program Scholarship	Education	4,603	
	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	10,312	
	CCE's : Recruit, train, monitor students for service learning projects	Service	17,548	
Other Departments Subtotal			229,356	229,356
Center for Diabetes Education				
	Community Lectures (10)	Education	1,200	
	Support Groups: Hours	Education	5100	
	Support Groups: Supplies	Education	520	
Diabetes Education Program Subtotal			6,820	6,820
FPH Nursing				
Perinatal				
	Monthly Maternity Tea and Tour	Education	879	
	Breast Feeding Class	Education	2,102	
	Sibling Class	Education	586	
	Prepared Childbirth Series	Education	7,358	
	Infant Massage	Education	350	
Perinatal Subtotal			11,275	11,275
FPH Food Services				
	Preceptor to Intern	Resources	13,440	
	Food Outdated	Resources	500	
	ED Patient Trays	Resources	2,358	
	Guests	Resources	275	
	Food donated to funerals	Resources	250	

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2011

Dept	Description	Category	Department Totals	Totals
Food Services Department Subtotal			16,823	16,823
FPH Volunteer Services & Auxiliary				
	Telecare (Calls to Home Bound patients)	Resource	21,150	
	16 Scholarships	Education	20,000	
Volunteer Services and Auxiliary Subtotal			41,150	41,150
FPH Other Departments				
Engineering				
	Set up/ tear down for events	In-Kind	1,684	
Engineering Services Subtotal			1,684	1,684
Grand Total--CVHP Departmental Outreach Services				$ 1,184,442

CITRUS VALLEY HEALTH PARTNERS
COMMUNITY BENEFITS - SUMMARY
2011

	Per Comminty Benefit Report	CVMC	FPH	2011
	Community Assistance Program (Charity Care)			
(1)	Community Outreach & Mission Effectiveness	100,281	-	**100,281**
(2)	ER - Call Physicians (unreimbursed costs) - (per Elvia added in 2007)	2,759,189	**236,189**	**2,995,378**
(3)	Neonatal Apnea Net Costs	17,462		**17,462**
(4)	Community Wellness (50% of Net Costs)	257,228		**257,228**
(5)	Foundation Community Benefit	88,490	-	**88,490**
(6)	Foothill Low Vision Center Net Costs - (Terminated)	-	-	-
D-1	**Department Community Benefit Sevices Quantification (from Abel)**	1,113,510	**70,932**	**1,184,442**
	Total Community Benefit Services Provided per Report	**4,336,160**	**307,121**	**4,643,281**
	Less Charity Care reported separately			-
	Total Community Benefit			**4,643,281**

Citrus Valley Health Partners

VII

Community Benefit Plan Update

Citrus Valley Health Partners (CVHP)

Community Benefit Activities 2011

2011 Community Health Needs Assessment

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

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 CVHP encompasses 13 cities and 4 census designated places 9CDPs).

The complete report of the 2010 Community Health Needs Assessment (CHNA) was included in last year's reporting system. The executive summary of the 2010 CHNA is included in this report.

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 children and families

Insurance Enrollment for Low-Income Populations

- **A total of 5,178 applications for health insurance were completed 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 2011 we provided 1,115 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 5,144 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 2011 CVHP's GEM Project assisted 1,812 clients in troubleshooting and advocacy as well as teaching (educating) community 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 Kids	**Children 0 - 5 who are not eligible for Full Scope Medi-Cal or Healthy Families**
California Kids (CalKids)	**Low-cost preventive and primary healthcare benefits to children ages 2-18**
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 (open temporarily)
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 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 retention/utilization specialist contacts 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 nearly 80% of individuals were confirmed enrolled in the programs.

- **Utilization assistance**: Once the enrollment verification is completed, the retention/utilization specialist has a follow-up procedure to contact each client at the six month post-enrollment mark to confirm that the client is utilizing the health benefits, advocate and trouble-shoot any issues that arise with access, quality, and utilization, and to maintain contact to facilitate re-enrollment. Based on information provided by enrolled individuals, we have found that 74% of them have utilized health, dental and vision 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 2011, we were able to reach 78.41% of enrollees who reported continued coverage for one full year and completed their redetermination forms for the following year.

