Annual Report and Plan for Community Benefit
Fiscal Year 2016 (April 1, 2015 – March 31, 2016)

Submitted to:
Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
Sacramento, California
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About the Organization

Founded in 1936, Casa Colina’s first focus was on children recovering from polio and other crippling diseases. Our goal was to help these children find a way to build productive, satisfying lives. Casa Colina has always looked beyond the medical control of a disease to reintegrating the patient into community and family life. Casa Colina’s mission is to provide individuals the opportunity to maximize their medical recovery and rehabilitation potential in an environment that recognizes their uniqueness, dignity and self-esteem. Historically, Casa Colina’s mission and culture as a medical rehabilitation provider has led it to define the community it serves as persons who have disability or are at risk of disability. In the broadest sense, this includes a large portion of the population that is at risk of an event or medical condition that could lead to an episodic time-limited or chronic disabling condition.

Casa Colina Hospital and Centers for Healthcare (CCH) is the core of a network of closely integrated services that function as a continuum of care to provide for the needs of persons with or at risk of disabling conditions. The Hospital provides services to patients through its acute inpatient hospital, outpatient therapy services, physician-directed specialty clinics, satellite outpatient clinic in Azusa, and the pediatric outpatient clinic. The Hospital operates under the corporate umbrella of Casa Colina, Inc. (CCI). Other sub-entities of CCI extend the continuum of care and include the Transitional Living Center, Adult Day Health Care, Padua Village, residential services, imaging services, and the Outdoor Adventures program. In April 2016 the hospital expanded the continuum of care by opening a medical/surgical unit of 31 beds, three operating rooms and one procedure room. This will be a major transition for Casa Colina. However, this report focuses on the continuum of care that existed on March 31, 2016.

Mission, Vision, Values and Goals

Mission

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

Vision

Leading and continuously redefining a patient-centered approach for those requiring highly specialized medically-driven levels of care.

Values

It is our commitment to enhance the quality of life of every person we serve.
Goals
The goal of rehabilitation medicine and multi-disciplinary therapy services is to address disabling conditions by preventing or remediating the impact of disability on a person’s productive, independent pursuit of life. Casa Colina’s service to the community remediates disability in three ways:

1. **Preventing disability** is part of rehabilitation’s interaction with the community through education and advocacy for safety, from fall prevention education to concussion management programs in sports. Activities related to primary prevention are part of Casa Colina’s on-going community benefit programs.

2. **Managing the risk of disability**, for those for whom the disability (or, for those disabled but stabilized, adding disability burden) has not yet occurred. This risk is addressed through specialized medical diagnosis, risk assessment, and proactive intervention, which may be at the personal, family, or community and environmental level. These types of early detection and prospectively-applied interventions are called secondary prevention. Their purpose is to prevent the occurrence or exacerbation of disability or further medical complication, where risk has been identified. Outreach programs, screenings, and education are part of CCH’s community benefit effort.

3. **Intervening to counteract disability**. CCH provides a continuum of rehabilitation care: effectively pursuing medical recovery, rehabilitation therapies, and education/training in adaptation, life-adjustment, and adaptive strategies that may be at the personal, family, or community and environmental level. This application of rehabilitation is spoken of as tertiary prevention. It aims to prevent the disabling condition from interfering with an individual’s pursuit of living. The main components are the provision of rehabilitation care to individuals (and support services/training to family members and caregivers); the training and development of staff to provide this care; subsidizing particular programs that provide important functions to the health of the community; and the provision of charity care, subsidized or unreimbursed care, when needed.

Community Benefit Planning Committee
The Community Benefit Planning Committee (CBPC) is a committee of the hospital governing board. The CBPC reviews and validates legal and regulatory compliance specific to community benefit mandates; assures community benefit programs and services are effectively meeting identified community health needs, with emphasis on populations with unmet health needs; and increases transparency and awareness of community benefit activities. The members of the CBPC include:

- Frank Alvarez, Board of Directors
- Robert Balzer, Board of Directors
- Felice Loverso, CEO and President
- Donald Driftmier, Board of Directors
- Fred Aronow, Community Benefit Coordinator
- Trixie Hidalgo, Grants
- Linda Leyva, Director of Accreditation and Licensure
- David Morony, CFO
- Kyle Harris, Controller
- Bonnie Scudder, Chief Planning and Development Officer
- Lisa Brenner-Lockwood, Administrative Coordinator

