



**Lucile Packard  
Children's Hospital  
at Stanford**

**Lucile Packard Children's Hospital at Stanford  
Community Benefits Report for FY 2012  
Community Benefits Investment Plan for FY 2013**

**725 Welch Road  
Palo Alto, California 94304**

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# Lucile Packard Children's Hospital at Stanford Community Benefits Report for FY 2012 Community Benefits Investment Plan for FY 2013

## I. This is Packard Children's

Lucile Packard Children's Hospital at Stanford, based in Palo Alto, California, includes an internationally recognized 311-bed not-for-profit tax exempt hospital, regional medical network, and research center that provides a full complement of services for the health of children, adolescents and expectant mothers.

In partnership with the Stanford University School of Medicine, world-class physicians and nurses deliver innovative, family-centered care in every pediatric and obstetric specialty. Ranked annually by *U.S. News & World Report* as one of the nation's best pediatric hospitals, LPCH has more specialty programs ranked in the *U.S. News Best Children's Hospitals* list than any other pediatric hospital in Northern California.

The hospital's research, programs and services attract patients from around the corner and around the world and is renowned for cardiac care, neonatal, organ transplantation and cancer services.

### **Patient care statistics**

- More than 800 medical staff and 2700 employees
- 311 licensed beds now, will be at 415 after expansion
- 4500 births a year
- 6000 pediatric inpatients a year
- 140,000 clinic visits a year
- Serving patients from 38 states and 6 countries in the most recent year

This report about the benefit the hospital provides to its community covers fiscal year 2012 beginning September 1, 2011 and ending August 31, 2012. During this time, the hospital invested nearly \$185 million in services and activities to improve the health status of infants, children, adolescents and pregnant women. In addition to providing details on this investment, this document describes the planning process undertaken to effectively plan and coordinate the hospital's community benefits efforts for fiscal year 2013, September 1, 2012 through August 31, 2013.

### **Mission**

*Lucile Salter Packard Children's Hospital serves its communities as an internationally recognized pediatric and obstetric hospital that advances family-centered care, fosters innovation, translates discoveries, educates health-care providers and leaders and advocates on behalf of children and expectant mothers.*

### **Vision**

*The vision of Lucile Packard Children's Hospital at Stanford is to drive innovation in the most challenging areas of pediatrics and obstetrics to improve the quality of life for children and expectant mothers and those who love and care for them.*

### **Values**

Lucile Packard Children's Hospital **CARES** through:

- **Collaborating** to reach goals
- **Advancing** a family-centered approach to treatment
- **Respecting** our patients, their families, and our co-workers
- **Educating**, innovating and translating discoveries in pediatrics and obstetrics
- **Serving** our community through outreach and advocacy

## **II. Primary Service Area**

LPCH's primary service area is San Mateo and Santa Clara counties.

Based on LPCH 2012 discharge data, 52% of LPCH inpatient pediatric cases (excluding normal newborns) and 89% of obstetrics cases came from San Mateo and Santa Clara counties. An additional 30% of pediatric volume and 10% of obstetrics volume came from eight other northern California counties, including Alameda, Contra Costa, San Francisco, Santa Cruz, Monterey, San Benito, Stanislaus and San Joaquin counties. According to 2011 OSHPD discharge data, in the two-county primary service area, LPCH ranks first in market share (25.6%) for pediatrics and fourth for obstetrics (11.6%). In the 10-county northern California area, LPCH ranks third for pediatrics, with 11.2% market share, and sixth for obstetrics, with 4.1% market share.

In addition to programs and services at its Palo Alto campus, LPCH also operates LPCH-licensed beds in satellite units at three local area hospitals: a special-care nursery at Washington Hospital in Fremont (9 beds), a special-care nursery at Sequoia Hospital in Redwood City (6 beds), and adolescent and general pediatrics inpatient units at El Camino Hospital in Mountain View (30 beds).

### **Key Demographics in Primary Service Area**

- According to 2010 California Department of Finance demographic data, there were 586,319 children ages 0-17 in the two counties, with the vast majority, 429,152, living in Santa Clara County and 157,167 in San Mateo County.

Ethnicity	Racial/ethnic makeup of child population		
	Santa Mateo County	Santa Clara County	California
Native American	.2%	.2%	.4%
Asian-American	22.7%	31%	10.8%
African-American/Black	2.1%	2%	5.7%
Caucasian/White	32%	24.3%	27.3%
Hispanic/Latino	35.1%	36.7%	51.6%
Native Hawaiian/Pacific Islander	1.8%	.4%	.4%
Multi-ethnic	6.1%	5.5%	3.8%

### **Children Living in Poverty**

- The 2012 federal poverty guideline was defined as an annual income of \$19,090 for a family of three. However, this guideline does not take into account the actual cost to be barely self-sufficient in these two high-cost counties. A better measure is the Self-Sufficiency Standard for California, which measures how much income is needed for a family of a specific composition to adequately meet its minimal basic needs: housing, food, child care, out-of-pocket medical expenses, transportation and other necessary spending – and provides a complete picture of what it takes for families to make ends meet. This standard is calculated by Dr. Diana Pearce at the University of Washington, in conjunction with Wider Opportunities for Women in Washington DC and the Insight Center of Community Economic Development. For a family of one adult, a pre-schooler and one school-aged child in San Mateo County, the income required is \$78,945. In Santa Clara County, it is \$77,973. The self-sufficiency income changes depending on the make-up of the family.
- The latest data available shows the percentage of children 0-18 living in poverty in Santa Clara County at 10.4% and in San Mateo County at 8.9%. However, as noted above, the federal poverty guidelines used to compile these numbers do not reflect the actual cost of living in these two counties, so the percentages are higher if this is taken into consideration. Another indicator is the percentage of public school children eligible to receive the free/ reduced lunch programs: In 2010, 38% in Santa Clara County and 36.5% in San Mateo County.

### **III. Financial Valuation of FY2011-2012 Community Benefit**

The table below quantifies LPCH's FY 2011-2012 investment in community benefit programs that benefitted a total 43,979 individuals. All figures presented are the hospital's net investment **after** reimbursement or fees, but not subtracting restricted grants. ***Following IRS reporting guidelines, restricted funds that are secured through the Lucile Packard Foundation for Children's Health are not subtracted. In addition, again per IRS guidelines, Children's Hospital Graduate Medical Education funding which supports education for pediatric residents and fellows is not subtracted.***

LPCH is very fortunate to have several endowments that are designated to support community programming and physician education and the support of the Lucile Packard Foundation for Children's Health to raise annual funds to support undercompensated care and community programs. The FY2012 cost of community programs and services (not including medical care provided in the hospital and clinics or health professions education) was \$4,947,993. The hospital received only \$23,363 in revenue to support these programs. Restricted funds contributed by individual, foundation and corporate donors provided \$1,459,587 for community programs and services, \$3,959,570 to support the cost of undercompensated care, and \$1,486,850 to support health professionals' training programs. Children's Hospital Graduate Medical Education funding totaled \$6,246,723.

#### **Undercompensated costs of medical services to government-covered patients = \$196,042,927 (not including Medicare)**

Undercompensated costs of services covered by Medi-Cal and out-of-state Medicaid = \$195,215,247

Undercompensated costs of services covered by means-tested government programs: Healthy Families, Healthy Kids, CCS, CHDP, etc. = \$826,680

#### **Charity care at cost = \$646,384**

#### **Health professions education = \$15,578,490**

- Resident physicians, fellows, medical students education costs (does not subtract CHGME reimbursement)
- Nurse and allied health professions training
- Funding for resident community projects
- Perinatal Outreach and Consultation Services

#### **Community health improvement services = \$1,351,120**

- Mobile adolescent health services
- Insurance enrollment support
- Care-A-Van
- Community health education programs
- Child safety programs
- School-based health education programs
- Peninsula Family Advocacy Program

#### **Subsidized health services = \$195,826**

- Pediatric Weight Control Program
- Suspected Child Abuse and Neglect Program

#### **Financial and in-kind contributions = \$2,889,847**

- Children's health insurance premium support
- Community clinic capacity building and support
- All event sponsorships for not-for-profit organizations
- Project Safety Net
- School nurse demonstration project
- Small program grants for community organizations

**Community building activities = \$236,311**

- Chamber of Commerce membership and activities
- Service club activities
- Focus on a Fitter Future CHA program
- Support for community emergency management programs
- Advocacy for children’s health issues

**Community benefit operations - \$274,889**

- Dedicated staff and function support
- Needs assessment costs

**TOTAL VALUE OF QUANTIFIABLE BENEFITS PROVIDED TO THE COMMUNITY (without Medicare): \$217,225,794**

**TOTAL VALUE OF QUANTIFIABLE BENEFITS PROVIDED TO THE COMMUNITY (with \$3,905,976 undercompensated costs for serving Medicare patients): \$221,131,770.**

**III a. Community benefit with and without subtracting restricted funding secured through Lucile Packard Foundation for Children’s Health and CHGME**

<b>Benefit Category</b>	<b>Cost minus reimbursement or fees</b>	<b>Restricted contributions from LPFCH or CHGME grant</b>	<b>Total benefit not subtracting restricted funding (per IRS guidelines)</b>	<b>Total benefit subtracting restricted funding</b>
<b>Undercompensated costs of medical services to government-covered patients</b>	\$196,042,927	\$3,959,570	\$196,042,927	\$192,083,357
<b>Charity care at cost</b>	\$646,384		\$646,384	\$646,384
<b>Health professions education</b>	\$15,578,490	CHGME=\$6,246,723 LPFCH=\$1,486,850	\$15,578,490	\$7,844,917
<b>Community health improvement services</b>	\$1,351,120	\$878,859	\$1,351,120	\$472,261
<b>Subsidized health services</b>	\$195,826	\$110,326	\$195,826	\$85,500
<b>Financial/in-kind contributions</b>	\$2,889,847	\$470,402	\$2,889,847	\$2,419,445
<b>Community building activities</b>	\$236,311		\$236,311	\$236,311
<b>Community benefit operations</b>	\$274,889		\$274,889	\$274,889
<b>TOTAL</b>	<b>\$217,225,794</b>	<b>\$13,152,730</b>	<b>\$217,225,794</b>	<b>\$204,073,064</b>

## IV. Assessing Community Need and Planning LPCH's Response

### Assessing Community Needs

Santa Clara County released its needs assessment document, based upon results from the 2009 Behavioral Risk Factor Surveillance Survey, on July 20, 2010. The full report is available at [www.sccphd.org](http://www.sccphd.org). San Mateo County has done a review of the most recent secondary data, but has not yet released results from a spring 2012 community survey. Of most value to LPCH as a children's hospital is the focused data posted and continually updated on KidsData.org, which is sponsored by the Lucile Packard Foundation for Children's Health. This resource provides a robust array of data about the health and well-being of California children and adolescents. This valuable data source is accessed at [www.kidsdata.org](http://www.kidsdata.org).

In addition, LPCH accesses more focused needs studies such as:

"An Assessment of Community Health Center Partnerships with Stanford Medicine" conducted in the summer of 2009 by Shruti Kothari, an MPH candidate, who interviewed leaders at a number of local community health clinics to ascertain their needs and challenges in providing safety net care.

"Children with Special Health Care Needs: A Profile of Key Issues in California" released in November 2010 by The Lucile Packard Foundation for Children's Health and The Child and Adolescent Health Measurement Initiative. This is available at [www.lpfch.org/specialneeds](http://www.lpfch.org/specialneeds).

To gather and analyze these various data sources, LPCH participates with other hospitals, public health departments in two counties, and community organizations to prepare the triennial community-wide health needs assessments mandated under California Senate Bill 697 and the IRS. The next assessment report will be released in spring 2013.

Partners for the 2010 assessment processes included:

<b>San Mateo County Healthy Communities Collaborative</b>	<b>Santa Clara County Community Benefits Coalition</b>
Health Plan of San Mateo	Community Health Partnership
Hospital Consortium of San Mateo County	Council on Aging, Silicon Valley
Kaiser Permanente, Redwood City	El Camino Hospital
Kaiser Permanente, South San Francisco	First 5 Santa Clara County
Lucile Packard Children's Hospital	Healthy Silicon Valley
Mills Peninsula Health Services	Hospital Council of Northern and Central CA
Peninsula Healthcare District	Kaiser Permanente, San Jose
Peninsula Library System	Kaiser Permanente, Santa Clara
San Mateo County Public Health Department	Lucile Packard Children's Hospital
San Mateo County Health Services	O'Connor Hospital
San Mateo County Human Services Agency	Project Cornerstone-YMCA
San Mateo Medical Center	Santa Clara County Public Health Department
Sequoia Healthcare District	Saint Louise Regional Hospital
Sequoia Health Services	Santa Clara County Office of Education
Seton Medical Center	Santa Clara Family Health Plan
Seton Medical Center - Coastsides	Santa Clara Valley Health and Hospital System
Stanford Hospital and Clinics	Silicon Valley Community Foundation
Youth and Family Enrichment Services	Santa Clara County Social Services Agency
	Stanford Hospital and Clinics
	The Health Trust
	Veterans Administration Hospital-Palo Alto
	United Way, Silicon Valley

## **Community Input into Community Benefit Planning Processes**

The hospital's Community Advisory Council includes representatives from both counties from the public health departments, community-based clinics, the mental health services community, faith-based communities, schools, and community-based children's advocacy organizations. It reviews and analyzes needs assessment data, assists in selecting priorities, identifies opportunities for collaboration and serves as a catalyst for relationship-building and partnering with community organizations. This committee met three times during FY 2012, re-affirmed current focus areas and reviewed this current report and plan on January 17, 2013.

