



SB-697

Inter-Community Hospital
Queen of the Valley Hospital
Foothill Presbyterian Hospital

Community Benefit Report

2020

Emanate Health

COMMUNITY BENEFIT REPORT **SB 697**

Emanate Health Queen of the Valley Hospital

1115 S. Sunset Ave.
West Covina, CA 91790

Emanate Health Inter-Community Hospital

210 W. San Bernardino Rd.
Covina, CA 91723

Emanate Health Foothill Presbyterian Hospital

250 S. Grand Ave.
Glendora, CA 91741

Fiscal Year Report Period: 2020

Individuals Preparing Community Benefit Report:



Maria Peacock
Director, Community Benefit Department
Emanate Health
Phone: (626) 814-2405
Fax: (626) 851-2774
E-Mail Address: mpeacock@emanatehealth.org



Abel Mesa
Administrative Secretary
Community Benefit Department
Phone: (626) 814-2450
Fax: (626) 851-2774
E-Mail Address: amesa@emanatehealth.org

Emanate Health

*Emanate Health Inter-Community Hospital
Emanate Health Queen of the Valley Hospital
Emanate Health Foothill Presbyterian Hospital*

2020 Community Benefit Report

TABLE OF CONTENTS

- I. General Information**
- II. Mission/Vision/Values**
- III. Governance and Management Support**
- IV. Charity Care Policies**
 - a) Policy #A009**
 - b) Policy #A009 Attachments**
 - c) Policy #M-101 Medical Screening Exam**
 - d) Policy #PC-300: Emergency Medical Treatment and Active Labor Act**
- V. Financial Valuation Summary**
 - a) Progress Valuation Report Narrative**
 - b) Summary Report/Back-Up Data**
- VI. 2019 Community Health Needs Assessment Report Executive Summary**
- VII. 2020-2022 Community Health Needs Implementation Plan**
- VIII. 2020-2022 Community Health Needs Implementation Plan Update**
- IX. No Cost Community Health Improvement, Education, and Wellness Programs**

Emanate Health

I

General Information



Formerly Citrus Valley Health Partners

GENERAL INFORMATION

Citrus Valley Health Partners (CVHP) was formed in April, 1994 as a result of the merger of Inter-Community Medical Center in Covina and Queen of the Valley Hospital in West Covina. Hospice of East San Gabriel Valley, a free-standing hospice and home care agency in West Covina, became an affiliate of Citrus Valley Health Partners at the same time. Foothill Presbyterian Hospital joined CVHP in November, 1995. Emanate Health/Citrus Valley Health Partners is governed by a 20-member Corporate Board of Directors comprised of physicians, business and community leaders. Members of the Immaculate Heart Community, a group of former Catholic Religious Sisters who founded Queen of the Valley Hospital, also serve on this Board.

O¹n March 28, 2018, the Citrus Valley Health Partners Board of Directors approved the organization's name change to **Emanate Health**. All necessary regulatory requirements have been processed as required.

As a nonprofit health care provider for San Gabriel Valley residents, Emanate Health serves the community through the work of our hospitals: Inter-Community Hospital, Queen of the Valley Hospital, Foothill Presbyterian Hospital and Hospice and Home Care. Emanate Health's brand of technologically-advanced, comprehensive health care service is possible only through the combined effort of our talented employees, physicians, volunteers and donors who make up the Emanate Health family.

- **Emanate Health Queen of the Valley Hospital (QVH)** is a fully-accredited 325-bed, non-profit Catholic health care facility founded in 1962 by the Immaculate Heart Community. QVH's main specialties are: Diabetes Education, Emergency Room, Gastroenterology, Imaging, Maternity, Neurology, Neuroscience, Obstetrics & Gynecology (OB/GYN), Occupational Therapy, Palliative Care, Pediatrics, Rehabilitation, Surgery, Robotic Surgery and Women's Health. QVH has one of the busiest Emergency Departments in Southern California - with over 55,000 visits in 2020. Also in 2020, Emanate Health Queen of the Valley Hospital in West Covina received certification from DNV-GL Healthcare as a Primary Plus Stroke Center (PSC+), reflecting a high level of competence for treatment of complex and serious stroke events. DNV-GL is one of the two most prestigious stroke care certification entities in the country.

Along with the new millennium came **Emanate Health's Family Birth and Newborn Center (FBNC)** built at Queen of the Valley Hospital. The Center, with approximately

¹ 2020 Emanate Health General information

100,000 square feet - combines state-of-the-art technologies with an integrated, family-centered approach to maternal, neonatal and pediatric care. Services include the full continuum of health and wellness care; pre and post-delivery education and support groups; psychosocial assessment; connection with needed community resources i.e. food, shelter, counseling for maternal depression; breastfeeding support; and access to the most current treatments, provided in an environment that encourages family support and involvement. Every mom is offered the no-cost prenatal and postnatal *Welcome Baby Home Visitation* program, a model that supports prevention and continuum of care for mom, baby and family through a series of home visits provided by RNs, Social Workers, and Child Development Professionals.

The FBNC includes a **Neonatal Intensive Care Unit (NICU)**. The 40-bed NICU is one of the largest and most technically advanced in the San Gabriel Valley. Our NICU staff includes board certified and highly trained professional experts from a wide range of specialties who care for families through every step of the newborn care journey. Emanate Health FBNC NICU offers a technologically advanced center that provides confidence to parents by knowing that their baby will have fast access to care if an emergency arises.

- **Emanate Health Inter-Community Hospital (ICH)** was founded in July of 1922. It is a 193-bed facility in the city of Covina that provides high-quality health care to the East San Gabriel Valley residents, with a wide range of medical, surgical and specialty services. Inter-Community Hospital offers a complete range of inpatient and outpatient services that include Cardiac Cath Lab, Mammograms, Occupational Therapy, Rehabilitation, Behavioral health, Cancer Care, Emergency Room, Gastroenterology, Palliative Care, Wound Care, Pulmonary Rehabilitation, and the only advanced cardiology services with an open heart surgery program in the East San Gabriel Valley.
- **Emanate Health Foothill Presbyterian Hospital (FPH)** is a fully-accredited 105-bed non-profit healthcare facility founded in 1973. Foothill Presbyterian Hospital has proudly served the communities of Glendora, Azusa, La Verne and San Dimas. Services include Mammograms, Occupational Therapy, Women's Health, Cardiology, Emergency Room, Family Medicine, Gastroenterology, and Palliative Care.²
- **Emanate Health Hospice (EHH)**, formerly known as Hospice of the East San Gabriel Valley, was founded by community leaders in 1979 and is one of the only free-standing hospices in the United States. The Hospice complex was built and is supported through private and community donations. Hospice provides care to all types of patients, age groups and diagnoses meeting the criteria for admission. It has an extensive home care program as well as 10 inpatient beds. Associated with Hospice, **Emanate Health Home Care** provides physician-supervised skilled nursing care to individuals recovering at home from accidents, surgery or illness.

² 2020 Emanate Health General Information

- **Emanate Health Outpatient Orthopedic and Physical Therapy sites** are located in West Covina, Glendora and Chino, California. Our staffs of board-certified orthopedic surgeons practice a variety of orthopedic specialties with a level of experience, skill, and personalized care unmatched in LA and San Bernardino counties. Our comprehensive approach to physical wellness addresses the entire musculoskeletal system. When surgery is necessary, our orthopedic surgeons offer expert arthroscopy and joint replacement and reconstruction procedures, treatment of neck and back disorders, and correction of hand and foot deformities.
- Emanate Health's **California Diagnostic Imaging Center** is San Gabriel Valley's premiere outpatient imaging center that offers a wide range of imaging services in a relaxed environment with patient care in mind.
- Emanate Health's **Foothill Family Practice** functions as a family medicine practice serving patients in the Glendora, San Dimas, La Verne, and Azusa area. The practice was founded in 1972 and consists of several physicians and physician assistants who specialize in internal medicine.