**Board of Directors Casa Colina, Inc. and Affiliates**

**CHAIRMAN**  
Steve Norin

**VICE CHAIRMAN**  
Randy Blackman

**PRESIDENT**  
Felice L. Loverso, Ph.D.

**SECRETARY**  
Mary Lou Jensen

**TREASURER**  
Stephen W. Graeber

**PAST CHAIRMAN**  
Samuel P. Crowe, Esq.

**CHIEF OF MEDICAL STAFF**  
Elmer B. Pineda, M.D.

**DIRECTORS-AT-LARGE**  
Frank Alvarez  
Gary E. Cripe  
Donald A. Driftmier  
William P. Dwyre  
Gerard Galipeau, Jr.  
James Henwood  
Devorah Lieberman, Ph.D.  
Thomas Reh  
Jose L. Rodriguez, M.D.  
Gene E. Tanzey  
Wendy Tucker
Joseph Unis, M.D.
Mark Warren

DIRECTORS EMERITI
Gary Lastinger
George E. Langley
2015 Community Health Needs Assessment

In 2015, Casa Colina conducted a Community Health Needs Assessment (CHNA) to comply with federal and state regulations guiding tax-exempt hospitals, and to inform the Board and leadership of community needs. The CHNA is posted on the hospital website and can be accessed at http://www.casacolina.org/Community-Benefits-Report.aspx. Public comment on the CHNA is encouraged.

The Community Health Needs Assessment incorporated demographic and health data for the communities served by the hospital. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. The needs were indicated by secondary data sources, key informant interviews, focus groups and community surveys. Health indicators were considered health needs when they exceeded benchmark data, specifically county or state rates or Healthy People 2020 objectives. The following health needs were identified:

- Aging population
- Alcohol and substance abuse
- Allergies
- Chronic diseases
- Communicable diseases
- Cultural and linguistic barriers
- Disability
- Disease management
- Environmental conditions
- Health care access
- Health care coordination
- Health education
- Healthy eating
- Hearing loss
- Mental health
- Oral health
- Physical activity
- Poverty
- Preventive health care
- Sleep disorders
- Social condition
- Specialty care
- Substance abuse
- Transportation
- Trauma
- Vision

A complete description of these health needs can be found in the 2015 CHNA report.

Priority Health Needs

A community forum was conducted to provide an opportunity for a diverse group of stakeholders to engage in a discussion of the data and participate in the prioritization process. The meeting included an overview of the CHNA data collection. Participants were provided a list of identified health needs and drivers in a scorecard form and a narrative document that included brief summary descriptions of the identified health needs. Participants then engaged in a facilitated discussion about the findings as presented in the scorecard and the narrative summaries. Participants completed a survey and ranked each health need according to scales for severity, change over time, resources available to address the needs and/or drivers, and the community’s readiness to support initiatives to
address the needs and/or drivers. The health needs and determinants of health (health drivers) in prioritized order can be found in the 2015 CHNA.

**Significant Health Needs**
Casa Colina will address the following health needs through a commitment of community benefit programs and charitable resources.

- Access to the most appropriate level of health care
- Arthritis/osteoporosis
- Chronic or long-term disability
- Hearing loss
- Stroke/ Brain injury
- Preventive health care

Goals have been established that indicate the anticipated impact on these health needs as a result of the resources the hospital will commit to meeting the health needs. Strategies to address the priority health needs are identified in the Implementation Strategy.

**Our Community**
Historically, Casa Colina has defined the community it serves as persons with or at risk of disability. More precisely these are persons who can benefit from medical and rehabilitation interventions to prevent, remediate, or delay progression of disabling conditions and the impact on function, independence, and quality of life. The Casa Colina Hospital primary service area can also be defined geographically. Within Los Angeles County, the hospital focuses on a service area that includes 14 ZIP Codes, nine cities or communities, and one Service Planning Area (SPA 2). In addition, there are 12 ZIP Codes and six cities located in San Bernardino County that are included in the Casa Colina primary service area.

<table>
<thead>
<tr>
<th>County</th>
<th>Community/City</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Los Angeles</strong></td>
<td>Claremont</td>
<td>91711</td>
</tr>
<tr>
<td></td>
<td>Covina</td>
<td>91722, 91723, 91724</td>
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<tr>
<td></td>
<td>Diamond Bar</td>
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<tr>
<td></td>
<td>Glendora</td>
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<td>La Verne</td>
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<tr>
<td></td>
<td>Pomona</td>
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<tr>
<td></td>
<td>San Dimas</td>
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<td></td>
<td>Walnut</td>
<td>91789</td>
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<tr>
<td></td>
<td>West Covina</td>
<td>91791</td>
</tr>
<tr>
<td>County</td>
<td>Community/City</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>Chino</td>
<td>91710</td>
</tr>
<tr>
<td></td>
<td>Chino Hills</td>
<td>91709</td>
</tr>
<tr>
<td></td>
<td>Montclair</td>
<td>91763</td>
</tr>
<tr>
<td></td>
<td>Ontario</td>
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<td></td>
<td>Rancho Cucamonga</td>
<td>91701, 91730, 91737, 91739</td>
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<tr>
<td></td>
<td>Upland</td>
<td>91784, 91786</td>
</tr>
</tbody>
</table>