## **Role of the Board of Directors**

The LPCH Board of Directors, through its Quality, Service and Safety Committee which meets four times annually, reviews community benefit plans and programs. The annual report is reviewed and approved by the full Board of Directors, which discussed and accepted this report and plan on February 6, 2013.

## **Relationship of Community Benefits to Strategic Planning**

The community benefits planning and management function at LPCH is part of the strategy and business development division and reports to the Chief Strategy Officer, who reports to the CEO. Thus, community benefit planning and programming is a "portfolio" within the strategic development function.

## **Funding for Community Benefit Programming**

Funding for community benefits programs comes from earnings from several endowments set aside for community benefit, from ongoing fund development carried out by the Lucile Packard Foundation for Children's Health, and from operating funds. The LPFCH also provided \$3,959,570 this past year to help offset the losses described previously that were incurred in providing care reimbursed by government programs.

## **LPCH Community Partnerships Mission and Operating Principles**

### ***Community Partnerships Mission:***

Within the context of the LPCH mission, the Community Partnerships function seeks to develop and enhance partnerships that work to improve the health of children, adolescents and expectant mothers in our immediate community through common concern, collaborative action and shared resources.

### ***Key Operating Principles:***

- Program planning focuses on San Mateo and Santa Clara counties.
- Program development is supported by both formal and ongoing informal needs assessment involving the community.
- Program development focuses on a few priority needs with long-term commitment (minimum five years) to these needs.
- LPCH focuses on addressing the needs of communities with disproportionate unmet health-related needs.
- LPCH works to address the underlying causes of persistent health problems.
- LPCH targets charitable resources to mobilize and build the capacity of existing community assets and works in partnership with the community.
- LPCH engages diverse community stakeholders in the selection, design, implementation and evaluation of program activities.
- LPCH community benefit programs strive to establish operational linkages between clinical programs and community health improvement activities.

### **Engaging With Our Community**

One of the guiding principles of LPCH's community partnerships model is continuous collaboration and partnership with the community. By actively participating in these community coalitions, collaboratives and committees dealing with health issues, LPCH receives continuous input about the needs of children, adolescents, and pregnant women:

- Santa Clara Family Health Plan: major provider of Medi-Cal, Healthy Families, and Healthy Kids insurance. LPCH leaders serve on several plan committees.
- Oversight Committee, San Mateo County Children's Health Initiative.
- Community Benefits Coalition, Hospital Conference of Santa Clara County, which conducts the triennial community needs assessment process.
- Healthy Community Collaborative of San Mateo County, which conducts the triennial community needs assessment process.
- Ravenswood Family Health Center. An LPCH leader is an ex-officio member of the board for this federally qualified health center in East Palo Alto.
- Santa Clara County Children's Agenda 2015 Vision Council. An LPCH physician leader co-chairs this project and community partnerships staff actively participate.
- Project Cornerstone advisory council, which works to implement the 41 developmental assets concept into community programming.
- Coordinated School Health Advisory Council, Santa Clara County Office of Education.
- Palo Alto Unified School District Health Council.
- Get Healthy San Mateo County.
- Project Safety Net, a collaborative working to improve the emotional wellness of youth and prevent youth suicide in Palo Alto.

## **Selecting Focus Areas for Community Partnership Efforts**

These criteria are used to select focus areas for LPCH community benefit programming:

- A needs assessment process, such as those mentioned previously, has identified the issue as important to a diverse group of community stakeholders.
- The issue affects a relatively large number of individuals.
- The issue has serious impact at the individual, family or community level, and/or demonstrates a significant variance from relevant benchmark data.
- If left unaddressed, the issue is likely to become more serious.
- The issue offers potential for program intervention that can result in measurable impact.
- By being addressed, improved status may mitigate the overarching issues of disparity and access to care.
- LPCH has the required expertise, human and financial resources to make an impact while working collaboratively with others in the community.

## **LPCH Community Partnerships Priorities**

Based on previous needs assessment reports, continuous input derived from ongoing participation in multiple community collaborative activities and using the above criteria, LPCH directs community benefit resources to:

- Improving access to primary health care services for children, teens and expectant mothers, focusing on building capacity into existing community resources and on the medical home concept.
- Providing preventive and education programs, with special attention to prevention of pediatric obesity.
- Improving the social and emotional health of youth.

## **Program Development Approach**

Programs evolve through a structured process that includes:

- Quantifiable objectives established for the program.
- An annual planning process, targeted to the priorities.
- Program consistency with the mission and principles, with emphasis on building and maintaining partnerships with community organizations that share our goals.
- Measurable goals and evaluation components for large programs and investments.
- New programs create synergies with already-existing community services initiatives.
- Programs are included in annual reporting and quarterly progress reports to the LPCH Board of Directors' Quality, Service and Safety Committee.

Criteria for selecting new programs or interventions are:

- Target population(s): Will the intervention fit the needs and characteristics of the people we are trying to serve?
- Number of people: How many people will be helped by the intervention?
- Estimated effectiveness/efficiency: What is the track record to date of this approach? Are there adequate resources to implement this intervention?
- Existing efforts: Who else is working on this? What will LPCH's role be? How can we best complement/enhance an existing effort? Is this role meaningful?
- Degree of controversy: Is this intervention acceptable to the community?

## **V. 2012 LPCH Community Benefit Programs**

A community benefit is a service, program or project provided or funded by the hospital which either directly or indirectly fulfills an ongoing need or service delivery gap that has been identified through the hospital's needs assessment processes. The primary purpose of a community benefit program is to improve the health status of the community in general or improve the health status of a group of community members for whom disparities exist. Services that benefit only a single patient or a group of patients in the hospital are generally not considered community benefit programs, with a few exceptions. Community benefit services and programs fall within the following general categories:

### **A. Benefits for economically disadvantaged**

These services and programs target at-risk or underserved populations that have been identified through the needs assessment process. They include inpatient and outpatient medical services to patients that are partially reimbursed by means-tested government programs and patients who qualify for charity care.

### **B. Benefits for the broader community**

These services and programs are designed to maintain or improve the health of the community-at-large or specific populations that do not necessarily meet the definition of "economically disadvantaged". This category includes health education programs, child safety programs, advocacy, regional perinatal networks and other programs that contribute to the community's health knowledge and refer community members to appropriate resources.

### **C. Health research, education, and training programs**

These services and programs contribute to the supply of health professionals in the community and the body of medical knowledge. This category includes the direct financial support that LPCH contributes to the research and teaching programs of Stanford University, internship and clinical experience programs for nurses and allied health-care professionals and support for research and projects addressing community health issues.

## **Community Partnerships Program Focus Area: Improving Access to Primary Health Services Focusing on Building Capacity into Existing Community Resources and on the Medical Home Concept**

### ***LPCH Is a Major Supporter of Government Plans and a Safety Net Provider***

LPCH's largest, and most critical, contribution to improving access to care for vulnerable populations is its commitment to provide care to children, adolescents and pregnant women from northern California and beyond who are covered by Medi-Cal, out-of-state Medicaid and other government programs. Without this commitment, seriously ill children and high-risk pregnant women from throughout California would not have access to the state-of-the-art tertiary and quaternary care that only the physicians and facilities of a hospital at LPCH's level can provide.

LPCH and its faculty physicians participate in all local Medi-Cal managed care health plans, i.e. the Health Plan of San Mateo, the Santa Clara Family Health Plan, Anthem Blue Cross Medi-Cal Managed Care, Central Coast Alliance for Health, Alameda Alliance etc.

LPCH operates California Children's Service (CCS) special-care centers in 19 different specialties from pediatric cardiology to oncology. LPCH's high-risk obstetrics and neonatal intensive care programs transport mothers and babies from 100 community hospitals, so LPCH is a critical contributor to the State's objectives of improving prenatal care for high-risk pregnancies and reducing infant and maternal mortality.

In LPCH's immediate service area, few private pediatricians and obstetricians see Medi-Cal patients or the uninsured. All LPCH clinics offer significantly discounted care to low-income families. And, to

broaden access to outpatient care, LPCH collaborates with San Mateo County to serve Medi-Cal patients at county clinics and federally-qualified health centers in various locations. In addition, LPCH operates a mobile clinic serving homeless and uninsured adolescents, where care is provided without charge. The Stanford School of Medicine operates free clinics in Menlo Park and San Jose.

LPCH provides services to a small number of patients covered by the Medicare program, but we are not reporting this in our financial valuation of community benefit per recent guidelines from the IRS, Catholic Health Association/VHA, etc. Care was provided to 158 patients covered by Medicare with a shortfall between cost of care and reimbursement of \$3,905,976.

397 patients received care costing \$646,384 under the hospital's charity care policy, which is attached to this report. This number is smaller than it is for most general community hospitals of similar size that serve adults because nearly all children in Santa Clara and San Mateo counties qualify for some kind of insurance coverage: Medi-Cal, Healthy Families, Healthy Kids, CCS, CHDP, etc. In addition, the hospital invested \$339,927 in salaries and benefits for staff members who assist families to determine if they qualify for government insurance programs. This makes sure that children and expectant mothers not only have insurance coverage for their current hospital service, but also for subsequent in-home services, rehabilitation, pharmaceuticals, etc.

LPCH physicians provide specialty outpatient services at outreach clinics in California, Oregon, Washington, Nevada, New Mexico, Montana, Alaska, and Hawaii. LPCH also provides regional back-up, consultation, and training services to obstetrics units and neonatal intensive care units located throughout northern California through the Mid-Coastal California Perinatal Outreach Program (MCCPOP). This is the designated Perinatal Regionalization Project that provides outreach education, consultation, and transport for high-risk infants in California's mid-coast counties. These outreach services contribute significantly to reducing infant mortality and morbidity and mortality from disease for children from many California counties

**LPCH's FY2012 under-reimbursed expense (cost of care less the reimbursement received) for 23,887 patients covered by Medi-Cal, out-of-state Medicaid, Healthy Families, Healthy Kids, CHDP, CCS and other means-tested government programs was \$196,042,927. 21,097 patients covered by Medi-Cal/Medicaid accounted for a \$195,215,247 shortfall and 2,790 patients covered by Healthy Kids, Healthy Families, CHDP, CCS and other government programs accounted for an additional \$826,680 shortfall. Charity care costs for 397 patients totaled another \$646,384. The Lucile Packard Foundation for Children's Health contributed \$3,959,570 for under- compensated care.**

### **Collaborative Projects to Improve Access to Care**

LPCH continues to work with the San Mateo Medical Center, San Mateo County Health Services, Health Plan of San Mateo, and other hospitals in the county in the Community Health Network for the Underserved. Goals are to improve access to care and health outcomes for underserved pregnant women and children and to improve coordination of public and private health care resources to leverage the respective assets of all delivery systems in the region. This year the effort focused on building additional capacity into San Mateo County community clinics and re-distributing low-risk deliveries so that low-risk pregnant women are delivering at hospitals closer to their homes. This helps LPCH retain its capacity to serve the highest-risk pregnant women.

For FY2012, LPCH funded the cost of two additional county-employed pediatric providers (\$438,533) in the Fair Oaks and Willow county clinics. LPCH is also allowing the County reasonable access to LPCH's physician recruitment staff, free of charge, to assist the County in recruiting a pediatric endocrinologist and gastroenterologist.

LPCH also agreed to reimburse the County \$300,000 for OB-GYN physicians who perform labor and delivery services for low-income San Mateo County women who deliver at LPCH. Through this agreement, the County is improving the coordination and management of prenatal care and tracks and

monitors improvements in prenatal care access and delivery outcomes for the low-income women served by both the County and LPCH.

Going forward, the focus is on improving systems of care to facilitate referral of children into LPCH who need specialty care but also to keep children who can benefit from community-based care with general pediatricians in the community. This effort strives to have children cared for at the most appropriate level of care with the best access. This past year, the focus has been on co-managing (LPCH specialists and community pediatricians) children with asthma and other pulmonary problems.

**Partnership with Ravenswood Family Health Center- Total investment = \$2,300,000**

A cornerstone of LPCH’s community benefit programming is providing the hospital’s human and financial resources to build capacity into community organizations that share our mission. The hospital’s partnership with Ravenswood Family Health Center in East Palo Alto is a good example.

This Federally Qualified Health Center has grown from its modest beginning in 2001 to including two clinic sites, a dental clinic, integrated behavioral health services, and a mobile program.

In FY2012, LPCH:

- Provided \$300,000 to support pediatrician costs, pediatric dental services, and prenatal nutrition counseling. The pediatric census continues to grow with 38% (4,156) of the center’s patients being under age 18.
- Provided a \$2,000,000 contribution for installation of the NextGen electronic medical record system.
- Provided, under contracts through which the hospital is fully reimbursed, the services of OB/GYNs, pediatricians, and a nurse practitioner.
- Provided medical-legal advocacy services through the Peninsula Family Advocacy Program, a collaborative program with the Legal Aid Society of San Mateo County.
- An LPCH leader serves as an ex-officio board member.