Note: Experts in this field rate these percentages as very successful.

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

Community Outreach:

A total of 25,886 individuals received outreach services. The Door-to-Door *Promotora (Health Promoter)* Program alone provided information to 9,840 individuals in the community on how to access low-cost local healthcare services and referrals for other health and social services. The *Promotoras* focus on reaching out to uninsured residents; they become a bridge between the community and the services available to them. Promotoras provide assistance in completing reduced utility applications and inform families about health access opportunities as well as referral information to other much needed services such as food banks, etc.

Promotoras "A Community-based leadership and capacity building model"

"Building Communities from the Inside Out"

Pueblo que Camina Promotoras - Background

The "Pueblo que Camina" - "Village that Walks" Promotora Group was developed in collaboration with Citrus Valley Health Partners GEM Project and neighborhood women whose mission is 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.

Promotoras conduct door-to-door outreach activities in low-income poor neighborhoods and participate in community events where they provide information and support on how to access to healthcare services.
Over time, it has been found that Promotoras who are affiliated and active in faith communities are more committed and more active in the outreach.

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 Nutrition; Physical Activity; Disease Prevention; Access to Preventive Services; Stress Management; Healthcare Reform; Perinatal Depression; Self-Esteem, Public Insurance Programs; Communication Skills; complementary health and relaxation practices such as TaiChi and Reiki. Once a year, CVHP co-sponsors a leadership and skill building training at an off-site retreat facility. The retreat provides for an opportunity to create bonding among them 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 preparation to the significant changes that are fast approaching in 2014, the Promotoras continued 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 that have resulted in:

- 50,000 more Americans have health coverage made available through the Pre-Existing Condition Insurance Plan (PCIP) in their state. As of November 30, 2011, there are 4,907 Californians enrolled.
- 2.5 million more young adults have health coverage because the ACA allows young adults to remain on their parents' health insurance until age 26.
- More families have access to free preventative care and services, such as blood pressure readings, cholesterol tests, nutrition counseling, cancer screening, flu and pneumonia shots, and routine vaccinations against diseases such as measles, hepatitis and meningitis.

CVHP'S GEM (Get Enrollment Moving Project) and Promotoras as Advocates

CVHP's GEM Project is an active member in the L.A. Access Coalition and, particularly, in the Leadership Committee and Policy Committee. The Promotoras are active supporters in a variety of advocacy activities and legislative visits to ensure that the community voices are heard by the individuals who make decisions which affect the health and quality of life of the people.

CVHP Service Area Community Planning

In 2011, Citrus Valley Health Partners continued to be a 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 also has provided 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.

Vision: ***A healthy community, with optimal quality of life and wellbeing for all.***

Mission: ***To improve the health and wellbeing of the SPA 3 community by increasing access to care and promoting healthy lifestyles.***

SPA 3 HPG Review and Goal Update

The goals that were developed in 2011 were reviewed to assess if they are still relevant for the group and if any changes are needed. In summary, the three goals are:

1. *Increase access to care*, such as health coverage enrollment, access to specialty care and linkages to medical homes via public policy, collaborative strategies and programs.
2. *Promote healthy lifestyles* through health promotion and disease prevention activities that address chronic disease prevention and

management as well as lifestyle behaviors via data, public policy, the built environment, and programs.

3. *Increase capacity of HPG participants to serve the SPA 3 community* through relationship building, collaboration, HPG support and resource sharing.

New Initiatives for 2011:

- Transition from the Public Private Partnership (PPP) to the Healthy Way LA Program (HWLA) - Safety Net Program.
- Added affordable dental care as a key priority under Goal #1.
- Add assessment tool to monitor the group's progress relative to each goal and areas where we are falling short.

Membership Assessment and Strategies to Augment Membership:

Conducted additional outreach for additional community stakeholders:

- Pasadena Public Health Department for a meeting and/or email list participant
- Baldwin Park Unified School District's Health Program
- School Health Association
- Dental resources, such as the San Gabriel Dental Foundation, PCC Dental Hygiene Program, ROP Program in Hacienda Heights/La Puente, and Western University.