In 2014, there were 1,128,613 people living in the Casa Colina Hospital primary service area. The largest portion of the population within the service area is under the age of 18 years (24.5%) followed by those between the ages of 45 to 54 years (14.2%), and 25 to 35 years (14.0%). Ethnically, the population in the service area was mostly composed of Hispanic/Latino (49.1%) residents followed by White/Caucasian (28.3%). Asian residents make up 14.7% of the population followed by Black/African-American (5.1%), those who identify themselves with two or more ethnicities (2.2%), and Other (0.6%).

In the Casa Colina primary service area for 2014, 13.8% did not attend high school, 15.6% have some high school, 33.4% have some college, 10.7% have an Associate degree, 17.4% have a Bachelors degree, and 9.1% have a graduate degree.

The median household income in the Casa Colina Hospital primary service area is $55,346. In 2014, families in the service area were at a poverty level of 18.8%, compared to the rates reported in Los Angeles County (18.7%), San Bernardino County (20.4%), and the United States at 14.8% (*U.S. Census Bureau*). Of those families with children in the Casa Colina Hospital service area, 47.9% were living at or above the federal poverty level, slightly higher than reported in Los Angeles County (43.0%) and San Bernardino County (45.9%).
Community Benefit Services Summary FY2016

Community benefit services promote health and healing and are focused on addressing the identified unmet health needs of the community. For a program or service to be considered a community benefit it must: improve access to health care; or enhance the health of the community; or advance medical or health care knowledge; or reduce the burden of government or other non-profit community efforts. In FY2016, Casa Colina provided community benefit activities and programs within its service area. A summary of these activities follows.

Community Health Improvement Services

Activities were carried out to improve community health, available to the public, which address a community need. This included free/low cost screenings, support groups, health education, preventive care and supportive services.

Community Health Education

- Casa Colina provides support groups available free of charge and open to the community. Support groups include those for brain injury, ALS, Parkinson’s disease, post-polio, parents of children with disabilities, fibromyalgia, multiple sclerosis, and spinal cord injury. In FY2016, there were over 1,000 attendees at the support groups.

- Over 480 persons attended free education sessions on a variety of topics including: healthy aging, arthritis, understanding disabilities, exercise with disabilities, living with traumatic brain injury, multiple sclerosis, fall prevention and women’s wellness.

- Casa Colina provided low-cost opportunities for community members, particularly those with disabilities, to participate in exercise health maintenance programs such as the Pool Exercise and Fitness programs that provided a total of 7,320 exercise visits. In addition health maintenance exercise programs for individuals with Parkinson’s and multiple sclerosis were provided.

- Casa Colina participated in community health fairs and informational booths. Nearly 2,000 community members, seniors, families of children with disabilities, persons and caregivers of those with multiple sclerosis were reached and provided education and resources.

Community-Based Clinical Services

- Free sports injury clinics were offered in Pomona and Azusa’s clinics. Initial diagnosis by a physician for sports related injuries, and education to avoid exacerbating the injury and prevent reinjury were given. This service assisted 591
persons.

- Sophisticated audiology testing and hearing aid fitting were made available in the community; 264 persons received free audiology screenings.

- Twenty-six persons were screened for lymphedema.

- Medical coverage was provided at the USA Outdoor Track and Field Championships held in June 2015.

- Ninety persons were screened for stroke risk at community events.

Health Care Support Services
Casa Colina assisted 676 community members with information and referrals to community health and social services.

Health Professions Education
Education programs for physicians, nurses, nursing students, physical therapists, occupational therapists, speech therapists and other health professionals were offered by the hospital throughout the fiscal year.

Continuing Education for Physicians, Nurses and Other Health Professionals
The health professionals at Casa Colina provide education and support to providers and health care students. With their expertise in rehabilitative medicine, they provided presentations and trainings throughout the region. Some of the education topics included:

- Lymphedema and breast cancer
- Understanding and recognizing disabilities
- Vision evaluation and treatment
- Autism training for first responders
- Ambulation recovery after stroke

Nursing Education
The hospital serves as a training site for the nursing program at Azusa Pacific University and Western Health University. In FY2016, 157 nursing students participated in precepted clinical training at Casa Colina.