<b>Metrics</b>	<b>Outcomes</b>
<p>By June 30, 2012, RFHC will have provided:</p> <p>2,000 pediatric medical patients with 6,000 visits.</p> <p>900 pediatric dental patients with 2,000 oral visits.</p> <p>36 diet-controlled gestational diabetes patients with nutrition counseling.</p> <p>By Nov. 1, 2012, installation of the EMR system will be completed and fully functional.</p>	<p>3,763 pediatric patients received 8,603 visits in the year.</p> <p>1,185 unduplicated pediatric dental patients received 2,183 oral health visits.</p> <p>37 unduplicated patients received 189 visits to help with diet control of gestational diabetes.</p> <p>All RFHC clinics converted by mid-October 2012. As of October 31, 2012, the BelleHaven clinic was at 70% capacity and the main clinic was adjusting to the changes created by EHR implementation. LPCH grant allowed hiring of specialized staff to assist with implementation as well as purchase of NextGen system.</p>

**Mobile Adolescent Health Services – Total investment = \$448,503**

The Mobile Adolescent Health Services program provides primary treatment and preventive care to homeless and uninsured adolescents ages 12-25 at continuation high schools, job training sites and youth centers. Services include acute illness and injury care; complete physical exams; family planning

services; testing for, counseling and treatment for HIV and STDs and pregnancy testing; immunizations, mental health counseling and referrals; nutrition counseling; referrals to community partners; risk behavior reduction counseling and substance abuse counseling and referrals.

This past year, community partners included Alta Vista Continuation School in Mountain View, Los Altos High School in Los Altos, Peninsula High School in San Bruno, East Palo Alto charter high school in East Menlo Park, the Indochinese Housing Development Center in San Francisco, the LGBTQ Youth Space in San Jose, which serves lesbian, gay, bisexual, transgender and questioning youth, and the Job Corps training facility in San Jose.

The program is also a training and research site to expose medical students, residents and fellows to the best practice of community medicine designed to reach medically underserved youth. The Mobile Adolescent Health Services program also conducts research projects that further the understanding of medical, psychosocial and nutritional issues that impact youth.

This program set specific performance measures for FY2012.

Metric	Outcome
<ul style="list-style-type: none"> <li>▪ 1100 medical visits</li> <li>▪ 1000 dietitian encounters</li> <li>▪ 650 social worker encounters</li> <li>▪ 45% of eligible patients will receive all 3 Hepatitis shots in series</li> <li>▪ 50% of sexually active patients will increase condom/birth control use by at least 1 level on a 1-5 Likert scale.</li> <li>▪ 90% of sexually active females will be given a focused intervention on Plan B, will receive Plan B, and will demonstrate increased knowledge of Plan B measured in pre-and post-surveys.</li> <li>▪ 70% of eligible patients (per hospital policy) will receive seasonal and any other recommended vaccine (e.g. H1N1, TDAP).</li> <li>▪ 100% of patients will use the PHQ- (standardized depression-screen questionnaire) with social workers discussing with each patient. Patients screening positive will be counseled, referred to psychiatry if needed and tracked.</li> </ul>	<p>426 unique patients received 1045 medical provider visits</p> <p>930 dietitian individual and group visits</p> <p>892 social worker encounters</p> <p>60% received 3-shot series</p> <p>60% increased usage by at least 1 level</p> <p>100% received the intervention. Knowledge about Plan B went from 40% to 90%.</p> <p>100% received vaccines</p> <p>100% were screened for depression.</p>

**Care-A-Van for Kids – Total investment = \$215,697**

The Care-A-Van for Kids program makes life-saving health services accessible to low-income families who lack reliable means of transportation. This is a free service for children living outside a 25-mile radius from LPCH. During the past fiscal year, 418 unduplicated individuals received 1865 rides.

**Children’s Health Insurance Initiatives – Total investment = \$100,000**

LPCH has been supportive of the Children’s Health Initiatives in both San Mateo and Santa Clara counties since their inception. These programs expand health coverage to children who do not qualify for Medi-Cal or Healthy Families programs through the creation of locally-funded Healthy Kids programs.

In FY2012 LPCH paid for one year of premiums in the Healthy Kids program for 50 children in each county, a contribution totaling \$100,000.

**For San Mateo County Children’s Health Initiative  
Metrics**

**Outcomes**

<p><b><u>Access and “medical home” outcomes</u></b></p> <p>1. Maintain or increase the following percentages of members in each age group who access primary care services:              90% for 25 mo. - 6 yrs.              92% for 7-11 years old.              88% for 12-19 years old</p> <p><b><u>Preventive care outcomes</u></b></p> <p>1. Increase from 57% the percentage of members who have initial health assessment within 120 days of enrollment.          2. Increase from 76% percentage of well-child visits for members aged 3-6.          3. Increase from 56% the percentage of well-teen visits for members 12-18.          4. Increase from 89% the total members identified as having persistent asthma who were appropriately prescribed medication for long-term control.</p> <p><b><u>Retention outcomes:</u></b></p> <p>1. Maintain or increase from 90% the percentage of HK members who retain Healthy Kids coverage at the annual re-certification process.          2. Decrease from 50% the percentage of HK members who disenroll due to avoidable reasons</p>	<p>Maintained 90% 93% 93%</p> <p>64% had initial assessment within 120 days</p> <p>77% had well-child visits</p> <p>66% had well-teen visits</p> <p>92% received appropriate medications</p> <p>Average renewal rate is 78%. Improvement is anticipated with initiation of paper renewal application process.</p> <p>74% disenroll, many because they do not complete the annual redetermination process. The implementation of the paper renewal process is expected to help.</p>
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**For Santa Clara County Children’s Health Initiative  
Metrics**

**Outcomes**

<p>Increase the percentage of Healthy Kids members who visited their primary care physician in the past 12 months. 2012 Annual Goal: At least 82% of children</p> <p>Increase the number of children referred by a primary care physician to health education programs. 2012 Annual Goal: At least 5,500 children</p> <p>Increase the percentage of Healthy Kids members who renew their coverage after the initial year. 2012 Annual Goal: 73% of children.</p>	<p>Approx. 80% of Healthy Kids members visited their primary care physicians in the past 12 months. Because this data is derived from HEDIS data, which is based on calendar year 2012, many children may have had their annual visit in the 13<sup>th</sup> or 14<sup>th</sup> month and thus were not counted as having visited within 12 months. A new outbound calling effort is expected to increase children’s use of their health benefits.</p> <p>7,185 children referred to health education programs in bike safety, chronic disease management, counseling, early feeding education, fitness and exercise, infant care, nutrition, parenting, prenatal care, smoking cessation, substance abuse and weight management.</p> <p>Approx. 71% renewed after the initial year. About 23% of the non-renewals aged out of the program. Of the 29% who did not renew, 24% had moved out of the area, aged out of the program or voluntarily disenrolled. 76% did not renew because they did not submit renewal paperwork or did not pay their share of premium. The new outbound calling system is designed to make the renewal process easier for families.</p> <p>Healthy Kids provided health coverage to 7,749 unduplicated children. A community outreach program has been very successful in outreaching to families, has developed partnerships with 27 organizations and has identified about 1,000 children whose parents began the application process.</p>
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## **Putting Healthcare Back into Schools Initiative – Total investment = \$265,000**

In FY2007, LPCH, the Lucile Packard Foundation for Children's Health, San Jose Unified School District, and School Health Clinics of Santa Clara County embarked on an exciting initiative to jointly plan and fund a community program that would make an impact on children's health status over an extended time period.

Goals for the ***Putting Healthcare Back into the Schools Initiative*** are to improve access to primary care and preventive services, including health education, for students ages 8-13 in four schools (two elementary and two middle schools) in the San Jose Unified School District and to facilitate establishing a medical home for students who do not have one. The hospital and Foundation are funding four school nurses, placed full-time in four schools in low-income area of central San Jose. These nurses are formally linked to two school health clinics operated by School Health Clinics of Santa Clara County with addition of a nurse practitioner who supports the nurses and this project.

This program is a demonstration project. We are testing the efficacy of increasing nursing services in schools with structured linkage to a school health clinic that can provide support for school nurses as they provide ever-more complex services to at-risk children. A doctoral-level Clinical Associate Professor in the Department of Pediatrics and Center for Education in Family and Community Medicine at Stanford University School of Medicine has designed a rigorous evaluation for the five years of this project.

In the last year of operation, 3,286 unduplicated children were served at the four schools with LPCH/LPFCH-funded nurses. 82% of these were Latino children and 79% were low income.

Metrics	Outcomes
Preventive services: Screenings, referrals and follow-up care	Nearly all students in demonstration schools who were screened and referred to a healthcare provider for possible vision (96%), hearing (100%), dental (80%) were assessed by the appropriate specialist, compared to control schools (67% vision, 75% hearing, no data for control schools for dental.).
Asthma management	100% of students identified with asthma in demonstration schools were assessed. The number of students identified with asthma continues to increase, due to increased parent and staff education. Nurses were able to mobilize community resources for student, staff and parent education. Data shows decreased acute asthma episodes requiring emergency interventions.
Establishment of a medical home	95.3% of parents report that children have insurance. 82.3% of parents at demonstration schools report that their child has a regular health provider. At the end of the project, every student referred to the School Health Clinics was evaluated by the nurse practitioner
Strengthened collaboration with community organizations	SJUSD partners with community agencies to provide asthma education with Breathe California, dental screening and follow-up with the Santa Clara County Dental Society and Johnson and Johnson. Professional vision exams are provided through Essilor Vision Foundation and insurance outreach through Kaiser.
Development of SHCSCC health education program	SJUSD has solidified its partnership with School Health Clinics of Santa Clara County for student referral/follow-up and health education. SHCSCC provided 192 educational sessions for 4,838 participants.
Other results	<p>Because of the project's success, SJUSD added full-time nursing at two additional schools as part of a coordinated school health pilot.</p> <p>Full-time nurses were able to provide home visits to deal with health issues affecting student attendance.</p> <p>Nurses provided TB tests for parent volunteers to increase parent involvement at the schools.</p> <p>Academic test gap for students with asthma was closed during the project due to better identification, assessment, and management.</p> <p>Project results presented on the national stage: Presentation to Healthy Schools Campaign in Washington DC; National School Nurse Organization; American Public Health Association Conference, and Association of California School Administrators.</p>

**Community Partnerships Program Focus Area: Educational Programs that Provide Awareness About Pediatric Health Issues and Help to Create Community Environments that Promote Improved Health Status for Children, Adolescents and Expectant Women, with Special Attention to Prevention of Pediatric Obesity.**

**Access for Low-income Families to LPCH Pediatric Weight Control Program – Total Investment = \$71,600**

LPCH sponsors a nationally-recognized Pediatric Weight Control Program, a 26-week, family-based behavior modification program for overweight children. The program is offered both at the hospital and at community locations.

The program costs \$3500 per family. Because insurance plans do not yet reimburse for weight management programs, this cost must be borne by the family. The hospital has set up a mechanism for families to apply through the hospital’s charity care program for partial or full support to take the program. In FY2012, the hospital provided \$71,600 to benefit 101 families.

<b>Metrics</b>	<b>Outcomes</b>
77% of families beginning 25-week program complete the entire program with average reduction in overweight of 6%.	83% completed the entire 25-week program with average reduction in overweight of 7%. 101 families participated, with 14 being ages 6-8, 84 being ages 9-13, and 3 ages 14-17. 47 were Hispanic, 34 Caucasian, 6 Asian-American, 5 African-American, 8 other and 1 Pacific Islander

**Silicon Valley Youth Health Literacy Collaborative – Total Investment = \$75,213**

In FY2010, LPCH launched a three-year collaborative project with El Camino Hospital in Mountain View and HealthTeacher, Inc., HealthTeacher is a leading provider of online health promotion, disease prevention, social/emotional wellness and safety resources for kindergarten through 12th grade and is used by nearly 30,000 teachers nationwide. HealthTeacher helps establish community-based youth health collaboratives by developing partnerships between healthcare organizations, businesses, community leaders and schools to address the growing issues affecting the health status of young people.

HealthTeacher, Inc. provides more than 300 lesson plans in the 10 health topic areas aligned to the national and California health education standards: alcohol and other drugs, anatomy, community/ environmental health, injury prevention, mental and emotional health, nutrition, personal and consumer health, physical activity, family health and sexuality and tobacco.

Metrics	Outcomes
<p>Use of standards-based pre-post assessment tool will increase from 38% to 60% of schools active in collaborative.</p> <p>Teacher satisfaction per annual survey will increase from 53% to 70% due to continued enhancements and content improvements.</p> <p>15 second-year trainings and 20 first-year trainings conducted by end of academic year.</p> <p>Following fall launch of HealthTeacher’s “Deep Breathing” Mobile Application, 2 pre-selected teachers will fully implement deep-breathing exercises in the classroom and report 25% less stress levels in students.</p>	<p>Due to low number of matched pre-and post-surveys for both teachers and students, results inconclusive. FY13 goal to increase to at least 150.</p> <p>6 second-year and 15 first year trainings held</p> <p>4 teachers fully implemented and all noted reduced student stress.</p> <p>All 20 participating districts used HealthTeacher to some extent with 300 teacher users logging in. There were 6,122 content views with 2,305 being lesson views and 3,817 being resource views. Most-used content areas were family health and sexuality, nutrition, mental and emotional health and alcohol and other drugs.</p>

### Leadership in Community Collaboratives Addressing Obesity Prevention

During FY2012 LPCH continued leadership and participation with three community collaboratives working to create environments that encourage healthier lifestyles and prevent obesity: the Get Healthy San Mateo County Task Force, the Bay Area Nutrition and Physical Activity Collaborative (BANPAC), and the Santa Clara County Office of Education’s Coordinated School Health Advisory Council.

The Executive Director, Community Partnerships served on the Santa Clara County Office of Education’s Coordinated School Health Advisory Council, which provides resources to encourage all county districts to adopt the CDC’s Comprehensive School Health model. She also served on the Palo Alto Unified School District’s Health Council which is designing a coordinated school health program for PAUSD.