Emanate Health Community Outreach

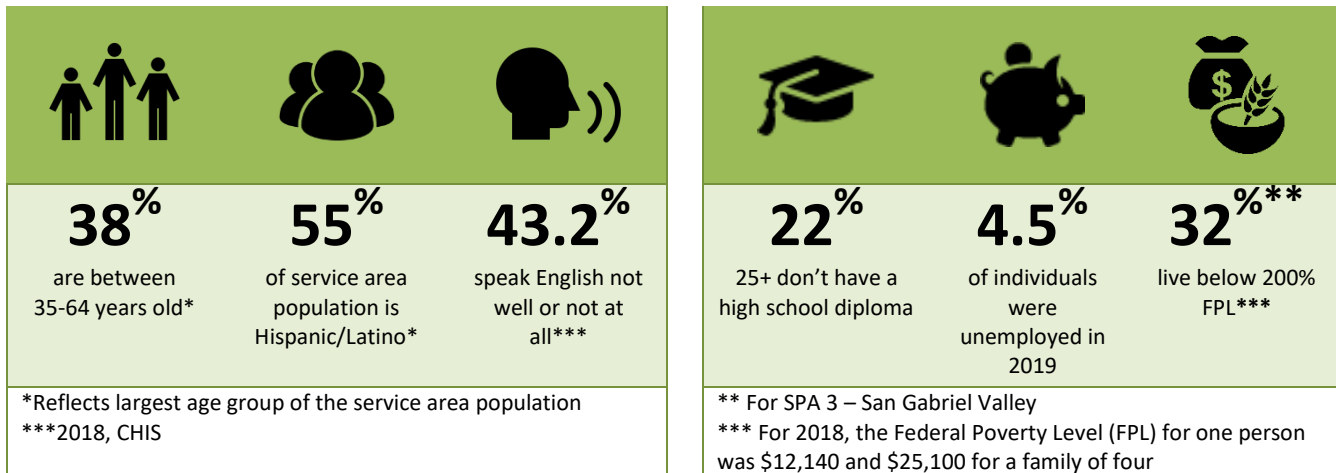
Emanate Health and its strategic Community Partners have been recognized as a State and National Best Practice in various aspects of community health improvement by the following organizations: OSHPD; State of California; VHA; American Hospital Association; National Coalition for Healthier Cities and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

Emanate Health's community benefit department staff and organization-wide staffs engage in community outreach and education through various venues and strategies described in other sections of this report. More importantly, Emanate Health's community outreach and community health improvement strategies and activities are rooted in community partnerships, collaboration, leadership and community planning as well as implementation and evaluation strategies. As an organization, we continually assess our community health improvement and support activities through the eyes of those we serve.

3

DEMOGRAPHIC PROFILE OF THE EMANATE HEALTH SERVICE AREA

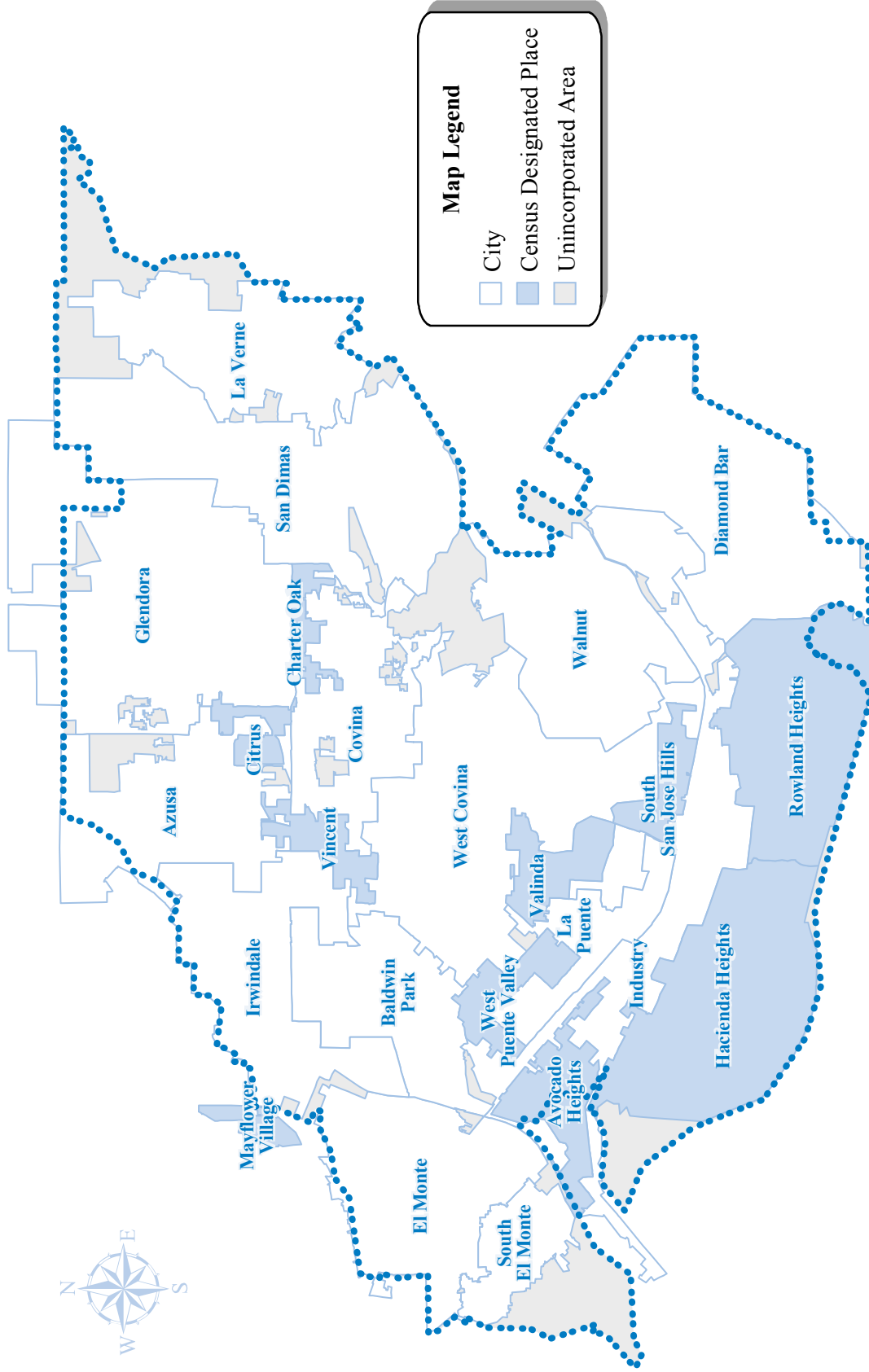
Overall, the population in the EH service area has increased since the 2016 CHNA and is projected to continue to grow. Many of the demographic numbers remained steady since the previous report, and there have been some positive changes in areas such as poverty, which has decreased since the previous 2016 CHNA according to 2018 US Census data. In education, more youth are finishing high school, and more students entering college are completing their degrees. There is, however, an increase in homelessness in the service area. The following graphic provides a snapshot of the EH service area population.



Approximately one in eight people in the SPA 3 - San Gabriel Valley² service area population lives below 200% of the Federal Poverty Level (37% overall and 41% of children 18 years and younger). There are 4,479 homeless people in SPA 3 - San Gabriel Valley, many of whom struggle with mental illness (26%) and substance abuse problems (14%) or are physically disabled (21%).

² The EH service area includes many—but not all—of the communities included in Los Angeles County Service Planning Area (SPA) 3 – San Gabriel Valley. Some of the measures included in this report represent SPA 3 – San Gabriel Valley as a proxy for the Emanate Health service area.

Citrus Valley Health Partners SERVICE AREA



Emanate Health

II

Mission

Vision

Values

Mission Statement

• • •

Emanate Health exists to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment.

• • •

Vision

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

Vision Definitions

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

Vision Level Metrics Brief (2021)

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

What does Emanate Health Look Like in 2021?

- Elevating Health from Sick Care to Health Care
 - A strong focus on preventive care, health education and wellness, including outreach efforts focused on improving community health.
 - Emanate Health and its partners excel at managing risk-based partnerships with payers and medical groups.
 - Empower patients to take responsibility and to advocate for their own health.
 - Personalized, technologically advanced health care management programs.
 - Extensive clinical integration and care coordination across the care continuum.
- Culture/People
 - A culture of respect that is welcoming and inclusive of our diverse communities.
 - Culturally and age sensitive service offerings.
 - Emanate Health is an employer of choice that develops and grows its employees.



- Physicians
 - In addition to community physician practices, provide a multi-specialty medical practice foundation with offices throughout the community.
 - Widespread use of electronic ambulatory health records and linkages between offices, hospitals and other care sites using the latest evidence-based medicine.
- Strategic Partnerships
 - Alliances with academic medical centers and other facilities to provide access to tertiary specialty care.
 - Partnerships with educational institutions that open or expand employee talent pipelines for hard-to-fill positions.
- Facilities
 - Facilities that create a welcoming environment for all patients and their families.
 - Comprehensive community ambulatory sites in select areas of community need.

Our Statement of Values

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

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

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

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

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

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

Emanate Health

III

Governance And Management Support

GOVERNANCE AND MANAGEMENT STRUCTURE

SUPPORT COMMUNITY BENEFIT

2020 UPDATE

Board of Directors and Administration Roles in Community Benefit

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

1. Assist the Board of Directors and Administration in advancing the Mission and Vision of the corporation;
2. Advance Community Benefit as a core value of the Corporation, and integrate community benefit programs and activities as part of the organization's culture and strategy;
3. Develop partnerships with public and private community agencies, individuals, to pursue programs and projects that help improve the health status and quality of life of the communities served by Emanate Health (formerly Citrus Valley Health Partners). The community partnerships are strategic for joint ventures to implement community benefit initiatives and programs with focus on the integration of health improvement needs and the social determinants of health.