SPA3 Health Planning Group 2011 Accomplishments:

- Continuation of IFOBT program. (Goal #1)
- Restarted the Eat Well Live Better Website (Goal # 2)
- Started Teledermatology program. (Goal #1)
- Engaged the L.A. County Department of Health Services to provide ongoing updates on the development of the Ambulatory Care Network (CAN)
- Received grant from Kaiser Permanente Baldwin Park Medical Center for retinal telemedicine program, a collaborative SPA 3 HPG program. (Goal #1)
- Education on HWLA, including enrollment, specialty care, mental health integration, and an update from Dr. Park. (Goal #1)

- Presentations from five nonprofit hospitals in SPA 3 on their Community Benefit needs assessments and plans, including Citrus Valley Health Partners, Pomona Valley Hospital Medical Center, Methodist Hospital, Huntington Hospital and Kaiser Permanente Baldwin Park Medical Center. (Goals #3)
- Presentation from U.S. Census Bureau on census information available and strategies to access 2010 census data. (Goal #3)
- Letters of support from SPA 3 HPG for clinic expansion grants, to PVHMC for homeless respite program, to HCHC for Healthy People 2020 project, and for the LAC DPH Community Transformation Grant. (Goals #3)
- Increased information sharing around homelessness. (Goal #3)
- General information sharing via email. (Goal #3)
- Participation in the HPG from new partners (Asian Pacific Health Care Venture, Chinatown Service Center CHC, Cleaver Family Wellness Clinic, Tzu Chi Medical Foundation). (Goal #3)
- Breast Health conference for Spanish-speaking women. (Goal #2)
- Breast Health Task Force. (Goal #2)

Health Promotion and Disease Prevention Activities*:*

Maternal and Child Health

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. We provide *Case Management* services to support and assist high-risk women to ensure access to healthcare and mental health services as well as personalized support for access food, shelter, and other services to improve their quality of life and achieve a healthy birth in a present and future pregnancy. CVHP is the leader agency of the collaborative. Other partners are: Catholic Charities; East Valley Community Health Center; Asian Youth Center; Foothill Family Service; and PHFE WIC. The relationship centered approach has always been a key value and practice for Citrus Valley Health Partners

Update:

- The program provided *Specialized Home Visitation and Case Management services to 79 high risk teens and women during2011.* 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. Case Managers develop a 24 month care plan with the individual that include goals and objectives to achieve in their lives. i.e. A teen will make a goal to enroll in school to finish high school; a mom commits to joining an exercise program to lose X number of pounds per month; a pregnant woman commits to go to counseling to get assistance for mental health needs, etc.
- The Best Babies Collaborative (BBC) participated in a panel of presenters in the REACH (L.A. County Public Health) Conference. A representative shared the BBC's "best practices" to increase breastfeeding rates with teens and women.

Assistance with Transportation Barriers to Access Care

A total of 79 free taxi transportation services were provided in 2011 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 is the lead agency of the *Best Babies Collaborative.* This group successfully established a expanded community group named "Healthy Births Learning Collaborative" group in the San Gabriel Valley.

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

The Mission created by the HBLC is: "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 three times and the accomplishments are:

- 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; homeless agencies and advocates; perinatal nurses; Black Infant Health Program, etc.'
- Some of the identified recommendations were:
  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 priorities were: 1) Family Shelters (for pregnant women); 2) Advocacy; 3) Reaching out to the Medical Community; and Teen Pregnancy support and prevention.

The HBLC participants agreed to focus on what they can do as individuals, agency, or other disciplinarians to contribute to the identified need related to the priority issues.

In 2012, CVHP will continue to lead and provide facilitation for the HBLC with a call to action to develop strategies and action to address the three identified 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 and partner in efforts to obtain more resources for such efforts in the San Gabriel and Pomona Valleys. In 2011, the SGVDC met every month. Currently, it has approximately 200 individuals interested in these efforts.