LPCH is also a partner with the Children’s Hospital Association (formerly National Association of Children’s Hospital and Related Institutions) Focus on a Fitter Future Initiative. This project is addressing the role of children’s hospitals in combating the epidemic of pediatric obesity. This multidisciplinary group began in 2008 with support from Mattel Children’s Foundation and participation from 15 NACHRI institutions. Unique to this group is its inclusion of physicians, dietitians, exercise specialists, psychologists, researchers and executive sponsors from participating hospitals. The goal of the members of FOCUS on a Fitter Future is to deliver quality, cost effective care and improve service for children and families in the prevention and treatment of pediatric obesity. Over an 18-month period, the teams shared common experiences and challenges related to building and sustaining a thriving childhood obesity clinic or program. Seven subcommittees were formed to tackle the most pressing issues. The hospital invested \$9,018 in this effort in FY2012.

LPCH is particularly focusing on building a healthier hospital environment for patients, their families, visitors and staff through food and beverage policies, employee wellness initiatives, environmental initiatives, and benefits redesign to encourage preventive services. The hospital has received national recognition for its food and beverage policies.

### **SafeKids Coalition - Total Investment = \$46,284**

LPCH is the lead agency for the SafeKids Coalition of Santa Clara and San Mateo counties, one of 600 across the US in 49 states. Safe Kids USA is a nationwide network of organizations working to prevent unintentional childhood injury, the leading cause of death and disability for children ages 1 to 14. The group teaches families about child injury risks and prevention, encourages and conducts research on leading injury risks, evaluates solutions for injury risks, works to pass and improve child safety laws and regulations, provides lifesaving devices such as child safety seats, bike helmets and smoke alarms, and promotes corporate leadership in child safety through effective and sustainable partnerships.

In FY2012, SafeKids' child safety committee participated in many community events in San Mateo and Santa Clara counties providing bike helmet fitting instruction and bike and pedestrian safety. LPCH's safety coordinator also served as a consultant to the City of San Jose's Walk n Roll Initiative.

### **Child Safety Outreach Program – Total Investment = \$186,713**

LPCH operates a free, permanent child passenger seat fitting station in the hospital parking structure that provides a certified technician to teach and assist parents to correctly install car seats. The permanent, six-days-a week service means that parents do not need to rely on community fairs or other sporadic opportunities for assistance. The program also visits community locations such as Ravenswood Family Health Center in East Palo Alto and Kohl's stores in the south bay area.

The inspections confirm national statistics that over 85% of all car seats are not installed correctly and thus do not provide optimal protection. However, national statistics show that misuse reduction efforts such as the car seat fitting station are working. Inspections and public service announcements cost just \$5 per seat, but save \$390 per seat in avoided injuries.

In FY2012, the LPCH car seat program provided instruction to 4,083 parents.

### **Perinatal, Parenting, and Community Health Education Programs – Total “Scholarship” Investment = \$8,783**

LPCH sponsors programs provided at the hospital and in community locations, ranging from childbirth preparation, infant CPR, infant safety, breastfeeding instruction, and adjusting to the first year as parents, to programs for grandparents and siblings, the popular Heart-to-Heart program for pre-teens and their same-gender parents, and evening lectures about child health issues such as sleep disorders. In addition, the hospital and the Stanford School of Medicine host an annual update on autism, which presents the latest discoveries in autism for parents, teachers, social workers, etc., and on eating disorders.

While the hospital makes a significant investment to provide these programs, most costs are covered through class registration fees. LPCH reports only the cost of providing “scholarships” for those who cannot afford the cost, or the cost of providing interpreters for the hard-of-hearing, etc. as a community benefit expense.

## **Community Partnerships Program Focus Area: Improving the Social and Emotional Health of Youth**

### **Project Safety Net and Health Care Alliance for Response to Adolescent Depression (HEARD) – Total Investment = \$95,832**

In response to a “contagion” of teen suicides in Palo Alto in 2009, a group of child psychiatrists, nonprofit agencies and school psychologists came together to prevent crisis situations and intervene early enough to ensure the crisis stage is never reached. The alliance also works to increase awareness of mental disorders, decrease the stigma surrounding them and increase access to treatment. Dr. Shashank Joshi with LPCH is leading this effort and LPCH’s psychiatry department has worked to open up additional appointments to make sure children in crisis are seen immediately. LPCH supported this program for two years with a grant of \$50,000.

A more broadly-focused initiative is Project Safety Net, with a mission to develop and implement an effective, comprehensive, community-based mental health plan for overall youth well-being in Palo Alto. The plan includes education, prevention and intervention strategies that together provide a safety net for youth and teens in Palo Alto. The hospital’s Executive Director, Community Partnerships served on this task force.

LPCH committed \$95,832 in FY 2012 to support startup of the evidence-based Sources of Strength program in Palo Alto high schools. Sources of Strength trains peer leaders to change norms around codes of silence and help seeking in schools. The program is designed to increase help seeking behaviors and connections between peers and caring adults. Sources of Strength has a true preventive aim in building multiple sources of support around students so that when times get hard they have strengths to rely on.

#### **Metrics**

#### **Outcomes**

<p>With installation of the Sources of Strength intervention at Gunn High School:</p> <p>Student Peer Leaders who help lead this intervention will show an increase from baseline in a willingness to get trusted adults involved with students who are at high risk for suicide and will gain knowledge of adults who are capable to help with suicide concerns.</p> <p>Student Peer Leaders trained in Sources of Strength will show an increase in the number of communication ties to adults in school and in their community (family, other adults) and rate themselves as stronger in social support resources to support their coping.</p> <p>Peer Leader positive prevention messaging projects (poster campaigns, presentations, on-line messaging) will reach 60% or more of enrolled Gunn High School students.</p> <p>The school population as a whole will demonstrate a change in the social norms of Gunn High School, increasing the acceptability of seeking help from adults for distress and expanding what it means to be a “loyal friend” to include getting help for a friend who is distressed or suicidal.</p>	<p>1,425 students served.</p> <p>100% of 59 trained peer leaders reported asking other students to name trusted adults. 74% reported that more students now get adults involved to help suicidal peers and 82% of peer leaders report that more students know trusted adults. 82% of peer leaders report improvement in how they handle tough times in their own lives. 100% of peer leaders report they made a positive difference in their school.</p> <p>92.6% of peer leaders agreed or strongly agreed with statement: “I know more about how to get help for a suicidal friend” and 81.5% agreed or strongly agreed with the statement “I know more adults I trust to get help for a suicidal peer.”</p> <p>Of 1425 Gunn HS students surveyed, 70% report exposure to Sources of Strength messaging. Exposure was highest with freshmen (77.2%).</p> <p>70% of students believe that an adult could help them during a crisis, but only 49% would talk to a counselor or other school adult. Overall, student norms for help seeking remained stable from fall to spring of FY2012, indicating need for more focused work on core concepts.</p>
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## **Other Community Benefit Programs Benefitting the Broader Community**

### **Health Professionals Education and Training**

As the pediatric division of Stanford University Medical Center, education and research are primary components of LPCH's mission and are so integral to the hospital's operation that it is difficult to isolate individual activities and their costs.

LPCH provides clinical training for medical students, residents, and fellows from the Stanford University School of Medicine. Quantified training costs reported as community benefit focus on trainee stipends, costs for medical supervision and mentoring, and payments made directly to the school to support academic programs.

Residents are attracted to Stanford and LPCH for their pediatric residency training because of the outstanding community advocacy rotation program established here 14 years ago. This program teaches residents about advocacy on behalf of their patients, and focuses on community and public-service programs as well as legislative advocacy. Residents work with a community to develop their own service projects. Interns and residents have been involved in a number of community activities such as working with adolescent pregnancy prevention programs in the Filipino community, developing an asthma management and education program with Ravenswood City School District in East Palo Alto, and developing an educational program for physicians about identifying victims of human trafficking. While this program is critical to the hospital's mission and receives some funding from the hospital's community benefit department, it is not included as a hospital community benefit because it is a program of the Stanford University School of Medicine. However, the \$40,000 in funding that the hospital provided to this program last year is included in the community benefit total detailed below.

The hospital also provides supervision, mentoring, and clinical experience for students and fellows in nursing, pharmacy, social work, audiology, occupational and physical therapy, and clinical nutrition from UCSF, San Jose State University, and several community colleges. Total FY2012 cost was \$2,724,663, with \$160,000 in philanthropic funds supported this training.

FY 2012 reportable costs for physician training for 167 residents and fellows are \$12,686,270. The hospital received \$6,246,723 in Children's Hospital Graduate Medical Education (CHGME) grants and \$1,326,850 restricted funds from the Lucile Packard Foundation for Children's Health.

### **Financial Support for Pediatric Resident Advocacy Program – Total Investment = \$40,000**

The hospital uses some of its available community benefit funds to support training of pediatric residents in advocacy, community research, and development of projects designed to improve community health status. This past year, the hospital provided \$40,000 to support the Community Pediatrics and Child Advocacy Rotation. The FY 2011-2012 residents chose the Ecumenical Hunger Project in East Palo Alto as a longitudinal partner. Projects included a food and gift drive at LPCH for EHP's holiday drive; a project that provided backpack food on Fridays since children cannot attend school food programs on the weekends, and a youth gardening and nutrition initiative. Support was also provided for the StAT Residency Advocacy Training Program, which includes month-long advocacy training for 6-7 junior residents and training seminars on topics such as grant writing, Institutional Review Board processes for research projects, evaluation strategies, etc.

Mini grants totaling \$10,925 for resident projects supported:

- A healthcare needs assessment of foster care youth
- Youth gardening and nutrition initiative in East Palo Alto
- A project addressing reproductive health access for incarcerated girls
- A study of residents' attitudes, competencies, and involvement in health advocacy
- A project with the Eritrean community.

### **Mid-coastal California Perinatal Outreach Program (MCCPOP) – Total Investment = \$156,632**

The Mid-Coastal California Perinatal Outreach Program (MCCPOP), partially funded by the State of California, is the designated Perinatal Regionalization Project for the Mid-Coastal counties in California. MCCPOP is a joint program under the Departments of Pediatrics and Gynecology/Obstetrics that provides outreach education, consultation and transport for 22 maternity programs in the counties of Alameda, Monterey, San Benito, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz and Stanislaus. This network promotes the highest standards of patient safety and family-centered care in these affiliated hospitals. Speakers, workshops, conferences and peer reviews are offered to community physicians and nurses, as well as site visits and compliance reviews. The physician contact facilitated by MCCPOP results in a unique source of high-risk patient referrals to LPCH and SHC, thus ensuring a diverse patient population for study purposes and improving the outcomes of pregnancies in the region. In addition, MCCPOP provides infrastructure and support to numerous, grant-funded programs including: 1) Regional Perinatal Programs of California (RPPC), 2) California Diabetes and Pregnancy Program (CDAPP), 3) California Perinatal Quality Care Collaborative (CPQCC), 4) California Maternal Quality Care Collaborative (CMQCC), 5) High Risk Infant Follow-up Data and Quality Improvement Initiative (HRIF-QI), 6) California Perinatal Transport System (CPeTS), and 7) California Pregnancy-Associated Mortality Review Program (PAMR).

### **Suspected Child Abuse and Neglect (SCAN) Team - \$124,226**

The Suspected Child Abuse and Neglect (SCAN) team consults on suspected child abuse cases, meets regularly to review all CPS referrals and consultations, and maintains a formal contractual relationship between LPCH and the Santa Clara Valley Medical Center (SCVMC) Center for Child Protection. The relationship with the Center for Child Protection provides inpatient consultation services on suspected physical and sexual abuse, outpatient consultation services on emergent cases, representation on the SCAN team and education for residents, medical students and staff.

Due to improved surveillance and oversight since the SCAN team was formed, identified cases of child abuse continue to rise and in FY2012, the team identified and investigated 170 cases.

A grant from the Hedge Fund Cares Foundation supported training for medical students, residents and physicians and hospital staff in how to correctly assess and respond to signs of abuse and neglect. It also supported creation of evaluation, guidance, criteria and references in the electronic medical record system. Both initiatives have led to more appropriate patient evaluations. Grant funding also supported dissemination of the Period of Purple Crying curriculum into the primary care clinics, and a year-long teen parenting class at the New Creation Home in East Palo Alto. This course focused on child abuse prevention for young mothers, including discussions on domestic violence, child neglect, parenting, appropriate discipline, attachment theory, bonding and advocacy for personal health needs.

Longer term goals call for a partnership with SCVMC Center for Child Protection to enhance regional child abuse expertise, telemedicine consultations, creating a fellowship in child abuse pediatrics and research partnerships with other abuse programs at University of California, San Francisco and Davis, and the Stanford psychiatry department.

### **Leadership in Community Emergency Management Efforts – Total Investment = \$12,465**

The two Stanford hospitals play a key role in disaster planning for the community. Through the shared Office of Emergency Management (OEM), SHC/LPCH collaborate with local municipalities, county government and other hospitals to coordinate planning, mitigation, response and recovery activities for events that could adversely impact the community. The goal of these activities is to minimize the impact upon life, property and the environment from catastrophic events such as pandemic flu, earthquakes and other disasters. The SHC/LPCH OEM works with Emergency Medical Services (EMS) in both San Mateo and Santa Clara counties on joint disaster exercises, disaster planning and mitigation and best practices. In 2012 OEM co-hosted along with Stanford University School of Medicine a multi-agency active shooter exercise that involved over 100 participants from local and county public safety agencies. OEM is also an active member on the Palo Alto Emergency Preparedness Work Group.