The Strategic Planning, Marketing and Community Benefit Committee of the Board provides oversight, direction and support in the implementation of the Community Health Needs Implementation Plan. A quarterly report is provided for review and recommendations. The chair of the (SPMCB) committee is also a member of the Board of Directors and he/she brings the community benefit updates to the Board.

The community benefit principles and commitment to the communities we serve have continued to be a strong pillar since 1994. Currently, the Community Benefit department's executive leader is the Chief Marketing and Communications Officer (CMCO). Under the direction of the Chief Officer, the Director of the Community Benefit Department oversees the compliance with the triannual Community Health Needs Assessment and Implementation Plan. The director is responsible for the overall community benefit organization-wide activities and reporting. The CMCO also attends and brings updates to both groups.

The community benefit team works with public and private community partners, CBOs, Department of Public Health, Schools, Hospitals, etc. to sustain existing programs and to collaborate in the creation of new programs to respond to the multiple needs of the community. Emanate Health's primary strategic approach focuses, however not limited to, the priority areas of need identified in the 2019 Community Health Needs Assessment and its Implementation Community Partnerships are guided by the principles of capacity building and service to poor, at-risk, vulnerable populations.

Management and Staff Involvement in Community Benefit

During 2020, Administrative and Operations Managers throughout the corporation provide input and contribute to the 2019 CHNA's Implementation Plan activities.

Physicians, nurses, other professional staff and volunteers offer support and contribute to improve community's health and determinants of health status in the community.

Departmental Community Benefit Projects

A cadre of departments at Emanate Health Medical Center (Queen of the Valley Hospital and Inter-Community Hospital) and Foothill Presbyterian Hospital actively participate and support community benefit activities as department teams. In collaboration with community partners, they continue to provide education, screenings, mentoring, technical consultation, materials, sponsorship, etc.

Emanate Health Out-Patient Services hosted a free community flu vaccine clinic in December of 2020. The public was invited and encouraged to make an appointment to receive the vaccine. Due to the COVID-19 pandemic, Emanate Health followed the CDC guidelines for social distancing and face cover.

The San Gabriel Valley Homeless Coalition, a charitable organization with a mission to bring hope and restore dignity to individuals and families, and Emanate Health's Social Services, Care Coordination and Emergency Department staff work jointly to coordinate access to the local Winter Cold/Wet Weather Shelters for discharged patients experiencing homelessness.

Emanate Health's Emergency and Pharmacy departments continue to support the ECHO (Every Child's Health Option) program by providing free of charge urgent medical care and orthopedic services for uninsured or underinsured children referred by school nurses. Through this partnership, children are able to access hospital emergency services including radiology, laboratory, and pharmacy. As a 501(c)3 nonprofit organization, the Emanate Health Foundation provides financial assistance and serves as a fiscal agent for the ECHO Program.

As a result of the COVID-19 pandemic and the protection mandates, Emanate Health's Facilities and the Food Service Department put on hold the booking of community meetings and events until further notice.

Emanate Health's GEM (Get Enrollment Moving) program assisted the public with information and making appointments to access COVID-19 testing and COVID 19 vaccination sites.

Emanate Health has been engaged in community planning, education and program development/implementation with The Health Consortium of the San Gabriel Valley. Established in 2001 and dedicated to strengthen the health care safety net and optimize

seamless access to high quality physical health, mental health and substance use disorder (SUD) service. Emanate Health's Director of Community Benefit serves in the Steering Committee and actively participates in leadership and financial investment support to respond to the existing and emerging needs in the community. The full group membership of the SGV Health Consortium includes approximately 200+ various community agencies including LA County Public and Private Health.

Prior to COVID-19 restrictions, the Emanate Health Diabetes Care & Specialty Center offered free community lectures, information, and support groups for type I and type II adults, seniors, adolescents, and parents; as well as a type II Spanish support group. Similarly, Emanate Health's Outpatient Wound Care Center provided free foot screenings for community members referred by the Diabetes Care & Specialty Center. It is expected that these services will reinstate as soon as the restrictions are released.

Emanate Health's Marketing and Communications Department is a big supporter of the community health improvement efforts and community benefit programs by providing technical assistance in the development of outreach materials, inclusion in community events, inclusion in company website and social media.

The Auxiliary Department at Emanate Health, Inter-Community Hospital and Queen of the Valley Hospital grant ten annual scholarships to students who are furthering their education in the healthcare field. A total of \$12,000 was donated in the year 2020.

The Auxiliary at Emanate Health Foothill Presbyterian Hospital also donated fourteen scholarships to community members totaling \$20,837 in the year 2020.

Among other activities, Emanate Health's Community Benefit Department (CBD) organized, coordinated and assisted in the implementation of the annual Adopt-A-Family program during the 2020 holiday season. The CBD receives referrals from schools, CBOs, faith communities, homeless shelters, etc., of individuals and families in need. The CBD staff connects dozens of families each with a hospital department, who voluntarily come together to adopt people in need. Department staff members go to the homes and personally deliver food and gifts for all family members. It is a joyful time of the year for those sharing the gifts and for our community members who graciously receive the love that goes with it.

Emanate Health

IV

Charity Care Policies



<input checked="" type="checkbox"/>	EH	<input checked="" type="checkbox"/>	EHH	<input checked="" type="checkbox"/>	Policy
<input checked="" type="checkbox"/>	EHMC-ICH	<input checked="" type="checkbox"/>	EHHC	<input checked="" type="checkbox"/>	Procedure
<input checked="" type="checkbox"/>	EHMC-QVH	<input checked="" type="checkbox"/>	FPH	<input checked="" type="checkbox"/>	Attachments

Title: Charity Care		Policy #: A009
Type: Corporate		
Effective: 4/24/02	Reviewed: 7/27/11	Revised: 5/25/05, 7/27/05, 9/24/08, 5/1/2014, 10/4/15, 2/22/17, 1/29/2020, 6/17/2020, 3/24/2021
Approved: <i>Robert D. Gray</i>		Date: 3-24-2021
Approved: <i>Gay E. Mathewson</i>		Date: 3-24-2021

I. Policy

It is Emanate Health’s mission to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment. Emanate Health fulfills its mission by providing payment assistance to persons who have health care needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. This policy is applicable for any patient obligation not qualifying for financial assistance under Emanate Health’s (EH) Charity Care Policy (#: A009). It shall be the policy of Emanate Health to provide our uninsured and underinsured patients the same allowances provided to its managed care contractors. That is, those patients shall have applied to their accounts appropriate allowances and per diem rates.

II. Eligibility for Charity Care

Eligibility for charity care will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and those individuals who are unable to pay for their care. Eligibility for charity care also applies to a patient who is insured but has high medical cost and with monetary assets or income at or below 350 percent of Federal Poverty Level (FPL). A patient with high medical cost is defined as person whose family income does not exceed 350 percent of the FPL.

The charity award shall be based on an individualized determination of financial need. It shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may



Title: Charity Care

Policy#: A009

1. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial or other information and documentation relevant to making a determination of financial need;
2. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay such as credit reporting;
3. Include reasonable effort by Emanate Health to obtain from the patient or patient's representative information whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered to the patient, including but not limited to:
 1. Private health insurance, including coverage offered through the California Health Benefit Exchange;
 2. Medicare;
 3. Medi-Cal program, the California Children's Services Program, or other state- or county-funded health coverage programs.
4. Take into account the patient's available assets, and all other financial resources available to the patient; and
5. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be evaluated at each subsequent rendering of services, or at any time, additional information relevant to the eligibility of the patient for payment assistance becomes known.

Requests for payment assistance shall be processed promptly, and Emanate Health shall notify the patient or applicant about the financial assessment decision.

III. Eligibility Criteria and Amounts Charged to Patients

Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels in effect at the time of determination.

For the purpose of this policy, Federal Poverty Levels (FPL) is the poverty guideline that is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of section 9902 of Title 42 of the United States Code.

- Patients with monetary assets or income level at 350% or less of the FPL, will have the entire hospital bill written off regardless of net worth or size of bill;
- Patients with monetary assets or income level between 350% and 500% of the FPL, will have a portion of the hospital bill written off, based upon the sliding scale set forth below regardless of net worth or size of bill:



Title: Charity Care

Policy#: A009

- 351% - 400% = 75% write-off
 - 401% - 450% = 50% write-off
 - 451% - 500% = 25% write off
- Patients with hospital bill that exceeds the patient's monetary assets or net worth may qualify and be covered under this policy using the guidelines below:
 - Patients with monetary assets or net income levels between 351% and 400% of the FPL, the amount of the hospital bill that exceeds the patient's net worth will be written-off;
 - Patients with monetary assets or income is over the 401% of the FPL, portion of the hospital bill that exceeds the patient's net worth may be:
 - Written-off upon approval of the VP of Revenue Cycle or his/her designee; or
 - Arranged for payment with the patient through monthly payment plan.