Update

During 2011, the SGVDC has

- Agreed upon a mission statement that summarizes the SGVDC as follows: “To promote equal opportunity, universal access, and full participation for people with disabilities in every aspect of life.” The SGVDC expanded upon this mission statement to create a full informational document that provides a complete description of the Disabilities Collaborative and the opportunity to participate as a member in monthly meetings.
- Followed the State and Federal Budget revisions and the impact that they would have on persons with disabilities. Members supported a unified approach to the State Budget Cuts proposed by Governor Jerry Brown, and explored constructive alternatives.
- Kept informed about the various programs and services of agencies and organizations serving persons with disabilities in the San Gabriel Valley, including the California Mentor Family Home Agency Program, the Parents’ Place, and the Disability Rights Legal Center. The Executive Director of the Services Center for Independent Living and SGVDC chair, Dr. Lee Nattress made an informative

presentation about navigating the health care system from a disability perspective.

- Addressed much of what is in the State Plan for Independent Living (as a result of the Olmstead Decision) and the budgetary implications affecting several key issues for persons with disabilities including housing, personal assistance, transportation, and assistive technology.
- Advocated on behalf of the Olmstead Decision of 1999 in California and examined the impact of the California budget on the implementation of the Olmstead Decision. A number of SGVDC members went to Washington DC to meet with legislators on behalf of the National Council on Independent Living. Upon their return, members took the opportunity to share what they considered to be a response to various current issues including the CLASS Act; the reduction of adult day care in California; the effect of budget revisions on Medi-Cal, Medicare and Social Security for persons with disabilities; and the decentralization of disability services in California.
- Promoted the accessibility of the San Gabriel Valley Amputee Self-Help Group, which meets regularly at the West Covina Services Center for Independent Living.
- Featured dynamic speakers from the Trevor Project and Coastline Community College. The Trevor Project is a non-profit organization determined to end suicide among Lesbian Gay Bisexual Transgender Questioning (LGBTQ) youth by providing life-saving and life-affirming resources. Coastline Community College offers a one of a kind Acquired Brain Injury (ABI) Program to persons with ABI, including veterans, to aid their reintegration into life with an ABI. The results have been quite promising.
- Planned for the response to possible disasters affecting vulnerable persons with disabilities in the San Gabriel Valley. A guest speaker from the Emergency Network Los Angeles was present to direct the discussion.

Citrus Valley Health Partners has supported and partnered with the Center for Independent Living in these important efforts as follows:

- 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 the Seamless electronic communications
- Dissemination of information on advocacy activities to support bills that benefit persons with disabilities.

Seamless System of Care Committee

This important 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.

Background: In collaboration with a retired School Nurse Supervisor, Citrus Valley Health Partners continues to play an important role in bringing the community together at the **Seamless System of Care Committee** monthly meeting. This is a group formed by public and private agencies as well as school district representatives, nurses, community based organizations, etc. This forum provides an opportunity for community leaders and agencies to receive updates; to discuss current assets and gaps in services; network, share information and identify emerging community needs that require action.

CVHP ACCOUNTABLE CARE NETWORK HEALTHCARE REFORM

As Healthcare Reform approaches, Citrus Valley Health Partners has been proactive in planning and initiating an Accountable Care Network to optimize and coordinate healthcare and prevention services in the community. Attached is a chart that describes the Regional Accountable Care Network Accomplishments and Three Year Vision.

SUMMARY

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 is scheduled for January of 2012. Detailed results will be provided in the next reporting system.

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.

Citrus Valley Health Partners

VIII

Foothill Presbyterian Hospital

Supplementary Community Benefit Partnership Report

Foothill Presbyterian Hospital
List of Community Outreach Services by Department
2011

Department	Description	Category	Dept. Total
**FPH Perinatal			
	Monthly Maternity Tea and Tour	Education	879
	Breast Feeding Class	Education	2,102
	Sibling Class	Education	586
	Prepared Childbirth Series	Education	7,358
	Infant Massage	Education	350
		TOTAL:	**11,275**
FPH Volunteer Services & Auxiliary			
	Telecare (Calls to Home Boun	Resource	21,150
	16 Scholarships	Education	20,000
		TOTAL:	**41,150**
FPH Engineering			
	Set up/tear down for events	In-Kind	1,684
		TOTAL:	**1,684**
**FPH Food Service			
	Preceptor to Intern	Resources	13,440
	Community Events	Resources	500
	ED Patient Trays	Resources	2,358
	Guests	Resources	275
	Food donated to funerals	Resources	250
		TOTAL:	**16,823**
		Grand Total:	**$70,932**

**Charity/Indigent Care

Citrus Valley Health Partners

IX

Community Education/ Wellness Program

2011

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.