The OEM provides a critical service for County EMS, Centers for Disease Control and Prevention and other hospitals and county agencies by maintaining caches of emergency medical equipment and supplies for ready access and deployment in the case of disaster or emergencies. OEM provides regular inventory review and 24/7 security to ensure that these EMS supplies are service-ready at all times. For example, the OEM cache supply, maintained in East Palo Alto, can provide care to about 200 trauma and burn patients.

### **Small Program Grants and Event Support for Community Organizations – Total Investment = \$128,340**

LPCH partners with and assists a variety of local non-profit community organizations to reach their programmatic and fund-raising goals. Sometimes, this assistance is in the form of a speaker, such as providing physicians to speak at a school district's parent education conference. Other times, this assistance is financial, such as providing a small grant to help defray the costs of the Children's Agenda summit meeting or supporting operations costs for a summer lunch program for children and their families in East Palo Alto. The hospital also purchases tables at fund-raising events for community organizations that share the hospital's mission, or provides a sponsorship for events such as the American Heart Association's Silicon Valley HeartWalk and the March of Dimes' March for Babies.

In FY2012, LPCH invested \$20,000 in small program grants and \$108,340 to support fund-raising events for not-for-profit organizations such as The Ronald McDonald House, The Cornerstone Project, the Children's Health Council, the YWCA, and Kids in Common, etc.

### **Advocacy for Children's Health – Total Investment = \$150,408**

LPCH employees at all levels advocate for children's health. An on-line advocacy network alerts those who have chosen to join that an issue affecting children is at a critical stage in the county, state or federal legislation process and members are encouraged to e-mail or fax their representative explaining the importance of specialized children's hospitals and the affect the proposed legislation will have on children. LPCH enhances its advocacy efforts through personal visits with state and federal legislators and Chief Government Relations Officer Sherri Sager and CEO Christopher Dawes meet often with representatives in Sacramento and Washington DC.

Members of LPCH's leadership team and faculty play an active role in advocating on the national level through not-for-profit trade groups such as the California Children's Hospital Association, the California Hospital Association, the Children's Hospital Association, as well as through professional organizations such as the American Academy of Pediatrics.

### **Children's Agenda 2015 for Santa Clara County**

LPCH also actively participates in a collaborative effort supporting the Children's Agenda for Santa Clara County. Fernando Mendoza, MD, MPH, Chief of Pediatrics, Stanford University Medical Center, co-

chaired the Children's Agenda Vision Council which is a group of community leaders committed to a common vision for Santa Clara County children. Candace Roney, LPCH's Executive Director, Community Partnerships also served on the project's Vision Council.

Goals for this effort are:

- Children are physically, socially and emotionally healthy
- Children are prepared for and successful in school
- Children live in safe and stable homes and communities

Thirteen data outcomes are being tracked through 2015. These are:

- Access to health care
- Healthy lifestyle
- Early childhood social and emotional development
- School readiness
- Third-grade reading proficiency
- Eighth-grade math proficiency
- High school graduation rates
- Children are in the "Thriving Zone" on the Project Cornerstone Developmental Assets survey
- Children are fluent in 2 or more languages
- Children live in safe and stable families
- Hunger
- Juvenile arrest rates
- Children and youth report they feel valued by the community

This effort is spearheaded by Kids in Common, a children's advocacy and resource mobilization organization, which works to identify gaps in services for children and mobilizes the community to create strategic partnerships and alliances to address those needs. The Children's Agenda and Children's Goals 2015, with benchmarks for Santa Clara County, provide a unique opportunity to create systems change, insure the most effective utilization of resources and create a cultural shift in how we think about and address the needs of children.

### **LPCH Leaders Lend Their Skills and Expertise to Local Not-for-Profit Organizations**

While not quantifiable, members of the LPCH management staff serve on several not-for-profit organization boards of directors and committees, bringing the resources and expertise, and usually financial support, of the hospital to these organizations that are so integral to our community fabric. LPCH leaders serve on the board or committees of boards for Avenidas, RotaCare Bay Area, Abilities United, Palo Alto Community Child Care, the March of Dimes, the National Brain Tumor Society, Santa Clara Family Health Plan, the Ronald McDonald House, Stanford New School, Advocates for Children, and the Palo Alto Family YMCA.

### **Environmental Improvements**

Lucile Packard Children's Hospital Chief Executive Officer, Christopher Dawes, states, "As a children's hospital, we have the responsibility to provide the healthiest environment possible for our patients, their families and our employees, and to lead our community in modeling health practices." Packard Children's "We are Health: Healthy Hospital Initiative" is making investments in green initiatives as well as the built and nutrition environments for the primary purpose of improving community health. These efforts include the use of least-toxic-use cleaning products, supplies and materials; mass transit passes for employees and a weekly farmers market in the hospital cafeteria. Additionally, Packard Children's is expanding and retrofitting the current hospital campus and has incorporated environmentally friendly building designs and sustainable building practices in this process. These efforts include on-site water collection, wind turbines, and EV charging stations. Lastly, the hospital has successfully initiated a comprehensive recycling and composting program and has diverted nearly 35% of annual waste from local landfills.

**Participation in Local Chambers of Commerce and Service Clubs – Total Investment = \$64,420**

LPCH executive staff members are active participants in the Silicon Valley Leadership Group, Joint Venture Silicon Valley, and the Chambers of Commerce of San Jose/Silicon Valley, Palo Alto (board member), Mountain View (board chair) and Menlo Park. As a major employer in this area, LPCH's support of these organizations contributes to the economic vitality of the area.

Hospital leaders are also active members of two Rotary Clubs and a Kiwanis Club.

## **VI. Community Services Plan for FY 2012-2013**

The fiscal year 2013 community benefit plan reflects one year of planning, implementation and input from community partners and stakeholders. It also reflects the concept of “staying the course” with two focus areas first selected in 2005, then reaffirmed in 2009 and 2011, to make a more sustained impact on improving health status in our chosen focus areas: improving access to health services for children, adolescents and pregnant women through building capacity in existing community resources and the “medical home” model, and preventive and educational programs with an emphasis on prevention of pediatric obesity. The FY2013 plan also includes increased investment for the third focus area selected by the Community Advisory Council and Board of Directors in spring 2011: Improving the social and emotional health of youth.

**Focus Area I: Improving Access to Health Services for Children, Adolescents and Pregnant Women, Focusing on Building Capacity into Existing Community Resources and the “medical home model.”**

### **Need Statement:**

Lack of health insurance creates a major barrier to accessing and receiving medical care. Uninsured and underinsured children are more likely to go without medical care, have unmet healthcare needs, and lack a personal doctor or nurse. For children, access to a health-care provider is important to ensure timely treatment for periodic and chronic illnesses as well as preventive health care. In San Mateo and Santa Clara counties, children are eligible for health insurance through Medi-Cal, Healthy Families and Healthy Kids. Because of these health insurance programs, improving children’s access to care is not an issue of simply providing health insurance, but rather an issue of utilization of the medical care provided by their health insurance.

According to the Health Plan of San Mateo (HPSM), 10% of children ages 25 months – 6 years and 8% of children ages 7 – 11 enrolled in the Healthy Kids and Healthy Families insurance programs do not have a usual source of medical care or a primary care provider, a 2% decrease in children without a primary care provider in both age groups since 2009. However, since 2009, HPSM reports that children ages 12 – 18 years without a usual source of medical care have increased to 12%, an increase of 1%. Additionally, the HPSM cites that there are substantially higher rates of children enrolled in the Medi-Cal insurance program who do not have a usual source of medical care or a primary care provider. The HPSM concludes that distance to a usual source of care, inflexible scheduling hours, and communication issues are possible reasons for not having a usual source of care. Unfortunately, in San Mateo County only about 40% of families live within 15 minutes of a usual source of care and only 46% of parents with enrolled children indicate that their child’s appointments are kept on-time. They report that scheduling an appointment around work is often difficult, and 60% report that their child’s doctor does not always explain things well.

The American Academy of Pediatrics (AAP) recommends that children between the ages of 12 and 18 months have a preventive care visit every three months and thereafter every six months until their third birthday. From age three to 21, the AAP recommends preventive care visits on an annual basis. Although approximately 90% of children in San Mateo and Santa Clara counties have a usual source of medical care, many do not visit their primary care doctor for the well-child visits even though they are covered by their health plan. According to the National Committee for Quality Assurance’s Healthcare Effectiveness Data and Information Set (HEDIS), only approximately 65% of children in San Mateo County and 55% of children in Santa Clara County receive the recommended well-child visits. However, both counties have increased the percentage of children receiving the recommended well-child visits by approximately 5% in San Mateo County and 10% in Santa Clara County since 2009. Additionally, in

2010, the California Department of Public Health reported that roughly 10% of children in San Mateo and Santa Clara counties do not receive the recommended immunizations by kindergarten. Although the rate in Santa Clara County has remained relatively stable since 2006, the CDPH reports a 5% decrease in children receiving the recommended immunizations in San Mateo County over the last 5 years.

**Goal: Increased access for all children, adolescents and pregnant women to primary and specialty care in a comprehensive medical home model.**

Target Population: Children and youth aged 1-25 and pregnant women in Santa Clara and San Mateo counties.

**Strategy 1: Increase supply of providers in community clinics to enhance their capacity to provide a medical home for children, teens and pregnant women.**

Community Partner: Ravenswood Family Health Center (East Palo Alto)

Objectives: By June 30, 2013, RFHC will have provided:  
Minimum 3,000 pediatric medical patients with 8,000 visits  
Minimum 1,200 pediatric dental patients with 2,500 oral visits  
Provide a minimum 90 general anesthesia pediatric dentistry cases to children requiring GA due to their oral health acuity or their special needs.

LPCH investment: \$300,000  
\$150,000 for pediatricians  
\$150,000 for pediatric oral health

Community Partner: San Mateo County Community Health Network for the Underserved

Objectives: Through contracts for OB/GYNs to perform labor and delivery services for low-income women delivering at LPCH, the County will:

- Continue to improve management of prenatal care.
- Track/monitor improvements in prenatal care access and delivery outcomes.
- Health Plan of San Mateo (HPSM) will develop and lead implementation of quality monitoring and improvement initiatives.
- County shall coordinate and provide prenatal care for approximately 1200 low-income women prior to delivery at LPCH and OB/GYN care after their discharge.
- County and HPSM shall use best efforts, reliant on philanthropy, to facilitate redirection of deliveries of low-risk women living north of Redwood City.
- The county, HPSM, and LPCH will work together to advance pediatric primary care specialist co-management agreements, starting with pulmonary care.

LPCH investment: \$300,000.

**Strategy 2: Sustain LPCH's Mobile Adolescent Health Services Program for homeless and uninsured youth ages 10-25.**

Community Partners: Indochinese Housing Development Center in San Francisco; Alta Vista Continuation High School in Mountain View; Peninsula Continuation High School in San Bruno, East Palo Alto Charter High School in East Menlo Park; Los Altos High School in Los Altos; LGBTQ Youth Space in San Jose, and Job Corps training site in San Jose.

Objectives: By August 31, 2013:

- 1100 medical visits, 1,000 dietitian visits, and 650 social worker visits.
- 45% of eligible patients will receive all 3 shots in Hepatitis series.

- 50% of sexually active patients will increase their condom/birth control use by at least 1 level on a 1-5 Likert scale.
- 90% of sexually active females will be given a focused educational intervention on Plan B, will receive Plan B, and will demonstrate increased knowledge of Plan B as measured by pre-and post-survey.
- 70% of eligible patients (per hospital policy) will receive seasonal and any other recommended vaccination (H1N1, DTAP).
- 100% of patients will use the PSY (standardized depression-screening questionnaire) with social workers discussing with each patient. Patients screening positive will be counseled, referred to psychiatry care if needed, and tracked.
- Dietitians and social workers will follow 10-12 patients over the year to get comprehensive picture of what interventions they are provided and how they are being helped.

LPCH investment: \$620,211

**Strategy 3: Support premium cost for children older than age 5 in the Santa Clara County and San Mateo County Healthy Kids Insurance programs.**

Community Partners: Children’s Health Initiatives in both counties.

Objectives:

**Santa Clara County CHI:**

- Increase the percentage of Healthy Kids members who visited their primary care physician in the past 12 months to at least 82%.
- Increase percentage of Healthy Kids members (ages 7-18) who visited their dentist at least once in the past 12 months to 77%.
- Increase the percentage of Healthy Kids members who renew their coverage after the initial year to at least 72%.

**San Mateo County CHI:**

Access and “medical home” outcomes

1. Maintain or increase the following percentages of members in each age group who access primary care services:
  - 90% for 25 mo. - 6 yrs.
  - 93% for 7-11 years old.
  - 93% for 12-19 years old

Preventive care outcomes

1. Increase from 64% the percentage of members who have initial health assessment within 120 days of enrollment.
2. Increase from 77% percentage of well-child visits for members aged 3-6.
3. Increase from 66% the percentage of well-child visits for members 12-18.
4. Increase from 92% the total members identified as having persistent asthma who were appropriately prescribed medication for long-term control.

Retention outcomes

1. Increase from 78% number of HK members who retain coverage annually.
2. Decrease from 50% percentage of HK members who disenroll due to avoidable reasons.

LPCH investment: \$100,000

**Strategy 5: Sustain Care-A-Van program to insure transportation to the hospital for those who do not have reliable transportation.**

Community Partners: Volunteer drivers and corporate funders.