NOTE: For purposes of determining monetary assets or income, the review shall not include the:

- a. Retirement or deferred compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans;
- b. First ten thousand dollars (\$10,000) of a patient's monetary assets;
- c. Fifty percent (50%) of a patient's monetary assets over the first \$10,000.

IV. Automatic Classification for Charity Care

1. Patients who are eligible for FPL-qualified programs such as Medi-Cal, Medicaid (out of state), and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payments for medically necessary services are not made by the programs. Patient account balances resulting from non-reimbursable charges are eligible for full charity write-off (except patient's Medi-Cal Share of Cost obligations which are not eligible for charity write off or the discount program). No separate financial assistance application is required in these circumstances. Specifically included as eligible are charges related to the following:
 - a. Denied inpatient stays
 - b. Denied inpatient days of care
 - c. Non-covered services
 - d. Treatment Authorization Request (TAR) denials
 - e. Denials due to restricted coverage



Title: Charity Care

Policy#: A009

2. Other Special Circumstances

- a. Under the following special circumstances, a patient may be deemed eligible for Charity Care without absolute requirement for submission of a financial assistance application:
- b. Homeless - Is determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government-sponsored program, without third-party insurance coverage.
- c. Seen in ER, unable to bill - Is treated in the Emergency Department but the Hospital is unable to issue a billing statement.
- d. Deceased – Is when a patient is deceased and is without a third-party insurance coverage or identifiable estate and does not have a living spouse.
- e. Access to Care - Is treated through an Access to Care Program

V. Screening Procedure and Documentation Requirement

Emanate Health, through the assistance and direction of the Patient Registration and Patient Financial Services (PFS) departments, shall assist patients who may qualify for charity care.

1. During registration or admission process, the Patient Registration Financial Counselors (FC) shall:
 - a. Screen all patients who may qualify for charity care;
 - b. Receive requests from patient and/or patient's representatives for charity care;
 - c. Discuss the Emanate Health charity care policy with the patient and/or patient's representatives;
 - d. Provide the patient the charity care application forms – Emanate Health Hospital Financial Screening Assessment and Income Certification forms.
 - i. The Hospital Financial Screening Assessment form requests patient information, income, monetary assets, debts, disability or injury status, and provides authorization from the patient for Emanate Health to obtain patient's credit report.
 - ii. The Income Certification form requests family income, number of dependents, and copies of:
 - Recent paycheck stubs
 - Recent tax returns or W-2 form
 - Evidence on any general relief program benefit
 - e. Guide the patient in completing the forms and provide instruction for submission to PFS department.
2. Upon receipt of the application forms and supporting documents, PFS shall:



Title: Charity Care

Policy#: A009

- a. Review the contents of the forms and supporting documents for completion;
- b. Review the applications forms and documents, and request additional information from one patient;
- c. Obtain information and supporting documentation regarding the patient's application for private and/or public health insurance or sponsorship which may include, but not limited to:
 - i. Private health insurance, including coverage offered through the California Health Benefit Exchange;
 - ii. Medicare
 - iii. Medi-Cal, California Children's Services Program, or other state- or counted health programs.
- d. Determine and approve charity care award following the criteria stated on section III. Eligibility Criteria and Amounts Charged to Patient;
- e. Notify the patient of the charity care award decision;

NOTE: Patients requesting charity care are expected to complete the application forms and provide supporting documents to Emanate Health. Submission of incomplete and inaccurate information may result in denial of charity care and discounting request.

VI. Emergency Physician Charity Care and Discounting Policy

The emergency physicians who provide emergency medical care to patients at an acute general hospital are required by law to provide discounts to uninsured patients or patients with high medical costs whose income is at or below 350% FPL. The law also requires the acute general hospital to notify patients of the emergency physicians' charity care and discounting program.

The FC and/or the PFS staff shall advise the patient and/or patient's representatives to contact the emergency physicians' billing company and request the emergency physicians' charity care and discounting program.

Emanate Health Emergency Physician Group: Vituity
Vituity Billing Service Contact Information:
MedAmerica Billing Services, Inc. dba: Vituity RCM
1601 Cummins Drive, Suite D
Modesto, CA 95358
Main Phone Number: (800) 498-7157
Email: www.vituity.com

VII. Communication of the Emanate Health Charity Care Policy to Patients and the Public

Information about Emanate Health's charity care policy shall be publicized to the Emergency Room and the Patient Registration departments at all Emanate Health campuses and other areas that Emanate Health may elect.



Title: Charity Care

Policy#: A009

VIII. Collection Policy and Procedure

Emanate Health developed policy and procedures for internal and external collection practices that take in account the extent to which the patient qualifies for charity care, a patient's good faith effort to apply for a governmental program or charity care from Emanate Health, and a patient's good faith effort to comply with his or her payment agreements with Emanate Health.

For patients who qualify for charity care and who are cooperating in good faith to resolve their discounted hospital bills, Emanate Health may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. Emanate Health will not impose extra-ordinary collection actions such as wage garnishments, liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this policy.

References

California Assembly Bill 774

California Assembly Bill 1503

California Senate Bill 1276

Charity Care Letters to Patients (AB774 Letter English, Spanish and Chinese versions) Financial Assistance Poster (English, Spanish and Chinese versions)

Charity Care Policy

Attachments

- I. Emanate Health / CVHP Policy #A009
Attachments
- II. Emanate Health/ CVHP Policy #M-101
- III. Emanate Health/ CVHP Policy #PC-300

Type					
<input type="checkbox"/>	Emanate Health Medical Center	<input type="checkbox"/>	Emanate Health Home Care	<input checked="" type="checkbox"/>	Policy
<input checked="" type="checkbox"/>	Emanate Health- ICH	<input type="checkbox"/>	Emanate Health Hospice	<input checked="" type="checkbox"/>	Procedure
<input checked="" type="checkbox"/>	Emanate Health-QVH	<input type="checkbox"/>		<input type="checkbox"/>	Attachment(s)
<input type="checkbox"/>	Emanate Health-FPH	<input type="checkbox"/>		<input type="checkbox"/>	

Title: Medical Screening Examination (MSE)		Policy #: M-101
Type: Emergency Department		
Effective: 10/93	Revised: 12/98, 7/02, 10/04, 3/24/10, 2/20/13, 10/30/18	Reviewed: 3/05, 1/31/07, 5/13/2020
Approved by:	<i>J. McDuff 9/28/2020</i>	<i>J. P. ... 10/19/2020</i>
Approved by:	ED Committee 7/21/2020	
Approved by:	MEC 9/15/2020	
Approved by Board of Directors:	9/23/2020	

Scope of Responsibility

Registered Nurse (RN)

Statement of Policy

- 1) Inter-Community Hospital and Queen of the Valley Hospital Emergency Services will provide an appropriate medical screening examination to any individual requesting/requiring care or treatment to determine if the individual has an emergency medical condition. When in doubt as to the existence of an emergency medical condition, discretion will be exercised in favor of concluding that such a condition does exist.
- 2) A physician or an Advanced Practice Practitioner under the supervision of the Emergency Department (ED) physician will do the medical screening examination. If the patient is pregnant, a Labor and Delivery RN may assist in the medical screening exam.
- 3) The purpose of the medical screening is to establish whether a medical emergency does or does not exist.
- 4) The scope of the medical screening examination will vary according to the medical condition, history of the patient and capabilities of the hospital.

- 5) A medical screening examination is provided regardless of diagnosis, payment status, race, national origin, age, disability or other nonmedical factors.
- 6) Persons, who become incapacitated, injured or succumb to an illness or medical condition upon the premises of the hospital will be offered appropriate assistance and transport to the Emergency Department.

No medical screening examination shall be delayed for the purposes of determining ability to pay or authorization of any third party payor.