Other Health Professions Education
The hospital also provided preceptors for students in various health care disciplines:

- 39 persons training as physical therapists or physical therapy assistants completed clinical internships.
- 21 occupational therapy or occupational therapy assistant students received
precepted education.

- 14 speech pathology students completed clinical internships.
- 15 neuropsychology students received mentoring and supervision in a clinical practice setting.
- 65 psychiatric technician students from Mt. San Antonio College were precepted at the hospital.
- 6 students focused on human resources in health care settings received mentoring and precepted training.
- 24 rehabilitation aides received clinical training.

Subsidized Services
Subsidized services are clinical programs that are provided to meet an identified community need and are provided despite a financial loss to the organization. The services meet a community need and if not offered would be unavailable in the area or become the responsibility of the government or another non-profit organization. In compliance with regulations, subsidized health service expenses are reported after removing expenses for charity care, bad debt, and Medi-Cal shortfalls.

The Senior Evaluation Program (SEP)
SEP helps seniors define capabilities and target areas of disability that have potential for remediation. Seniors are provided with a thorough assessment of functional ability, psychological health, physical health and socio-environmental health.

Children’s Services
Children’s services are offered for children ages 1 month to 15 years with various disabilities or developmental disorders. A pediatric neurologist specializing in the area of autism spectrum disorders oversees the program. Physical, occupational and speech therapists and early intervention specialists provide services.

Research
Casa Colina sponsors an independent research program and collaborates with many medical and academic institutions, encouraging and sponsoring research on rehabilitation techniques, efficacy of models of care, outcomes measurement and health policy research. The Research Institute at Casa Colina supports independent research, engages in multi-site research projects, serves as an incubator for young therapist-researchers, engages in evaluation of programs and innovations, and serves as a site for collaborative research projects. The Research Institute at Casa Colina has a full-time director, Emily Rosario, Ph.D., and a full-time researcher, Shiela Rosenberg, Ph.D. Their responsibilities include designing and implementing research projects, serving as the principal investigator on projects, and mentoring those who are undertaking research projects.
The Casa Colina research program encompasses studies and investigations to create generalizable knowledge focused on rehabilitation issues and diagnoses, and make it available to health care professionals and the public. Casa Colina maintains its own federally-sanctioned IRB to monitor and oversee the role of human subjects in research projects. The IRB has monthly meetings. Additionally in FY2016, to support its commitment to research in the field, Casa Colina hosted a Research Fellowship in Neuroscience/Neurosurgery at UCLA for a junior faculty member.

**Cash and In-Kind Contributions**
Funds and in-kind services were donated to community groups and nonprofit organizations. Casa Colina made contributions to organizations through cash and in-kind contributions and sponsorships of events. The support of these organizations furthered the hospital’s mission and supported the health of the community.

**Community Building Activities**
These activities support community assets by offering the expertise and resources of the hospital. These activities may address the root causes of health problems, such as homelessness, poverty, and environmental concerns.

**Community Support**
A number of hospital leadership and clinical staff support community organizations through participation on coalitions, committees and networks of agencies addressing common issues. Employees are also supported by the hospital to engage in planning, education presentations, consortia, summits, and meetings with community groups.

**Coalition Building and Advocacy**
Hospital representatives serve on a number of organizations and committees that address health improvement and community development. Casa Colina engages in advocacy efforts that support access to health care, inclusion and improvement of the lives of those with disabilities and their families.

**Economic Development**
Casa Colina participates in local area Chambers of Commerce to address issues impacting health and safety.

**Workforce Development**
Over 400 Junior and Senior High students from area schools participated in health care career days at Casa Colina. Casa Colina also participated in community events focused on the health care professions.
Financial Summary of Community Benefit

Community Benefit Summary FY2016 (April 1, 2015 - March 31, 2016)

<table>
<thead>
<tr>
<th>Community Benefit Categories</th>
<th>Net Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Charity Care(^1)</td>
<td>$56,813</td>
</tr>
<tr>
<td>2. Unpaid Costs Of Medi-Cal(^2)</td>
<td>$791,694</td>
</tr>
<tr>
<td>3. Education And Research(^3)</td>
<td>$1,657,402</td>
</tr>
<tr>
<td>4. Other For The Broader Community(^4)</td>
<td>$1,435,113</td>
</tr>
<tr>
<td><strong>Total Quantifiable Community Benefit</strong></td>
<td><strong>$3,941,022</strong></td>
</tr>
</tbody>
</table>

\(^1\)Charity Care includes financial assistance to eligible patients for care at reduced or no cost based upon the individual patient's financial situation.