Objective: Maintain program at minimum current ride volume.

LPCCH investment: \$225,000

**Focus Area 2: Educational Programs that Provide Awareness About Pediatric Health Issues and Help to Create Community Environments that Promote Improved Health Status for Children, Adolescents and Expectant Women, with Special Attention to Prevention of Pediatric Obesity.**

**Need Statement:**

In 2003, US Surgeon General Dr. Richard Carmona declared childhood obesity a national epidemic. At that time, Dr. Carmona identified that nearly 18% of American children were overweight or obese. Dr. Carmona concluded that children who are overweight or obese are at risk of developing high blood pressure, high cholesterol, asthma, and Type 2 diabetes. Type 2 diabetes is a particular concern as it now is being found in children at increasing rates. Additionally, overweight and obese children are also more likely to have weight problems in adulthood.

The November 9, 2011 release of the California Center for Public Health Advocacy (CCPHA) and UCLA Center for Health Policy Research study, "A Patchwork of Progress: Changes in Overweight and Obesity Among California 5th, 7th, and 9th Graders, 2005-2010", suggests that the 30-year trend of increasing obesity rates in California may be leveling-off, though rates are still three times higher among 12-19 year olds and four times higher among 6 – 11 year olds than they were in the 1970s. Although Santa Clara County has maintained its childhood overweight and obesity rate with a gain of only 0.2% between 2005 and 2010, San Mateo County has made great improvements with a 5.6% decline in rates of childhood overweight and obesity from 2005 - 2010.

Physically fit children generally have better memory, concentration and energy levels. They tend to be healthier emotionally and are more inclined to continue their healthy lifestyle into adulthood. Today, children in San Mateo and Santa Clara counties fare marginally better than the California state averages for physical fitness and childhood overweight and obesity. Although the 2011 California Department of Education's Physical Fitness Test (CDE PFT) results show that, on average, only 33% of children in San Mateo and Santa Clara counties are meeting each of California's six fitness standards between grades 5 and 9, both counties rank 2% higher than the state average of 31%. Additionally, when measured against the Center for Disease Control and Prevention's Body Mass Index (CDC BMI), 34% of children in San Mateo County and 33% of children in Santa Clara County are at an unhealthy weight, either clinically overweight or obese. While a third of children in both counties are overweight or obese, this number is also slightly lower than the California state average of 38%. However, approximately 45% of these children are served by low-income public health programs in both counties, which is significantly higher than the state average of 37% and results in a disproportionate share of health care costs for pediatric overweight and obesity to falling to underfunded public programs.

The California Center for Public Health Advocacy (CCPHA) estimates that between 2003 and 2009, health care and loss of productivity costs for the overweight, obese and physically inactive nearly doubled and, as of 2006, were costing California an estimated \$41 billion per year. More specifically, in 2006, the estimated costs for Santa Clara County reached approximately \$2.1 billion and nearly \$1.2 billion in San Mateo County per year. Although the CCPHA has not released more current data, the report predicted that the trend for dramatic growth in costs would continue and that, by the end of 2011, California's costs would be \$53 billion; including increases to nearly \$2.7 billion in Santa Clara County and \$ 1.5 billion in San Mateo County. The study concludes "...even small improvements in health can have a considerable impact. A five percent improvement in the rate of physical activity and healthy weight over five years could trim almost \$12 billion from the state's obesity costs."

**Goal: Increase awareness of the importance of good nutrition, physical activity, avoidance of substance abuse, car safety and other safety issues, parenting and child health issues, and general healthy lifestyle issues for parents, children, youth and pregnant women.**

Target Population: All children and youth aged 0-25 and their parents in Santa Clara and San Mateo counties.

***Strategy 1: Support Silicon Valley Youth Health Literacy Collaborative for Santa Clara County schools***

Community Partners: El Camino Hospital, HealthTeacher, Inc., participating school districts.

Objectives

- Reach 150 matched pre-and post-tests across all grade levels.
- Add 69 unique schools with at least one user.
- Add 286 new K-8 registered teacher/users.

LPCH investment: \$75,174

***Strategy 2: Support “scholarships” for families participating in LPCH Pediatric Weight Management Program.***

Community Partners: YMCA

Objective: 77% of families beginning 26-week program complete the entire program with average reduction in overweight of 6%.

LPCH investment: \$71,000

***Strategy 3: Continue participation with community collaboratives addressing prevention of pediatric obesity.***

Community Partners: Get Healthy San Mateo County and all of its partners, Bay Area Nutrition and Physical Activity Collaborative (BANPAC) and all of its partners, Coordinated School Health projects within Santa Clara County schools and Palo Alto Unified School District.

Objectives: Maintain connections with multiple community efforts and advocate for community change.

LPCH investment: staff time.

***Strategy 4: Continue lead agency role for San Mateo-Santa Clara County SafeKids Coalition***

**Child Passenger Safety**

According to the Center for Disease Control and Prevention’s National Center for Health Statistics, motor vehicle crashes are the leading cause of death for children ages 1 – 12 and fatality rates could be reduced by about half if the correct child safety seat is always used properly. Additionally, the National Highway Traffic Safety Administration (NHTSA) cites that 3 out of 4 child safety seats are incorrectly used with the highest rates of improper use among African American and Hispanic populations. Lucile Packard Children’s Hospital provides a free, educational car seat fitting program open to the broader community. In collaboration with the SafeKids Coalition of Santa Clara and San Mateo Counties, state and local law enforcement and fire agencies, and other public, private, and nonprofit community partners, Packard Children’s provides advice on how to choose the appropriate child safety seat, instruction for how to

properly install the car seat and how to place a child in it, and car seat recall and safety rating information. These efforts help to combat the incorrect use of child safety seats and decrease rates of crash related injuries and fatalities among infants and children. As reported by the California Highway Patrol, these services have contributed to a steady decline in the number of child passenger safety related injuries and deaths in San Mateo and Santa Clara counties over the last 10 years. Unfortunately, even with the success of these programs, San Mateo and Santa Clara counties have seen a sharp decline in the number of other community agencies providing child passenger safety services since 2008 and the Safely Home Car Seat Fitting Station at Lucile Packard Children's Hospital has become highly impacted. As the only community agency in San Mateo and Santa Clara counties to provide a car seat fitting station 6 days per week, Packard Children's provides a significant contribution to the health and safety of children in both counties. Without this program, the community would lose access to a needed community service.

### **Pedestrian and Bicycle Safety**

Child pedestrians and cyclists are confronted everyday by traffic hazards that overwhelm their cognitive, developmental and behavioral abilities. According to the Center for Disease Control and Prevention's National Center for Health Statistics, more than 600 children die as a result of pedestrian injuries in the United States each year. Additionally, the Brain Injury Association of America cites that fewer than half of children always wear a helmet while cycling and that bicycle-related injury is the number one reason for emergency room visits among children ages 5-14. The Insurance Institute for Highway Safety (IIHS) reported in 2009 that 91% of all bicycle-related deaths occurred among cyclists not wearing a helmet. Lastly, the American Academy of Pediatrics concludes that children in low-income neighborhoods are at substantially high risk of pedestrian and bicycle-related injury.

To combat these staggering statistics and decrease childhood obesity, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) was signed into law in 2005. This federal law included the establishment of Safe Routes to School, a federal government-funded program designed to make it safer for children to walk or bike to school. As the lead agency for the SafeKids Coalition of Santa Clara and San Mateo Counties, Lucile Packard Children's Hospital collaborates with state and local law enforcement and fire agencies, local schools and school districts, and local government agencies to provide educational, programmatic and infrastructure consultation and resources to create sustainable safer community walking and biking routes. With the recent federal and state transportation departments budget reductions, nearly all Safe Routes to School programs are in jeopardy of losing funding and local communities are relying on the expertise and resources of the SafeKids Coalition and Lucile Packard Children's Hospital more heavily than ever before.

Community Partners: Police departments of Atherton, Belmont, Brisbane, Burlingame, Daly City, East Palo Alto, Foster City, Millbrae, San Bruno, San Carlos, Redwood City, Campbell, Gilroy, Mountain View, Morgan Hill, Palo Alto, San Jose, Sunnyvale; Fire departments of Burlingame, Menlo Park, Redwood City, South San Francisco, Woodside, San Jose and Santa Clara County; the San Mateo and Santa Clara County Public Health Departments; California Highway Patrol in Gilroy and Redwood City; the San Mateo County and Santa Clara County Sheriffs Offices; Santa Clara Valley Medical Center and Stanford Hospital.

Objectives: Reduce accidental death/injury for children under age 12 by providing education about car safety, home safety, pedestrian and bike safety.

In FY2013, increase SafeKids agency participation by 25% to ensure adequate staffing for child safety events in two counties.

LPCH investment: approximately \$48,000 in time of Community Program Coordinator (.5 FTE) to lead coalition.

### ***Strategy 5: Expand outreach of Safely Home Car Seat Fitting Program***

Community Partners: Kohl's and other community locations

Objectives:

- Provide at least 500 more car seat installations at the hospital fitting station this year with addition of a contracted tech who will add capacity.
- Conduct staff training on car seat installation so that more LPCH staff, particularly nurses, have background to assist parents. This will include neonatal assessment for preterm infants being discharged from LPCH.
- Conduct 5 Kohl's car seat events at various Kohl's locations in both San Mateo and Santa Clara counties to be more deliberate with outreach and to strengthen relationships with this major funder.

LPCH investment: \$202,131

**Strategy 6: Continue to grow offerings in Your Child's Health University parenting programs**

Partners: LPCH and community physicians

Objectives:

Host at least four All About Pregnancy classes at no cost to provide early education to newly expectant parents and those considering pregnancy. Prenatal education prior to conception and early in pregnancy has been shown to increase healthy outcomes for mothers and babies.

Hold at least four Spanish Heart to Heart classes for male and female teens and their same-sex guardians to make this program available to those for whom language or registration cost could be a barrier to participation.

LPCH investment: Approximately \$15,000 in providing "scholarships" to those who cannot afford registration fees.

<b>Focus Area 3: Improve the social and emotional health of youth</b>
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**Need statement:**

Depression can diminish the quality of a young person's life, resulting in fewer friends, less social support, greater stress, and lower academic achievement. Evidence suggests that in adolescence, depression and suicidal behavior are linked and depression can also exacerbate chronic illnesses such as asthma and diabetes. Depression can be difficult to detect in children, as it manifests in different ways than it does in adults. Between 2008 and 2010, approximately 30% of 7<sup>th</sup> – 11<sup>th</sup> grade students in California reported that they had experienced depression-related feelings. Unfortunately, significantly higher rates of students (40%) enrolled in non-traditional schools, such as community day schools or continuation education, reported depression-related feelings.

Evidence about the emotional health of youth is more anecdotal than available in hard data. However, one need only talk to any school teacher, principal or director of a youth-serving organization to know that the extent of emotional and behavioral issues is huge. The California Healthy Kids Survey, administered by the California Department of Education, asks young people in grades 7, 9 and 11 if, in the past 12 months, they have felt so sad and hopeless every day for two weeks or more that they stopped doing some usual activities. The results of the 2009 Santa Clara County survey and 2010 San Mateo County survey are sobering, although it is important to note that this data is self-reported, not a diagnosis of clinical depression.

- Females report more depression-related feelings than males
- Rates rise as children and adolescents get older

- Rates are highest among children and adolescents in non-traditional school settings (continuation education, community day schools, etc.)
- Rates are highest among Native American and Pacific Islander children and adolescents
- Rates are lowest among Asian and Caucasian children and adolescents
- African American/Black and Hispanic/Latino children and adolescents average in the middle, but rates are much closer to Native American and Pacific Islander than Asian and Caucasian children and adolescents.

In San Mateo County between 2008 and 2010, Pacific Islander youth (34.2%) reported the highest depressive feelings; followed by Multiethnic (32.8%); Hispanic/Latino (30.5%); African American/Black (26.9%); American Indian/Alaska Native (26.1%); Asian (25.5%); and Caucasian/White, (23.5%). Students classifying themselves as “other” were at 28.6%,

Results were similar in Santa Clara County: Pacific Islander (33%); Multiethnic (31.5%); Hispanic/Latino (30.6%); African American/Black (28.5%); American Indian/Alaska Native (25.2%); Asian (25.6%); Caucasian/White (24.1%); and students classifying themselves as “other” at 25.9%.

The simple conclusion is that between one-quarter and one-third of all young people report depressive feelings that affect their quality of life at the same time that supportive positions in schools such as counselors and school nurses have been cut and mental health services provided by the counties have been drastically reduced or eliminated. Additionally, parents even have difficulty identifying that their child may be depressed or have depression-related feelings. According to the 2010 California Parent Survey conducted by the Lucile Packard Foundation for Children’s Health, only 6% of California’s parents and 5.5% of parents in the San Francisco Bay Area report being somewhat or very concerned that their child may be depressed. This statistic is surprising because, in 2009 and 2010, the California Healthy Kids Survey (CHKS) reported 27% of Santa Clara County and 26% of San Mateo County 7<sup>th</sup> graders feeling so sad or hopeless for 2 weeks during the previous year that they stopped doing their usual activities. In its worst manifestation, depression leads to suicide, which is the third leading cause of death for youth ages 15-24 nationwide, according to the Centers for Disease Control and Prevention (CDC). In fact, the youth suicide rate nearly tripled between 1952 and 1995 nationwide, although the rate has dropped for children ages 10-19 over the last decade, according to CDC statistics. Nonetheless, youth suicide probably is underreported because of social stigma, shame, and guilt among family and friends.