Type					
<input type="checkbox"/>	Emanate Health Medical Center	<input type="checkbox"/>	Emanate Health Home Care	<input checked="" type="checkbox"/>	Policy
<input checked="" type="checkbox"/>	Emanate Health- ICH	<input type="checkbox"/>	Emanate Health Hospice	<input checked="" type="checkbox"/>	Procedure
<input checked="" type="checkbox"/>	Emanate Health-QVH	<input type="checkbox"/>		<input type="checkbox"/>	Attachment(s)
<input checked="" type="checkbox"/>	Emanate Health-FPH	<input type="checkbox"/>		<input type="checkbox"/>	

Title: Emergency Medical & Active Labor Act (EMTALA)		Policy # PC-300
Type: Hospital		
Effective: 3/1/99	Revised: 4/30/12, 1/22/14, 3/13/14, 9/28/15, 4/22/2020	Reviewed: 2/4/01, 5/13/02, 10/11/07, 10/4/13, 1/30/19,
Approved by:	<i>M. H. Reed</i>	<i>4/29/20</i>
Approved by:	<i>K. J. [unclear]</i>	<i>4/29/20</i>
Approved by:		
Approved by Board of Directors:	1/30/19, 4/22/2020	

+ Template changed

Scope of Responsibility

Registered Nurse (RN)

Definitions

- 1) Hospital property means the entire Hospital campus (including parking lots, sidewalks and driveways) defined as:
 - a) The main facility buildings
 - b) Structures owned and operated by the Hospital that are within 250 yards of the main buildings

- 2) Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:

- a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
- b) Serious impairment to bodily functions; or
- c) Serious dysfunction of any bodily organ or part

With respect to a pregnant woman who is having contractions:

- a) That there is inadequate time to effect a safe transfer to another hospital before delivery;
or
 - b) That transfer may pose a threat to the health or safety of the woman or her unborn child
- 3) Labor means the process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta. A woman who is experiencing contractions is in true labor unless a physician or qualified medical person certifies, after a reasonable period of observation that she is in false labor.
- 4) Medical screening examination means the screening process required to determine with reasonable clinical confidence whether an emergency medical condition does or does not exist.
- 5) Qualified medical person means an individual other than a licensed physician who is licensed or certified in one of the following professional categories and who has demonstrated current competence in the performance of a medical screening examination:
- a) Registered nurses who are credentialed to perform a medical screening examination for patients in labor.
 - b) Physician's Assistants or Nurse Practitioners in the Emergency Department under physician supervision.
- 6) "To stabilize" or "stabilize" or "stabilized" means:
- a) With respect to an emergency medical condition, that the individual is provided with such medical treatment as is necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the patient from the Hospital; or
 - b) With respect to a pregnant woman who is having contractions and who cannot be transferred before delivery without a threat to the health or safety of the woman or the unborn child, that the woman has delivered the child and the placenta.
- 7) Stable for discharge means:
- a) The physician has determined, within reasonable clinical confidence, that the patient has reached the point where his/her continued medical treatment, including diagnostic work-up or treatment, could reasonably be performed as an outpatient or later as an inpatient, as long as the patient is given a plan for appropriate follow-up care with discharge instructions; or

With respect to an individual with a psychiatric condition, the physician has determined that the patient is no longer considered to be a threat to himself/herself or others

NOTE: "Stable for discharge" does not require the final resolution of the emergency medical condition. However, the patient is never considered "stable for discharge" if within a reasonable medical probability, the patient's condition would materially deteriorate after discharge.

8) Stable for transfer between medical facilities means:

- a) The physician determines within reasonable clinical confidence, that the patient will sustain no material deterioration in his/her medical condition as a result of the transfer, and that the receiving facility has the capability to manage the emergency medical condition and any reasonably foreseeable complication; or
- b) With respect to an individual with a psychiatric condition the physician determines that the patient is protected and prevented from injuring himself/herself or others.

NOTE: Stable for transfer does not require the final resolution of the emergency medical condition.

- 9) Transfer means the movement (including the discharge) of an individual outside the Hospital's facilities at the direction of any person employed or associated, directly or indirectly, with the Hospital, but does not include the movement of an individual who: (1) is being moved from one location in the Hospital to another location in the Hospital; (2) has been declared dead; or (3) leaves the Hospital without permission or against medical advice.
- 10) Within the capability of the Hospital means those services which the Hospital is required to have as a condition of its license, as well as Hospital ancillary services routinely available to the Emergency Department.

Statement of Policy

A medical screening examination will be provided by a qualified medical person to any individual who comes to the Hospital and seeks an examination or medical treatment to determine if the individual has an emergency medical condition, whether or not eligible for insurance benefits and regardless of ability to pay.

If it is determined that the individual has an emergency medical condition, medical examination and treatment will be provided as required to stabilize the emergency medical condition, within the capability of the Hospital, or to arrange for transfer of the individual to another medical facility in accordance with the procedures set forth below.

Declarations

- 1) The provision of a medical screening examination, stabilizing treatment, or appropriate transfer will not be delayed in order to inquire about the individual's method of payment or insurance status.
- 2) The Hospital will not request or allow a health plan to require prior authorization for services before the individual has received a medical screening examination and stabilizing treatment.
- 3) The Hospital will provide emergency services and care without regard to an individual's race, ethnicity, religion, national origin, citizenship, age, sex, sexual orientation, preexisting medical condition, physical or mental disability, insurance status, economic status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the individual.
- 4) The policy applies to:
 - a) All individuals who present anywhere on the Hospital's Campus, even if they present at a location other than the Emergency Department.
 - b) All individuals in any ambulance subject to the policies and procedures of the local Emergency Medical Services (EMS) authority that is on Hospital property, even if instructed not to come to the Hospital.
- 5) Within the capability of the Hospital means those services which the Hospital is required to have as a condition of its license, as well as Hospital ancillary services routinely available to the Emergency Department.

Procedure

A. Medical Screening Examination

- 1) The Hospital shall provide a medical screening examination for every person who comes to the emergency department and seeks medical treatment or on whose behalf such a request is made, and shall also provide such an examination for every person who comes to another area of the Hospital campus to seek treatment for a potential emergency medical condition.
- 2) An individual who comes to another (non-emergency department) area of the Hospital campus and seeks treatment for a potential emergency medical condition shall be immediately transported to the Emergency Department for the screening examination and necessary stabilizing treatment. Such transport shall be by the method and with the personnel and equipment deemed appropriate under the circumstances by those who are with the individual.

- a) Emergency Department staff will respond and provide first aid to any person in need of emergency care who is on Hospital property or in a structure that is owned and operated by the Hospital and is within 250 yards of the Hospital
 - b) Emergency Medical Services Staff will be utilized for calling 911 for any person outside the designated area
 - c) If an individual is found down in extremis, 911 and Emergency Department staff will be called simultaneously
- 3) Within the capability of the Emergency Department, the medical screening examination shall determine within reasonable medical probability whether or not an emergency medical condition exists. The medical screening examination shall be performed by a physician or by a qualified medical person and must be documented in the medical record.
 - 4) If, after an initial medical screening examination, a physician determines that the individual requires the services of an on-call physician, the on-call physician shall be contacted.

B. Individuals Who Do Not Have an Emergency Medical Condition

- 1) When a physician determines as a result of a medical screening examination that the individual does not have an emergency medical condition, the individual may be transferred to another medical facility (if in need of further care) or discharged. The transfer or discharge of an individual who does not have an emergency medical condition shall be in accordance with the Hospital's transfer and discharge policies.
- 2) The hospital may transfer an individual with no emergency medical condition to another hospital for non-medical reason. Before transferring the individual, the hospital shall:
 - a) Ask the individual if he or she has a preferred contact person who should be notified about the transfer
 - b) Contact the person and alert him or her about the proposed transfer
 - c) If the individual is unable to respond, the hospital shall:
 - i. Make reasonable effort to ascertain the identity of the preferred contact person, or the next of kin;
 - ii. Alert the preferred contact person or the next of kin about the transfer
 - iii. Document any attempt to contact a preferred contact person or next of kin in the medical record
- 3) The appropriate portions of the Physician Authorization for Transfer form shall be completed if the individual is transferred to another medical facility.

C. Individuals Who Have an Emergency Medical Condition.

- 1) When it is determined that the individual has an emergency medical condition, the Hospital shall:

- a) Within the capability of the staff and facilities available at the Hospital, stabilize the individual to the point where the individual is either stable for discharge or stable for transfer
 - b) Provide for an appropriate transfer of the unstabilized individual to another medical facility. Transfers of unstabilized individuals are allowed only pursuant to patient request, or when a physician, or a qualified medical person in consultation with a physician, certifies that the expected benefits to the patient from the transfer outweigh the risks of transfer
- 2) If an individual has an emergency medical condition which has not been stabilized, the individual may be transferred only if the transfer is carried out in accordance with the procedures set forth below:
- a) The individual may be transferred if the individual or the legally responsible person acting on the individual's behalf is first fully informed of the risks of the transfer, the alternatives (if any) to the transfer, and of the Hospital's obligations to provide further examination and treatment sufficient to stabilize the individual's emergency medical condition, and to provide for an appropriate transfer. The transfer may occur if the individual or legally responsible person: (i) makes a written request for transfer to another medical facility, stating the reasons for the request; and (ii) acknowledges his request and understanding of the risks and benefits of the transfer, by signing the Patient Request for Transfer or Discharge form
 - b) The individual may be transferred if a physician has documented in the Physician Authorization for Transfer form that the medical benefits expected from transfer outweigh the risks
- 3) The transfer from this Hospital to a receiving medical facility of an individual with an unstabilized emergency medical condition shall be carried out as follows:
- a) The Hospital shall, within its capability, provide medical treatment which minimizes the risks to the individual's health and, in the case of a woman who is having contractions, the health of the woman and the unborn child;
 - b) A representative of the receiving medical facility must have confirmed that the receiving medical facility has available space and qualified personnel to treat the individual and has agreed to accept the transfer and to provide appropriate medical treatment, and a physician at the receiving facility has agreed to accept the transfer;
 - c) The Hospital shall send the receiving medical facility copies of all pertinent medical records available at the time of transfer, including (1) available history; (2) records related to the individual's emergency medical condition; (3) observations of signs or symptoms; (4) preliminary diagnoses; (5) results of diagnostic studies or telephone reports of the studies; (6) treatment provided; (7) results of any tests; (8) a copy of the Physician Authorization for Transfer form, including if applicable, the certification of risks and benefits by a physician, or the signed Patient Request for Transfer form;