2011 Community Education & Outreach

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

   Multiple departments coordinate all activities, classes and programs.

4. ***Cancer Resource Center/Library*** – a cancer resource center is located in CVHP"s Cancer Resource Center, 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.

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.

6. ***Outcome Evaluation of Programs and Services*** – After each program, participants are asked to complete a Program Evaluation form. Results of the evaluations are summarized and reviewed for suggestions on how we can improve such programs and what the community views as needs and services still not meet.

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

8. ***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.

9. ***Overall Outcome of all CVHP community education programs*** – In 2011 Community Wellness Services participated in fifty one (51) Community Educational Programs and/or Programs Involving Community Outreach were provided and completed. In 2011 fifty (50) programs were continued from 2010. No new programs/classes were added or canceled in 2011.

10. ***Outcome of the six (6) Categories*** – Total program participants under each category listed.
    - Special Events = 2,100
    - A Healthier You = 550
    - Childbirth Education = 2,077
    - - Diabetes Education = 1,500
    - Cancer Resources & Programs = 1,000
    - Hospice & Bereavement Services = 100

2011 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 or 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 2011, Citrus Valley Health Partners adopted the following Community Outreach Goals.

In 2011, CVHP will work with community partners to offer more preventative education and resources

In 2011, 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.

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

1. Arthritis Exercise Program (P.A.C.E.)
2. Blood Pressure Screening (Partnership Nursing)
3. Breath Savers Club (partnership with American Lung Association)
4. Mother Baby Specialty Shoppe
5. Diabetes - Parents Support Group
6. Diabetes Education – Managing your Diabetes
7. Interstitial Cystitis Support Group
8. Multiple Sclerosis Social Support Group (Jan-May)
9. Parkinson's Support Group – Children of Parkinsonians (COPS)
10. Yoga for the Cancer Patient
11. Clinical Trials
12. Look Good, Feel Better
13. Reiki Therapy For Cancer Patients
14. Comforting Hearts
15. Loss of a Life's mate
16. I Count Too
17. Skin Cancer Screenings
18. EIF Revlon Run/Walk

Programs & services to enhance Citrus Valley Health Partners' services

1. Arthritis Exercise Program (P.A.C.E.)
2. Friday Lunch Bunch Educational Class Series
3. Nutrition Counseling
4. Partners in Your Progress – Cardiac Education Series
5. FBNC – Breast-Feeding Educational Classes
6. MOM-2-MOM – Breastfeeding Support Group
7. Mother Baby Specialty Shoppe
8. Lamaze – Childbirth Education Class
9. FBNC - Newborn Necessities Educational Class
10. Newborn Inn - Sibling Class
11. Adultos con Diabetes Grupo de Apoyo
12. Boris the Bear
13. Managing Your Diabetes
14. Parents Support Group – Diabetes
15. Adults with Diabetes Support Group
16. Type 1 Support Group - Diabetes
17. Adolescent Support Group – Diabetes
18. Sweet Success – Gestational Diabetes
19. Interstitial Cystitis Support Group
20. Mended Hearts
21. Wig Program
22. Women's Cancer Support Group
23. Breast Cancer Support Group
24. Breast Prosthesis Display

25. Yoga for the Cancer Patient
26. Cancer Resource Center
27. Clinical Trials
28. Group De Apoyo Para Personas Con Cancer
29. H.O.P.E.
30. Look Good, Feel Better
31. Reike Energy Healing Sessions for Cancer Patients
32. Become a Volunteer for Hospice
33. Grief Outreach
34. Comforting Hearts
35. I Count Too – A Bereavement Group for Kids and Teenagers
36. Loss of a Life's Mate
37. Road to Survival
38. Cancer Resource Center Open House
39. Getting Through the Holidays After the Loss Of A Loved One
40. Skin Cancer Screenings
41. Lupus Support & Education Group (Jan-Feb)
42. Sweet Success
43. Breath Savers Club
44. Pediatric Asthma Series
45. Supermarket Tour – Diabetes/A Healthier You
46. Inter-Faith Diabetes Outreach