The latest data from the California Department of Finance (2009) reports 7.5 youth suicides per 100,000 youths aged 15-24 in Santa Clara County. Because the child population of San Mateo County is only 1/3 as large as the child population in Santa Clara County, the youth suicide rate is often unreported. However, data from the California Public Health Department and Centers for Disease Control and Prevention suggests that the San Mateo County youth suicide rate is approximately 0.004% of the total youth population (age 5 - 24) versus 0.0025% in Santa Clara County. Although, these rates may look nominal, one youth suicide is too many.

Ingesting drugs or poisons is the most common mechanism for self-inflicted, non-fatal injury hospitalizations (suicide *attempts* with firearms are not as common, since gunshots often are fatal). Self-mutilation includes cutting, which is more common among females than males. It also can include scratching, branding, burning, biting, hitting and bruising or pulling hair. These types of self-mutilation are not usually suicide attempts, but rather ways of coping with intense and overwhelming emotions. Self-injury is stigmatized, and often hidden from family and friends.

In San Mateo County, latest data available (2009) shows 76 hospitalizations for self-inflicted injuries among youth 5-20, with 41 for youth 16-20 and 35 for youth 13-15. Unfortunately, this represents an increase from 60 hospitalizations in 2006.

In Santa Clara County, the same data base showed 107 hospitalizations: 78 in the age 16-20 category; 27 for youth 13-15 and 2 in the 5-12 age bracket. Fortunately, this represents a decrease from 118 hospitalizations in 2006.

As noted, this data probably under-represents the extent of self-injury, as only the most serious would be hospitalized. Anecdotal reports from school officials indicate an alarming increase in cutting.

**Goal: Work with others to increase emotional and social well-being of youth as evidenced in Project Cornerstone Search Institute survey results, CHIS data, etc.**

Target population: Youth ages 10-25

**Strategy 1: Support Palo Alto high schools and LPCH/Stanford Department of Child Psychiatry in implementation of evidence-based Sources of Strength program in schools.**

Community Partners: Gunn High School

Objectives:

- Student Peer Leaders trained in Sources of Strength will meet with their adult advisors in small groups at least 6 times during the school year.
- Peer Leader positive prevention messaging projects (post campaigns, presentations, on-line messaging) will reach 75% or more of enrolled Gunn High School students.
- The general school population will demonstrate a change in the social norms of Gunn High School, increasing the acceptability of seeking help from adults for distress and expanding what it means to be a “loyal friend” to include getting help for a friend who is distressed or suicidal.
- Compared to baseline, the school population as a whole will endorse increased participation in an activity that applies Sources of Strength in their own lives.
- The staff as a whole will endorse improvements in school climate and youth-adult communication by the end of the first year of intervention, as measured by scores on the school climate questionnaire.
- In the school population, a greater number of school staff will be named as “trusted adults” at Gunn High School, compared to baseline.

LPCH investment: \$113,430

**Strategy 2: Support Mental Health Dissemination and Innovation Initiative with Dr. Victor Carrion.**

Community Partners: Ravenswood Family Health Center, Boys and Girls Club of the Peninsula, Center for Wellness, Bayview, various state-level committees and task forces on youth mental health.

Objectives:

### **Educating community and creating partnerships**

#### **Ravenswood Family Health Center-Boys and Girls Club Initiative**

- Provide clinical oversight of “embedded” social worker at the Boys and Girls Club of the Peninsula and help to develop her skills to support staff, children, and families within a culturally and trauma-informed system. This outcome will be attained by 1) ongoing supervision and consultation 2) overseeing development of an ongoing curriculum for the BGCP staff on how adverse childhood experiences interrupt academic and social development and how to address this issue clinically.
- Demonstrate a significant decrease in incidences of behavioral violations in youths ages 6-18, as reported by BGCP staff.

#### **Center for Wellness-Bayview**

- Develop a data system infrastructure to facilitate communication among clinical providers and analysis of clinical outcomes.

- Develop a treatment algorithm for the youth and families served.
- Train practitioners in the Early Life Stress treatment model (the Cue-centered Treatment Protocol or CCT).

**Partnership between LPCH Early Life Stress Research program and Ravenswood City School District**

- Work with RCSD to secure resources for implementation of PBIS and increase number of counselors.
- Train counselors on the ELS assessment and treatment strategies.
- Long-term outcome: Increase positive behavior, academic performance, and safety; improve attendance: establish a more positive school culture.

**Treatment Protocol Dissemination**

- Develop a CCT training manual for practitioners.
- Conduct training sessions for practitioners interested in learning about CCT.
- Explore development of a certification program and web-based instructional series.

**Policy and Advocacy**

**Mental Health Services Oversight and Accountability Commission**

- Prepare report for the Governor and legislature on the state of MHSA in California, in particular how it is addressing health gaps in underserved communities.
- Participate in 2-3 site visits per year to assess improvements in diverse counties' programs.

**Cultural and Linguistic Competence Committee**

- Research, produce and conduct annual cultural and linguistic competence presentation.
- Obtain updated utilization data from the Department of Mental Health for 2008-2009 and 2009-2010 to compare to baseline data for 2003-2004. Compare with data from 2007-2008 to determine progress of reducing disparities in the mental health system.
- In partnership with other committees, develop, organize and conduct quarterly community outreach forums.
- Provide update to Commission about collaborative efforts focused on reducing disparities that are being pursued by various agencies including the California Mental Health Planning Council, the California Mental Health Directors Association's Ethnic Services and Social Justice Advisory Committees, CiMH's Center for Multicultural Development, DMH's Office of Multicultural Services, and MHSOAC's CLCC. Provide recommendations related to collaboration as appropriate.
- Participate on work group convened by Services Committee to develop Prevention and Early Intervention Statewide Reducing Disparities Project guidelines and present Strategic Plan summary findings to Commission.

**State Superintendent's Student Mental Health Policy Workgroup**

- Develop recommendations that include need for health insurance, increased nursing and counseling staff at schools and enhanced child nutrition and physical fitness.

**Disaster/Relief Consultation**

- Co-edit a special issue of the Journal "Child Forum" on children, war and violence.
- Continue promoting the dissemination of studies on pediatric mental health and trauma.

LPCH investment: \$132,000

***Strategy 3: Continue active participation in Project Safety Net collaborative***

Community Partners: All organizations participating in Project Safety Net

Objective: Determine ways in which LPCH can be more engaged in task force work

LPCH investment: Staff time

***Strategy 4: Continue leadership role with Project Cornerstone Advisory Council***

Community Partners: All organizations working with Project Cornerstone

Objective: Determine ways in which LPCH resources can be used to further Project Cornerstone work.

LPCH investment: staff time

***Strategy 5: Identify organizations supporting the emotional and social health of youth and support their efforts, fund raising and/or programs.***

Community Partners: To be determined.

## Appendix A: Summary: Key Indicators Santa Clara and San Mateo counties and California

Outcome: Children are Physically, Socially and Emotionally Healthy

Indicator	Healthy People 2010 Goal	Santa Clara County	San Mateo County	California
<b>Prenatal Care and Birth Outcomes</b>				
Percentage of women receiving first trimester prenatal care - 2010 Kidsdata (CDPH)	90%	85.1%	89.7%	83.5%
Infant mortality rate per 1000 infants - 2008-2010 Kidsdata (CDPH) <sup>1</sup>	4.5	3.3	3.4	4.9
Percentage infants born at low birthweight - 2010 Kidsdata (CDPH)	5%	6.9%	7.2%	6.8%
<b>Access to Healthcare Services</b>				
Percentage of kindergarteners with all required immunizations – 2010 Kidsdata	90%	93.5%	88.7%	90.7%
Percentage of children 0-17 with health insurance – 2009 CHIS		97.7%	98.7%	95.1%
Percentage of children 12-17 who have seen a physician for routine health check-up in past year – 2009 CHIS		85.8%	Not Available	85.7%
Percentage of children 1-17 with dental insurance – 2010 California Parent Survey		San Francisco Bay Area <sup>2</sup> : 84.6%		79.8%
Percentage of children 1-17 who have seen dentist in past year – 2010 California Parent Survey		San Francisco Bay Area: 83.5%		82.6%
<b>Nutrition, Weight and Physical Fitness</b>				
Breastfeeding of Newborns (exclusive breastfeeding/any breastfeeding) while in the hospital – 2010 Kidsdata (CDPH)	75% (any breastfeeding)	78.8% / 96.4%	78.8% / 96.8%	56.8% / 90.8%
Percentage of public school 5 <sup>th</sup> , 7 <sup>th</sup> , 9 <sup>th</sup> graders overweight or at risk for overweight – 2010 kidsdata (UCLA)		32.9%	34.1%	38%
Percentage of 5 <sup>th</sup> , 7 <sup>th</sup> , and 9 <sup>th</sup> graders who meet <b>all (6 of 6)</b> state fitness standards – 2011 Kidsdata (CDE FFT)		33.5%	33.1%	31.5%

<sup>1</sup> The California Department of Public Health reports infant and youth death rates over a three-year period. This data should be used to identify death rate trends, such as increasing or decreasing rates, rather than for the specific occurrences.

<sup>2</sup> The California Parent Survey was conducted by the Lucile Packard Foundation for Children's health. The survey collected data from the "San Francisco Bay Area" and "Los Angeles County". The "San Francisco Bay Area" statistic includes data from Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara counties.

<b>Mental, Emotional and Behavior Health</b>				
Percentage of 7 <sup>th</sup> graders who responded “very much true” or “pretty much true” to “At my school, there is a teacher or adult who really cares about me.” – 2009-2011 CHKS <sup>3</sup>		61%	63%	59%
Percentage of 7 <sup>th</sup> graders who responded “very much true” or “pretty much true” to “Outside of my home and school, there is an adult who really cares about me.” – 2009-2011 CHKS		84%	85%	83%
Percentage of parents reporting being somewhat or very concerned that their child may be depressed – 2010 California Parent Survey		San Francisco Bay Area: 5.5%		6%
Percentage of 7 <sup>th</sup> graders reporting feeling so sad or hopeless for 2 weeks during previous year that they stopped doing usual activities 2009/2011 CHKS		27%	26%	27%
<b>Teen Births</b>				
Teen birth rate per 1000 females ages 15-19 – 2010 Kidsdata (CDPH)		43.3	35.5	63.8
Percentage of teens 14-17 reporting they have not had sex - 2009 CHIS		82.9%	70.7%	80.8%
<b>Drug, Alcohol and Tobacco Use</b>				
Percentage of 11 <sup>th</sup> graders who reported smoking tobacco during last month - 2009/2011 CHKS		13%	27%	28%
Percentage of 11 <sup>th</sup> graders who reported drinking alcohol during last month - 2009/2011 CHKS		31%	35%	33%
Percentage of 11 <sup>th</sup> graders who reported using marijuana during last month – 2009/2011 CHKS		18%	23%	21%

<sup>3</sup> The most recent California Healthy Kids Survey (CHKS) results for San Mateo County and California are for 2009-2011. However, the most recent California Healthy Kids Survey (CHKS) results in Santa Clara County are for 2007-2009.

**Outcome: Children Live in Safe and Stable Families and Communities**

Indicator	Healthy People 2010 goal	Santa Clara County	San Mateo County	California
<b>Family Economic Self Sufficiency</b>				
Median family income – 2010 US Census Bureau		\$85,002	\$82,748	\$57,708
Estimated income needed to be self-sufficient for family of 1 adult, 1 preschooler and 1 school-aged child – 2012 California Family Economic Self-Sufficiency Standard		\$77,973	\$78,945	Not Available
Percentage of children 0-17 living below FPL – 2010 US Census Bureau		10.1%	6.3%	17.6%
Percentage of households that can afford median-priced home – 2012 Joint Ventures Silicon Valley, Index of Silicon Valley		Silicon Valley <sup>4</sup> : 58% (data for 2011)		71%
Percentage of public school students eligible for free-reduced price meal program – 2011 Kidsdata (CDOE)		38%	36.5%	56.7%
<b>Safety at Home: Child Maltreatment</b>				
Rate of child abuse per 1000 children aged 0-17 - 2011 Kidsdata (Center for Social Services Research, UC Berkeley)		29.3	25.2	49.7
Rate of substantiated child abuse cases per 1000 children aged 0-17 - 2011 Kidsdata (Center for Social Services Research, UC Berkeley)	10.3	4.2	2.6	9.1
<b>Safety at School</b>				
Percentage of 7 <sup>th</sup> graders who reported feeling safe or very safe at school – 2009/2011 CHKS		63%	63%	60%
Percentage of 7 <sup>th</sup> graders who reported seeing someone carrying a weapon at school in the last 12 months – 2009/2011CHKS		29%	32%	30%
<b>Juvenile Misdemeanor and Felony Arrests</b>				
Rate of misdemeanor and felony arrests per 1000 youths ages 10-17 - 2009 CDOJ		51.4	Not Available	38.4
Rate of felony arrests per 1000 youth ages 10-17 – 2009 CDOJ		13.7	Not Available	12.9

<sup>4</sup> Joint Ventures Silicon Valley’s 2012 Index of Silicon Valley determines that Silicon Valley encompasses all of Santa Clara and San Mateo Counties as well as the cities of Fremont, Newark, and Union City in Alameda County and the city of Scotts Valley in Santa Cruz County.