- d) The transfer shall be effected through qualified professionals and transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer. The physician is responsible for determining the appropriate mode of transport, equipment, and transporting professionals to be used for the transfer.
- e) If an on-call physician has refused or failed to appear within a reasonable time after being requested to provide necessary stabilizing treatment thus necessitating a transfer, the emergency physician shall document the on-call physician's name and address in the medical record

D. Individuals Who Have An Emergency Medical Condition But Refuse to Consent to Treatment Or To Transfer

- 1) If the Hospital offers examination and treatment and informs the individual or legally responsible person of the risks and benefits to the individual of refusing the examination and treatment, but the individual or legally responsible person refuses to consent to the examination and treatment, the Hospital shall take all reasonable steps to have the individual or legally responsible person sign a Refusal to Permit Further Medical Treatment form. The medical record shall contain a description of the examination, treatment, or both, if applicable, that was proposed but refused by or on behalf of the individual; the risks and benefits of the examination and/or treatment; the reasons for refusal; and if the individual refused to sign the form. The steps taken in effort to secure the written informed refusal. An individual who has refused medical examination and/or treatment may be transferred in accordance with the procedures set forth for transfers of unstabilized patients.
- 2) If the Hospital offers an appropriate transfer but the individual or the legally responsible person refuses the transfer, after being informed of the risks and benefits of the transfer, the Hospital shall take all reasonable steps to have the individual or legally responsible person sign Section 4, Transfer is Refused, on the Physician Authorization for Transfer form. In addition, the medical record shall contain a description of the reasons for the proposed transfer.

E. On-Call Physicians

The Hospital shall maintain an on-call list of physicians, including specialists and sub-specialists that are available to screen, examine, and treat patients with potential emergency medical conditions. On-call physicians shall respond to Hospital calls for emergency coverage within a reasonable time after receiving communication indicating that their attendance is required. If an on-call specialist or sub-specialist is not available, the Emergency Department physician, or his or her designee, shall attempt to obtain the services of another appropriate specialist or sub-specialist from the Hospital's medical staff through working with the Chief of Staff and the Administrator on-call, as deemed appropriate. If the necessary on-call services remain unavailable despite these efforts, such that the patient requires transfer in order to obtain the necessary services at another

medical facility, the emergency physician shall note the name and address of the on-call physician who refused or failed to appear, in the medical record.

F. Record-keeping

The Hospital, whether transferring or receiving patients, must maintain the following:

- 1) Medical and other records related to individuals transferred to or from the Hospital, for a minimum period of five (5) years from the date of the transfer;
- 2) A list of physicians who are on-call for duty after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition, for a period of five (5) years;
- 3) A central log on each individual who comes to the Emergency Department seeking screening or treatment, for a period of five (5) years. The log must indicate whether the individual refused treatment or transfer, or was transferred prior to stabilization, admitted and treated, stabilized and transferred, or discharged.

G. Acceptance of Patient Transfers

The Hospital has the obligation to accept an appropriate transfer of a patient with an unstabilized emergency medical condition who requires specialized capabilities or facilities of the Hospital.

H. Reporting the Receipt of Inappropriate Transfers

- 1) Each Hospital medical staff member, house staff member, nursing supervisor or employee who works in the Emergency, Labor and Delivery or Admitting departments and who has reason to believe that a potential violation of the law has resulted in an inappropriate transfer to the Hospital as a receiving hospital shall report the incident to the Administrator on-call, or Director of Risk Management as soon as possible for investigation.

I. Signage

- 1) The Hospital shall post signs in English and in Spanish that specify the rights of individuals under the law with respect to examination and treatment for emergency medical conditions and of women who are pregnant and are having contractions. These signs shall be posted in the Emergency Department, Perinatal Services Department, and areas where patients wait prior to examination and treatment.

- 2) The Hospital shall post signs stating whether or not the Hospital participates in the Medi Cal program.

References

CHA Consent Manual

EMTALA Statute, US Code, Title 42, Section 395dd

California Health and Safety Code, Section 1317.2, All Facilities Letter 13-37

Cross References

Hospital Policy, Transfer of Patients, Interfacility, PC-430.

Emergency Department Policy, OB Patients Presenting to the Emergency Department, O-100

Emanate Health

V

Financial
Valuation Summary
And Report

Emanate Health

Financial Valuation Summary

2020

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

COMMUNITY BENEFIT THRESHOLD

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

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

PROGRAM VALUATION

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

VALUATION SECTIONS

Emanate Health continued in 2020 the same criteria in the selection of the SB 697 valuation categories:

1. **Operations that Lose Money**

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

2. **Unpaid Costs of Public Programs**

These shortfalls are program costs minus payments received. This amount represents the unpaid cost of services provided to patients in the Medi-Cal program and enrolled in HMO and preferred provider organization plans under contract with the Medi-Cal program and may include other state or local indigent care programs.

3. **Educational Programs**

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

4. **Programs that Meet Unmet Needs**

These programs include healthcare services provided without charge and many of the Mission Effectiveness and Community Care projects. Emanate Health has computed the cost of its **Community Assistance Program** (Charity Care) as direct measure of charity care provided to vulnerable and at-risk populations. Other significant projects include *GEM, Welcome Baby, Diabetes Care & Specialty Center, and the Mental Health Initiative.*

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

These are cash or non-monetary assets contributed by Emanate Health directly to other programs or efforts for vulnerable and at-risk populations. These services are valued by determining the staff time involved and applying an average rate for salaries and benefits. In addition to out-right grants, Emanate Health donates cash, in-kind assets, and services through (1) meals-on-wheels program in which the food and preparation costs are

donated; (2) staff leadership of rehabilitation support groups; and (3) and durable medical equipment donated.

Page 2 of 3

6. Health-Related Research

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

7. Fund-Raising Costs

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

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

MEASUREMENT

The 2020 the community benefit summary includes (1) a valuation of the Community Benefit Threshold; (2) a valuation of the services provided to vulnerable and at-risk populations; and (3) a summary page that compares the two values. The report compares what the community invested in Emanate Health with the value of services given back to the needy. Emanate Health surpassed its Community Benefit Threshold in 2020.

Emanate Health
Community Benefit Summary
2020

Community Benefit Threshold

Exemption from taxes:	
Property Taxes	\$ 2,066,717
Total Community Benefit Threshold	\$ 2,066,717

This is the amount which the community invested in Emanate Health through tax preferences in 2020

Program Valuation

Community Assistance Program (Charity Care)	\$ 6,230,103
Community Outreach and Mission Effectiveness	134,822
Neonatal Apnea Net Costs	7,500
Emergency Department Call Panel	385,630
Foundation Community Benefit	51,464
Community benefit expense - Health Professions Education	2,092,552
Departmental Community Benefit Services Quantification	756,378
Total Value of Community Benefit Services Provided	\$ 9,658,449

This is the value of SB697 services that EH provided to the community in 2020

Measurement excluding Government Program Shortfalls

Community Benefit Service Provided by Emanate Health in 2020	\$ 9,658,449
Community Benefit Threshold	2,066,717
Surplus of Services Provided Over Threshold	\$ 7,591,732

-

Emanate Health

Schedule to Estimate Property Taxes

2020

	<u>Property</u> <u>Land, Buildings</u> <u>& Improvements</u>	<u>Net Property Plant and Equipment</u> <u>Adjustments for</u> <u>For-Profit Entities,</u> <u>Rental Properties,</u> <u>& Construction in Progress</u>	<u>As</u> <u>Adjusted</u>	<u>Rate</u>	<u>Estimated</u> <u>Property Taxes</u>
EHMC	\$ 137,459,856	\$ (28,273,928)	\$ 109,185,928	1.2%	\$ 1,310,231
FPH	32,875,163	(1,761,959)	31,113,204	1.2%	373,358
EH & Other Affiliates	<u>58,918,626</u>	<u>(28,743,976)</u>	<u>30,174,650</u>	1.2%	<u>362,096</u>
EH Total	<u>\$ 229,253,645</u>	<u>\$ (58,779,862)</u>	<u>\$ 170,473,783</u>		<u>\$ 2,045,685</u>

Note: Adjustment represents for-profit and income property on which the organization has already paid taxes.