COMMUNITY OUTREACH REPORT
A Healthier You

A Healthier You classes that provide monthly evening and luncheon programs on physical or mental health topics, programming specific to seniors, a daily walking program for adults, a program to prepare children ages 3-12 for surgery, programs geared to change health habits and early detection, a five-class series for heart patients and their families, support and education for those with chronic lung disease, parent/caregiver information for those with children that have pediatric asthma and CPR/First Aid and Physician/Doctor Referral resources.

The following goals apply to some or all of the Community Educational Programs and or Programs Involving Community Outreach:

In 2011, CVHP will work with community partners to offer more preventative education and resources

In 2011, CVHP will continue to provide programs and services to enhance awareness of clinical services.

COMMUNITY OUTREACH REPORT
Childbirth Education

Childbirth Education programming includes a wide range of classes to support the new family. A breast pump rental program is also available. A breastfeeding support group is available for mom and baby after they are discharged. A scale is available to check baby's weight before and after feedings.

The following goals apply to some or all of the Community Educational Programs and or Programs Involving Community Outreach:

In 2011, CVHP will work with community partners to offer more preventative education and resources

In 2011, CVHP will continue to provide programs and services to enhance awareness of clinical services.

COMMUNITY OUTREACH REPORT
Cancer Survivor Programs

Cancer Survivor Programs that include support groups, education series, low or no cost programs for wigs, prosthesis, free Reiki Energy Healing Sessions, free Yoga for the Cancer Patient (an eight-week series), Qigong for Cancer Survivors, Healing Rhythms Drumming Circle for Cancer patients, and to help men & women cope with the physical changes of cancer treatments.

The following goals apply to some or all of the Community Educational Programs and or Programs Involving Community Outreach:

In 2011, CVHP will work with community partners to offer more preventative education and resources

In 2011, CVHP will continue to provide programs and services to enhance awareness of clinical services.

COMMUNITY OUTREACH REPORT
Hospice & Bereavement Services

Hospice & Bereavement Services provide class series, individualized to children and 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.

The following goals apply to some or all of the Community Educational Programs and or Programs Involving Community Outreach:

In 2011, CVHP will work with community partners to offer more preventative education and resources

In 2011, CVHP will continue to provide programs and services to enhance awareness of clinical services.

COMMUNITY OUTREACH REPORT
Special Events

Special Events provide various types of health screenings and 15 - 20 community based educational classes and health fairs. This is a time to share valuable health education information, in addition to providing screenings, immunizations and referrals.

The following goals apply to some or all of the Community Educational Programs and or Programs Involving Community Outreach:

In 2011, CVHP will work with community partners to offer more preventative education and resources

In 2011, CVHP will continue to provide programs and services to enhance awareness of clinical services.

COMMUNITY WELLNESS SERVICES PROJECT REPORT
Mother Baby Specialty Shoppe

Mother Baby Specialty Shoppe services are designed to provide the new family with information, resources, guidance and support during their breastfeeding experience. Low cost breastpump rentals and other breastfeeding supplies are available. Approximately 100 breastpumps are being used in the community on a monthly basis.

The following goals apply to some or all of the Community Educational Programs and or Programs Involving Community Outreach:

In 2012, CVHP will work with 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.

Citrus Valley Health Partners

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2012 Community Benefit Plan

Citrus Valley Health Partners
Community Benefit Plan 2012 - 2013

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.

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, and the LA Access 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 car**e. 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.

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. In 2011, CVHP and its network partners have established a governance structure. The Network had significant accomplishments which are outlined in this community benefit reporting system. The planned activities for 2012 are as follows:

Clinical Integration:

- Development of strategy for improved coordination with long term care providers
- Engagement in joint investment and/or joint management opportunities
- Establish information access & exchange at point of care between AltaMed (community clinic) and hospitals
- Implementation of measurement of performance and quality monitoring; network-wide utilization management
- Establishment of a preliminary population health management (process, quality and cost metrics) dashboard

Financial Integration, Demonstrations & Investments:

- Work with health plans to redesign financial incentives
- Submit: ACO MSSP Application, HealthCare Innovation Challenge Applications and resubmitted Community Based Care Transitions Application
- Partners are aligned through one or more financial integration models
- Develop JV MSSP ACO and non-profit home for the Accountable Care Network.