<b>Injuries and Deaths</b>				
Rate of non-fatal injury hospitalizations per 100,000 children/youth ages 0-20 – 2010 Kidsdata (CDPH)		217.1	160.9	276.1
Rate of deaths per 100,000 ages 1-24 – 2008-2010 Kidsdata (CDPH)		23.1	25.9	33.8
Rate of youth suicides per 100,000 ages 15-24 – 2008-2010 Kidsdata (CDPH)		6.9	LNE - fewer than 20 suicides <sup>5</sup>	7.2

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<sup>5</sup> Because the child population of San Mateo County is only 1/3 as large as the child population in Santa Clara County, the youth suicide rate is often unreported (LNE). However, data from the California Public Health Department and Centers for Disease Control and Prevention suggests that the San Mateo County youth suicide rate is approximately 0.004% of the total youth population (age 5 - 24) versus 0.0025% in Santa Clara County.

## **Appendix B: Financial Assistance /Charity Care Policy**

This policy applies to:

***Stanford Hospital and Clinics***

***Lucile Packard Children's Hospital***

***Stanford University***

**LPCH Approval Date:**

April 2011

**Name of the Policy:**

Financial Assistance/Charity Care **Page 1 of 11**

**Departments Affected:**

All Departments

Assistance is available for physician services provided by the non Stanford physician; such physician services are not covered by this policy.) In the event that there is uncertainty as to whether a particular service is medically necessary, a determination shall be made by the Chief Medical Officer of LPCH. Except as specifically stated, reference to "healthcare services" in this Policy shall mean such medically necessary hospital and physician services.

b. Services that are generally not considered to be medically necessary and are therefore not eligible for Financial Assistance include:

- (1) Reproductive Endocrinology and Infertility services
- (2) Cosmetic or plastic surgery services
- (3) Vision correction services including LASEK, PRK, Conductive Keratoplasty, Intac's corneal ring segments, Custom contoured C-CAP, and Intraocular contact lens

2. In rare situations where a physician considers one of these services to be medically necessary, such services may be eligible for Financial Assistance upon review and approval by the Chief Medical Officer of LPCH. LPCH reserves the right to change the list of services deemed to be not medically necessary at its discretion.

### **3. Patient Eligibility for Financial Assistance – General Provisions:**

- a. All patients who receive medically necessary hospital and physician services at LPCH may apply for Financial Assistance under this Policy.
- b. All individuals applying for Financial Assistance under this Policy are required to follow the procedures set forth below.
- c. LPCH shall determine eligibility for Charity Care or a Financial Need Discount based upon an individual determination of financial need in accordance with this Policy, and shall not take into account an individual's age, gender, race, immigrant status, sexual orientation or religious affiliation.

## **B. CHARITY CARE**

### **1. Definition of Charity Care:**

a. Charity Care shall mean medically necessary hospital or physician services provided to a patient at no charge to the patient or his/her family.

### **2. Priorities For Charity Care:**

a. LPCH shall grant Charity Care to those patients who apply for and are deemed to be eligible for Charity Care, at its discretion and subject to the following priorities:

- (1) First Priority: Individuals who received emergency services will receive first priority for Charity Care. (Pursuant to EMTALA the

determination of eligibility for Financial Assistance cannot be made until the patient has received legally required screening and any necessary stabilizing treatment.)

(2) Second Priority: Individuals who have had or will have medically necessary services and for whom LPCH is the closest hospital to the individual's home or place of work. (In general, if there is a county hospital in the county in which the patient lives or works, and the county hospital can provide the non-emergency service that the patient needs, the patient will be directed to that county hospital.)

(3) Third Priority: Individuals who have had or will have medically necessary services and for whom LPCH is not the closest hospital to the patient's home or place of work, but for whom one or more of the following factors applies:

(a) the patient has a unique or unusual condition which requires treatment at LPCH, as determined by the Chief Medical Officer of LPCH;

(b) the patient presents a teaching or research opportunity that will further the hospitals' teaching missions, as determined by the Chief Medical Officer of LPCH.

b. LPCH may grant Charity Care for specialized high cost services subject to the review and approval of the Chief Medical Officer of LPCH.

c. LPCH shall establish a patient's eligibility for Charity Care in accordance with the procedures set forth below

### **C. FINANCIAL NEED DISCOUNT**

#### **1. Definition of Financial Need Discount:**

a. Under the Financial Need Discount, LPCH shall limit the expected payment for medically necessary hospital and physician services by a Financially Qualified Patient, as defined below, to a discounted rate comparable to LPCH's government payers.

b. LPCH will extend to the Financially Qualified Patient a no interest extended payment plan with terms negotiated between LPCH and the patient. The term of this loan will be based on the amount owed, the patient's financial circumstances, medical costs, and other relevant factors, and will be for no less than twelve (12) monthly payments.

c. LPCH shall establish a patient's income and eligibility for the purposes of Financial Need Discount in accordance with the procedures set forth below, and shall grant a Financial Need Discount to those individuals who meet the definition of a Financially Qualified Patient.

#### **2. Definition of Financially Qualified Patient:**

a. A Financially Qualified Patient is an individual who meets the criteria set forth in both (1) and (2) below:

(1) The individual's family income does not exceed four hundred percent (400%) of the federal poverty level (FPL). For the purposes of this Policy, a patient's "family" means:

(a) For an individual 18 years of age and older, that individual's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

(b) For an individual under 18 years of age, that individual's parent, caretaker, relatives and other children of the parent, caretaker or relative who are under 21 years.

(2) The individual is a patient who is either "self-pay" or has "high medical costs." For the purposes of this Policy a patient is:

(a) A “self-pay” patient because s/he does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medi-Cal, and does not have an injury that is compensable for the purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by LPCH.

(b) A “patient with high medical costs” because the patient’s family income, as “family” is defined above, does not exceed 400% FPL if that patient does not receive a discounted rate from the hospital as a result of his or her third-party coverage and who has high medical costs.

For these purposes, “high medical costs” means:

(i) Annual out-of-pocket costs incurred by the individual at the hospital that exceed ten percent (10%) of the patient’s family income in the prior 12 months.

(ii) Annual out-of-pocket expenses that exceed ten percent (10%) of the patient’s family income, if the patient provides documentation of the patient’s medical expenses paid by the patient’s family in the prior 12 months.

#### **D. PROCEDURES FOR APPLYING FOR FINANCIAL ASSISTANCE**

##### **1. Procedures For All Applicants**

a. The following definitions shall apply to an application for Charity Care and Financial Need Discount.

(1) The term “patient” shall also mean the patient’s “family.” A patient’s “family” means:

(a) For an individual 18 years of age and older, that individual’s spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

(b) For an individual under 18 years of age, that individual’s parent, caretaker, relatives and other children of the parent, caretaker or relative who are under 21 years.

(2) The term “income” shall mean the annual family earnings and cash benefits from all sources before taxes, less payments made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family income.

b. Any patient who indicates an inability to pay a bill for medically necessary hospital or physician services shall be evaluated for Charity Care, other sources of funding, or a Financial Need Discount by LPCH Financial Counseling and Patient Financial Advocates, as applicable.

c. Any LPCH employee who identifies a patient whom the employee believes does not have the ability to pay for medically necessary hospital or physician services shall inform the patient that Financial Assistance may be available and that applications are available in English and Spanish in Patient Financial Services, Patient Admitting Services, all clinics, Customer Service, Patient Advocacy, Patient Relations and Social Services. In addition, applications are available from all outside collection agencies used by LPCH. Information about Financial Assistance, including a toll free contact number, shall also be provided in notices included with patient bills.

d. A patient may be screened initially by an LPCH Financial Counselor, prior to receiving services to determine whether or not the patient or family can be linked to Medi-Cal, Medicare, Healthy Family Program,

California Children Services, Victims of Crime Program, Third Party Liability (TPL) or any other payer source. If the healthcare service has not yet been provided and is not an emergency, the Financial Counselor will also help the patient determine whether there is a county hospital in the county in which the patient works or resides that can provide the services.

e. LPCH expects patients to cooperate fully in providing information necessary to apply for governmental programs such as Medicare, Medi-Cal or Healthy Families for which the patient may be eligible. In addition the patient will be asked to fill out a Financial Assistance Application.

f. Any patient who applies for Charity Care or a Financial Need Discount must make every reasonable effort to provide LPCH documentation of income and health benefits coverage. If a patient files an Application and fails to provide information that is reasonable and necessary for LPCH to make a determination as to eligibility for Charity Care or a Financial Need Discount, LPCH may consider that failure in making its determination. The LPCH Patient Advocacy Unit will inform patients of the consequences of failure to provide complete information on a timely basis.

g. In the event LPCH denies Charity Care or a Financial Need Discount to a patient who has fulfilled the application requirements set forth in this Policy, the patient may seek review of that determination by contacting the Manager of Patient Financial Advocacy, who will review the matter with the Chief Financial Officer of LPCH.

h. Unless a patient is informed otherwise, Financial Assistance provided under this Policy shall be valid for one full year beginning on the first day of the month of the screening. However, LPCH reserves the right to reevaluate a patient's eligibility for Financial Assistance during that one year time period if there is any change in the patient's financial status.

i. For patients who qualify for financial assistance under this Policy, LPCH will reimburse the patient any amount actually paid in excess of the amount due under this Policy, including interest. Interest is paid at a rate of 10% per annum and accrues from the date LPCH receives payment from the patient. Every effort is made to reimburse patient overpayments within 60 days of identification. LPCH will give the patient a credit for the amount due for at least 60 days from the date the amount is due. This Section D.i. does not apply to amounts of less than five dollars.

## **2. Charity Care: Information To Be Provided By Patient For Income Eligibility Determination:**

a. A patient who applies for Charity Care shall provide to LPCH the following information:

(1) Proof of family income, as defined above, in the form of recent pay stubs or income tax returns.

(2) Proof of monetary assets, except that a patient need not provide information on retirement or deferred compensation plans qualified under the Internal Revenue Code or non-qualified deferred-compensation plans.

b. LPCH may request information regarding monthly household expenses.

c. For the purposes of determining whether a patient is eligible for Charity Care, neither the first ten thousand dollars (\$10,000.00) of the patient's monetary assets, nor fifty percent (50%) of the patient's monetary assets over the first \$10,000.00 shall be counted.

d. LPCH may require waivers or releases from a patient authorizing LPCH to obtain account information from financial or commercial institutions or

other entities that hold or maintain the monetary assets to verify their value.

### **3. Financial Need Discount: Information To Be Provided By Patient For Income Eligibility Determination:**

a. For purposes of determining whether a patient meets the definition of a Financially Qualified Patient, a patient must provide LPCH with documentation of family income, as defined above, by providing recent pay stubs or income tax returns. The patient need not provide documentation of assets or expenses.

b. If the patient is not a "self pay" patient as defined above in Section V.B. above, the patient must also provide documentation of his/her out of pocket costs at LPCH and/or the annual out of pocket medical expenses paid by the patient in the preceding twelve (12) months. LPCH will then make a determination as to whether these costs or expenses meet the definition of "high medical costs" as that term is defined in Section V.B.

c. A patient who is granted the Financial Need Discount will be offered a no interest, extended payment plan with terms negotiated by LPCH and the patient based on the patient's financial circumstances, medical costs and other relevant factors. The minimum term of the financial plan will be twelve (12) months.

### **4. Public notice concerning the availability of Financial Assistance under this policy shall be by the following means:**

a. Notices are posted in visible locations where there are high volumes of inpatient and/or outpatient admitting/registrations, billing offices, admitting offices and hospital outpatient service settings.

b. Posted notices explain that LPCH has a variety of options available including financial assistance and discounts to patients who are uninsured or underinsured.

c. Notices include a contact telephone number a patient can call to obtain more information about the Policy and to apply for Financial Assistance.

d. The LPCH website includes an explanation of the Financial Assistance/Charity Care Policy, the Uninsured Patient Discount Policy, the availability of such assistance and discounts, and a contact telephone number.

e. LPCH billing statements inform the patient that Financial Assistance is available by contacting the LPCH Customer Service Center.

## **IV. Related Documents or Policies**

A. LPCH Financial Assistance Application

B. LPCH Federal Poverty Guidelines

C. LPCH Financial Assistance Approval Matrix

D. LPCH Reviewing Financial Assistance Applications - Advocacy Checklist

## **V. Document Information**

A. Legal Authority/References

Health and Safety Code Section 127405, 127410, 127440

B. Author/Original Date

October 2004, David Haray, Vice President, Patient Financial Services

C. Gatekeeper of Original Document

LPCH Administrative Manual Coordinator and Editor

D. Review and Renewal Requirements

This Policy will be reviewed every three years and as required by change of law or practice. Any changes to the Policy must be approved by the same entities or persons who provided initial approval.

E. Review and Revision History

October 2004, Shoshana Williams, Director, Patient Financial Services

October 2004, David Haray, Vice President, Patient Financial Services

April 2005, David Haray, Vice President, Patient Financial Services  
January 2007, Office of General Counsel  
January 2007, T. Harrison, Director of Patient Representatives  
June 2007, Sarah DiBoise, Chief Hospital Counsel, Gary May, VP Managed Care SUMC,  
David Haray, VP Patient Financial Services, SUMC  
February 2011, B. Bialy(PFS), S. Shah (Clinical Accreditation)  
F. Approvals  
September 2005, David Haray, VP Patient Financial Services  
January 2007, S. DiBoise, Chief Hospital Counsel  
September 2007, LPCH Board of Directors Public Policy and Community Service Committee  
January 2011, LPCH VP Ops  
April 2011, LPCH Board of Directors Public Policy and Community Service Committee