Emanate Health
CHARITY CARE BY ENTITY
2020

	ICC	QVC	CVMC	FPH	HOSPICE/HH	TOTAL
Charity Care at cost is computed as follows:						
Adjusted Gross Revenue per IRS W/S-2	530,061,159	719,809,948	1,249,871,107	348,441,572	6,398,607	1,604,711,286
Adjusted Gross Costs per IRS W/S-2	168,105,402	268,575,160	436,680,562	99,513,354	8,028,684	544,222,600
Cost to Charge Ratio per IRS W/S-2	31.7%	37.3%	34.9%	28.6%	125.5%	33.9%
Total Charity at Full Charges (Gross up)	6,945,862	15,072,358	22,018,220	5,120,460	54,893	27,193,573
Total Traditional Charity Care at Cost	2,068,945	5,623,791	7,692,736	1,462,380	68,877	9,223,993
Partial Payment by charity patients	468,597	1,843,676	2,312,273	681,617	-	2,993,890
Total Cost of Traditional Charity Care-Net of payments	1,600,348	3,780,115	5,380,463	780,763	68,877	6,230,103
Unpaid cost of public programs (Excl HFP)	23,658,000	36,453,000	60,110,940	15,763,180	480,890	76,355,008
Community Benefits	1,314,504	1,971,757	3,286,261	142,085		3,428,346
Total Charity Care & Unpaid Costs Before Hospital Fees	26,572,853	42,204,871	68,777,664	16,686,028	549,767	86,013,457
Hospital Fee Program Net (Revenue)	(11,201,000)	(27,092,939)	(38,293,939)	(7,175,474)	-	(45,469,413)
Net	15,371,853	15,111,932	30,483,725	9,510,554	549,767	40,544,044

Emanate Health
Community Outreach and Mission Effectiveness/Community Education
2020

Mission Effect
 EH
 (40,86120)

Department Expenses

Actual Expenses per 12/31/20 General Ledger **134,822**
 Adjustments:

Adjusted Departmental Expenses 134,822

Department Income

Actual Income per 12/31/20 General Ledger None
 Adjustments:

Adjusted Departmental Income -

Net amount spent for Community Benefits 134,822

Emanate Health
Neonatal Sleep Apnea Department - Costs
2020

Department Expenses

Actual Expenses per 12/31/20 General Ledger 7,500
 Adjustments:

Adjusted Departmental Expenses 7,500

Department Income

Actual Income per 12/31/20 General Ledger -
 Adjustments: -

Adjusted Departmental Income -

Net amount spent for Community Benefits 7,500

Emanate Health
 ER - On Call Physicians
 2020

Department Expenses

Actual Expenses per 12/31/20 General Ledger
 Adjustments:

	CVMC	FPH	TOTAL
	285,258	100,372	385,630
	<u>285,258</u>	<u>100,372</u>	<u>385,630</u>

Adjusted Departmental Expenses

Department Income

Actual Income per 12/31/20 General Ledger

	-	-	-
	-	-	-

Adjusted Departmental Income

	-	-	-
--	---	---	---

Net amount spent for Community Benefits

	<u>285,258</u>	<u>100,372</u>	<u>385,630</u>
	-	-	-

Emanate Health

Foundations - Net Fundraising Costs 2020

	At Risk %	EH Foundation (EHMC/Hospice/FPH)	
		Total	At Risk
Unrestricted contribution-current year	5%	1,684,841	84,242
Contributions			
Restricted			
Cardiac	20%	-	-
Chaplains / Strength Journey	10%	3,050	305
Echo	100%	5,000	5,000
Maternal & Child Health	20%	-	-
NICU	20%	335	67
Pediatric	20%	1,835	367
All other restricted	5%	379,384	18,969
Total Restricted		389,604	24,708
Total Contributions		2,074,445	108,950
		(0)	5.3%
Total Expenses		969,122	
Expenses related to Fundraising for At Risk Population			50,898

Emanate Health
HEALTH PROFESSIONAL EDUCATION (FAMILY RESIDENCY PROGRAMS)

2020

Total Community benefit expense (Health Professions Education)	
1 Medical students	-
2 Interns, residents, and fellows	4,605,202
3 Nurses (students)	-
Professions, students	
4 (Pharmacy, OT, dietetics,	-
Continuing health professions	
5 education (community	-
6 Other students (from Abel's W/S)	-
7 Total Community benefit expense	<u>4,605,202</u>
Direct offsetting revenue	
8 Medicare reimbursement for Direct GME	2,512,650
9 Medicaid reimbursement for Direct GME	-
education	
10 reimbursement/tuition	-
11 Other revenue (Pharmacy Res Program - Revenue)	-
12 Total Direct offsetting revenue	<u>2,512,650</u>
10 Net community benefit expense (income) - Health Professions E	<u>2,092,552</u>

Emanate Health

Estimated List of Community Outreach Services by Department 2020

<u>Dept.</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>
Radiology	Advisory Committee for Mt. SAC Radiology Program--ICC	Resource	1,410	
	Student coordinator for Mt. SAC Radiology Program--ICC	Resource	2,200	
	Advisory Committee for Mt. SAC MRI Program--ICC	Resource	928	
	Student coordinator for Mt. SAC MRI Program--ICC	Resource	2,320	
	Student coordinator for Mt. SAC CT Program--ICC	Resource	1,840	
	Advisory Committee for Mt. SAC Radiology Program--QVC	Resource	955	
	Student coordinator for Mt. SAC Radiology Program--QVC	Resource	2,334	
	Advisory Committee for Cypress College Untrasound Program	Resource	1,878	
	Student Coordinator for Cypress College Untrasound Program	Resource	3,713	
	ICC/QVC MR Safety Tours	Education	2,122	
Radiology Subtotal		19,700	19,700	
Education	CVHP Externship	Service	35,018	
	Onsite Nursing Student Coordination CVMC	Service	40,485	
	Onsite Nursing Student Coordination FPH	Service	16,161	
Education Subtotal		91,664	91,664	
Laboratory	QVC Red Cross Blood Drives	Service	4,900	
	ICC Red Cross Blood Drives	Service	4,450	
	Advisory Committee for Cal State CLS Student Program QVH	Service	1,000	
Laboratory Subtotal		10,350	10,350	
Cardiopulmonary Mended Hearts, Breathsavers & Support Groups	Breathsavers Program Scholarship	Education	3,106	
	Cardiopulmonary Subtotal		3,106	3,106
Marketing & Communication Department	Advertising (SGV Tribune)	Advertising	2,408	
	Ad/Sponsorship Media All Stars	Ad/Sponsorship	2,870	
	After Stroke Support Group	Education	350	
	Ask the Doctor Lectures (12)	Education	10,500	
	Covina Chamber Membership	Membership	1,250	
	Grupo de Apoyo for Cancer Survivors Spanish speaking	Resource	980	
	Facebook Ads	Advertising	598	
	Glendora Chamber Membership	Membership	1,700	
	Marketing & Communication Department Subtotal		27,954	27,954

Emanate Health

Estimated List of Community Outreach Services by Department 2020

<u>Dept.</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>
	Glendoran Advertising	Education	5,100	
	Health Conference (Virtual)	Education	2,100	
	La Verne Chamber Membership	Memberships	505	
	Regional Chamber of SGV (Sponsorship)	Sponsorship	1,000	
	San Dimas Chamber Membership	Sponsorship	436	
	Stericycle	Resource	245,913	
	Town Hall Sessions/Community (x2)	Education	1,400	
	West Covina Community Services Foundation	Sponsorship	2,500	
	Marketing & Communication Department Subtotal		279,610	279,610
Neuroscience	Monthly Stroke Support Group	Service	2,760	
	Neuroscience Subtotal		2,760	2,760
Pediatrics/ MBCU- Mother Baby Care Unit	12 English language Tours	Education	800	
	10 Spanish language Tours	Education	800	
	Pediatrics Subtotal		1,600	1,600
Food Services - Queen of the Valley Hospital	Student Interns (2)	Education	5,000	
	ED Patient Trays	Resource	8,661	
	QVH Food Services Subtotal		13,661	13,661
Food Services - Inter-Community Hospital	Student Interns (2)	Education	5,000	
	ED Patient Trays	Resource	7,865	
	ICH Food Services Subtotal		12,865	12,865
Volunteers & Auxiliary Department/Patient Relations & Service Recovery	Twelve 1000 scholarships for students in allied healthcare field	Education	12,000	
	Chaplain Services-Spiritual Visits	Service	28,159	
	Scholarship Committee	Education	1,815	
	Pet Therapy	Service	2,098	
	NICU Cuddler	Service	9,427	
	Music Therapy	Service	2,271	
	Volunteers & Auxiliary Department/Patient Relations & Service Recovery		55,770	55,770
Health Scholars	Health Scholar: Annual Expense for Program	Service	229,840	
	Health Scholar : Recruit, train, monitor students for service learning projects	Service	1,000	