CITRUS VALLEY HEALTH PARTNERS STRATEGIC PLAN AND OBESITY

Improvement of Health Behaviors to reduce Obesity and Overweight.

- CVHP's new vision focuses on elevating the entire health of the community. To implement their vision, CVHP has made obesity prevention and reduction a key component of their strategic plan for the upcoming three years.

"Lighten Up SGV (San Gabriel Valley)"

In 2012, as one of the largest healthcare providers in the San Gabriel Valley, Citrus Valley Health Partners will be engaging in a 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 and other events and resources for both adults and children. .

CVHP is sponsoring the first ever weight loss contest to encourage and motivate community members to lose weight. The "Lighten Up SGV" program will kick off on January of 2012 with a Community Weigh-In Event at the CVMC Queen of the Valley Campus. Participants will register for the contest and officially be weighed in on that day. They will receive free blood pressure and BMI screenings.

The first phase will run for six months and prizes will be awarded in June. The second phase of the contest will start in June and run through November of 2012.

MATERNAL AND CHILD HEALTH

Improvement of Birth Indicators

- 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 2011, the program will provide Home Visitation and Case Management services to at least75 high risk pregnant teens and women. The program covers home visitation since pregnancy until the child reaches two years of age.

- <u>SPA 3 Healthy Births Learning Collaborative (HBLC)</u> 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 2012, the group will go through an analysis of qualitative and quantitative data; identify gaps in services, and identify priority issues to begin to look at potential opportunities to address needs for pregnant and inter-conception care for low-income high-risk pregnant and parenting women and teens.

The purpose of the HBLC is to learn and promote best practices in maternal and child health practices as well as service coordination to respond to ongoing and emerging needs for pregnant women.

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.

ACCESS TO MENTAL HEALTH SERVICES

1. The identified need and demand for mental health services in the community is significant. Due to limited resources, there is a lack of availability of services. The wait in clinics for pregnancy and post partum depression is as high as 4 - 6 months to get an appointment. These circumstances call for innovative cost-effective support services for this population.
2. In partnership with Assemblyman Roger Hernandez and the L.A. County Perinatal Task Force will offer a community forum on "Maternal Mental Health Awareness" in May of 2012 which is the "Maternal Depression Month".
3. Through community outreach and free/low-cost health insurance enrollment and follow-up services provided by the CVHP's GEM Project, children and families gain access to healthcare and mental health services as well.

HEALTH PROMOTION AND ADVOCACY FOR THE DISABLED

1. CVHP will continue to partner with the Center for Independent Living to establish the **San Gabriel Valley Disabilities Collaborative**. This is an expansion into our service area. 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 support, collaborate and be active in the SPA3 Health Planning Group Steering Committee comprised by community clinics, public health, hospitals, DHS, and community-based organizations. The focus areas for2012 are:

1) Health Care Services for Homeless; 2) Affordable Dental Care; 3) Healthcare Reform Planning by area hospitals; 4) Healthcare Reform/Health Insurance Exchange; 4) Healthy Way LA/LA County Program Implementation; and 5) Access to Specialty Care/Telemedicine Opportunities.

CVHP: COMMUNITY CONNECTOR

CVHP will continue to lead 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.

OTHER COMMUNITY BENEFIT ACTIVITIES

Continue to support the expansion effort of other successful CVHP projects, including:

- The Palliative Care Project, the expansion of Palliative Care to the Latino community with two new culturally and linguistically appropriate nurses.

- Continue the expansion of the Diabetes Center program to the Hispanic community.

- Continue to expand the Clinical Care Extender and Pipeline Projects with COPE (Community Outreach for Prevention and Education).

- Continue and enhance the Women's Heart Education, Cancer Programs, and other successful outreach and education programs through CVHP's Community Wellness Services and Foothill Presbyterian Hospital's Community Benefit Department.