\(^2\)Unpaid costs of public programs include the difference between the cost to provide services and the net revenue received for those services.

\(^3\)Costs related to the health professions education programs and research that the hospital sponsors.

\(^4\)Includes non-billed activities, such as community education, screenings, health support services, community benefit operations, cash and in-kind donations to support community health initiatives.
Community Benefit Plan FY2017

Casa Colina Hospital continues to implement activities and programs to address the identified unmet health needs in our service area. There are two global areas of concern based on the needs of the population that Casa Colina has historically served:

**Access to health services.** People have concerns about having adequate health insurance and access to basic medical services and specialized medical/rehabilitation services. This “access” can be financial, geographic and whether providers will be sustained over time, particularly when funding is challenged. Additionally there is the question of whether health care providers are experienced and welcoming in working with individuals with disabilities.

**Access to quality of life.** People have concerns about preventive services, health support services, accessible recreation, transportation, employment, social integration and educational services.

Although some needs go beyond Casa Colina’s role and capacities as a service provider, these needs all fall under the purview of the goals of comprehensive rehabilitation for individuals as described in Casa Colina’s mission.

As a result of the 2015 Community Health Needs Assessment process, Casa Colina chose to address the following health needs through a commitment of community benefit programs and charitable resources.

- Access to the most appropriate level of health care
- Arthritis/osteoarthritis
- Chronic or long-term disability
- Hearing loss
- Stroke/brain injury
- Preventive health care

**Addressing Health Needs**
The Implementation Strategy developed from the 2015 Community Health Needs Assessment, spans the period FY2016-2018. Casa Colina continues to meet the identified priority health needs through a commitment of resources with the following programs and services.

**ACCESS TO CARE/PREVENTIVE CARE**
The hospital intends to address access to the most appropriate level of health care and improve community health through preventive practices:
1. Provide financial assistance through both free and discounted care for health care services, consistent with Casa Colina’s financial assistance policy.

2. Identify and refer at-risk children with developmental disabilities for appropriate levels of care.

3. Provide free health screenings and balance screenings at community events.

4. Provide free community sports injury screening clinics.

5. Provide access to specialized exercise gyms through the community fitness program.

6. Provide support groups for individuals with disabilities and their families.

7. Advocate on a national and regional level for persons with disabilities.

8. Educate and train health care providers and allied health professionals to focus on disability care.

9. Communicate to service area residents on how to access health care services through established communication methods and social media.

ARTHITIS/OSTEOPOROSIS/DISABILITY/BRAIN INJURY/STROKE
The hospital intends to address these conditions by taking the following actions:

1. Provide access to specialized exercise gyms through the community fitness program.

2. Provide aquatic exercise for persons with weight-bearing or joint issues, under the direction of certified athletic trainers.

3. Provide education on prevention and wellness.

4. Provide support groups for individuals with disabilities and their families.

5. Train physicians on specialized equipment to maximize recovery for patients with joint replacement.

6. Educate and train health care providers and allied health professionals to focus on disability care.

7. Advocate on a national and regional level for persons with disabilities.

8. Provide ongoing programs for exercise and skill acquisition.

HEARING LOSS
The hospital intends to address hearing loss by taking the following actions:

1. Offer free audiology screenings.


Measuring Impact
Casa Colina will monitor and evaluate the programs and activities outlined above. The hospital has implemented a system that tracks the implementation of the strategies and documents the anticipated impact. The Casa Colina reporting process includes the collection and documentation of tracking measures, such as the number of people
reached/served, increases in knowledge or changes in behavior as a result of disease management measures, and collaborative efforts to address health needs.

Engaging the Community
The hospital engages the community and obtains their feedback through multiple community events. The Community Health Needs Assessment (CHNA) can be accessed at: http://www.casacolina.org/Community-Benefits-Report.aspx. Feedback on the CHNA is welcomed. Casa Colina is committed to fostering partnerships with community members and community-based organizations. Our community benefit plan includes maintaining current partnerships and exploring opportunities to engage with new partners.
Contact Information

Address of Hospital Campus
Casa Colina Hospital and Centers for Healthcare
255 East Bonita Avenue
Pomona, California 91767

Web Address
www.casacolina.org

Community Benefit Contact
Bonnie Scudder
Chief Planning and Development Officer
909-596-7733, ext. 2205
bscudder@casacolina.org