Emanate Health

Estimated List of Community Outreach Services by Department 2020

<u>Dept.</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>
Health Scholars	Subtotal		230,840	230,840
Speech Therapy Department	Subtotal			
	Preceptorship of 2 SLP grad students (May-July, Aug - Dec)	Resource	8,000	
	SLP Student Observers x3 (staffing)	Resource	900	
	Speech Therapy Department Subtotal		8,900	8,900
Diabetes Care and Specialty Center	Community Lectures	Education	500	
	Support Groups: hours	Education	3,600	
	Support Groups: supplies	Education	200	
	Inpatient Education (480 hours)	Education	57,600	
	Telehealth Education (1610 hours over 26 weeks)	Education	193,200	
	Diabetes Care and Specialty Center SubTotal		255,100	255,100
FPH Volunteer Services & Auxiliary	Spiritual Care Visits	Service	2,469	
	14 Scholarships	Education	20,837	
	Scholarship Committee	Education	2,246	
	FPH Volunteer Services and Auxiliary Subtotal		25,552	25,552
Grand Total--CVHP	Departmental Outreach Services			\$ 1,011,478

Emanate Health

VI

2019 CHINA Report
Executive Summary

EXECUTIVE SUMMARY

Emanate Health (also called EH in this report) serves the residents of the East San Gabriel Valley through a network of 18 facilities. This 2019 report documents the community health needs assessment (CHNA) conducted for Emanate Health (formerly Citrus Valley Health Partners). The results of the CHNA will inform the development of implementation strategies developed by Emanate Health to address the health needs found in the community. This executive summary is intended to provide a high-level snapshot of the CHNA regulations governing hospitals, the list of prioritized health needs found in the report, the methodology used to identify those health needs, and a summary of the overall assessment.

Community Health Needs Assessment (CHNA Background)

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>). The required IS plan is set forth in a separate written document. Both the CHNA and the IS Plan for Emanate Health are available publicly at <https://www.emanatehealth.org/about-us/community-health-needs/>.

While Emanate Health has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2019 and described in this report was conducted in compliance with current federal requirements.

Summary of Community Identified Needs

Health outcomes and drivers also known as social determinants of health are interconnected and can negatively or positively impact individual health. They include social and economic factors that often contribute to the ability or inability of certain populations or groups to access the necessary care needed to diagnose, treat and prevent poor health. Therefore, it is important that these factors be taken into consideration when developing health strategies and programs to address health needs.

The following is a list of 10 identified community needs (health outcomes and social determinants of health) that resulted from the analysis of primary and secondary data, observations of disparities, and review of the previous 2016 Emanate Health CHNA findings.

- Access to Care
- Cancer
- Chronic Diseases (Heart Disease & Stroke, Diabetes)
- Economic and Food Insecurity
- Exercise, Nutrition, and Weight (Obesity)
- Homelessness and Housing Instability
- Mental Health
- Oral Health
- Senior Services
- Substance Abuse/Tobacco Use

Summary of Needs Assessment Methodology and Process

Identification

The 2019 CHNA needs assessment methodology and process involved a mixed-methods approach that included the collection of both secondary data and primary data. Secondary data indicators on a variety of health, social, economic, and environmental topics were collected by ZIP Code, Service Planning Area (SPA)¹, county, and state levels (as available). In most cases, values presented for the Emanate Health Service Area were calculated by aggregating values of smaller geographic units (e.g., ZIP Codes, census tracts) which fall within the service area boundary. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most affected the health of the community. The CHNA process also included an identification of existing community assets and resources to address the identified health needs.

In order to be included in the list of identified health needs, a health outcome or driver had to meet two requirements: it had to be mentioned in the primary data collection more than once, and a secondary data indicator associated with the health outcome and/or driver needed to perform poorly against a designated benchmark (County average, state average, or Healthy People 2020 goal).

Prioritization

On February 26, 2020, ten key Emanate Health stakeholders came together to review and discuss the significant community health needs and social determinants of health that emerged through the CHNA process. Following this review and discussion, stakeholders participated in a prioritization process to produce a recommendation around the significant health needs to be prioritized by Emanate Health over the next three years.

First, stakeholders were asked to rate each identified health need and social determinant according to: severity, magnitude, degree to which the severity and magnitude are disproportionately distributed across racial/ethnic/age group or other social category (disparity), change over time, and availability of community resources.

Stakeholders then participated in a dot-voting exercise to indicate which needs rose to the top during the dialogue as needs or social determinants that Emanate health should focus on in the next three years.

The average rating of each health need and social determinant was combined with the number of dot votes assigned to each by the prioritization session participants. The total score determined the four priority health needs to be addressed by Emanate Health during the 2020-2022 period.

The priority needs include:

- Chronic Diseases
- Mental Health
- Homelessness
- Access to Care

¹ A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. SPAs were created to help divide Los Angeles County into distinct areas that allow the Los Angeles County Department of Public Health develop and provide more relevant and targeted public health and clinical services to treat specific health needs of residents in those areas. (Retrieved from <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>).

Community Assets and Resources

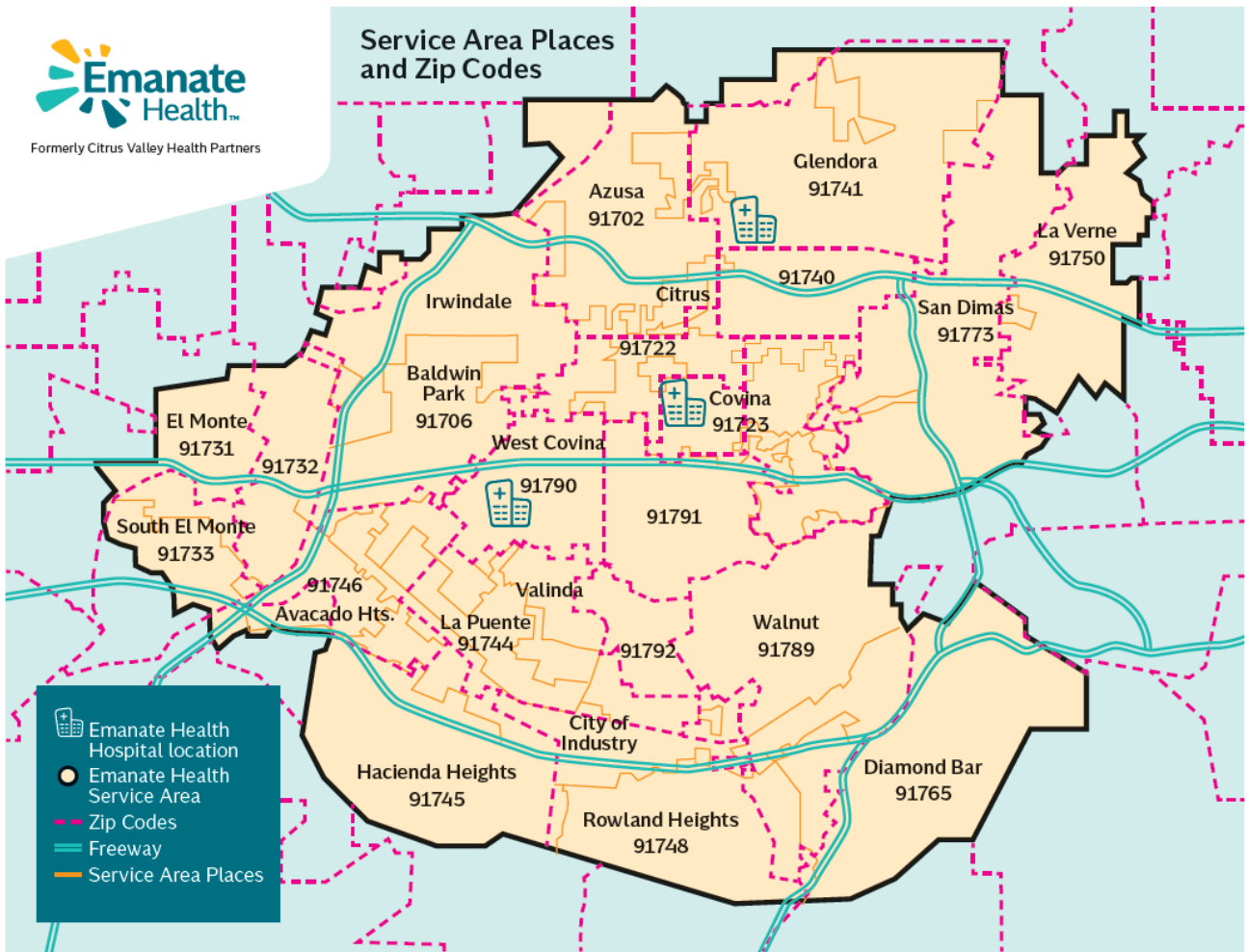
Community assets and resources to address the emerging health needs were identified through focus groups and interviews in the identification phase of the process. Stakeholders were asked to share names of community organizations, programs, and other resources they knew of and/or had experience with to address the specific health needs. These included hospitals, clinics, health centers, associations, community-based organizations, faith-based organizations, universities, public initiatives and hotlines. Following the identification of assets, Internet research was conducted to validate each asset and resource and collect up-to-date information for each.

EMANATE HEALTH SERVICE AREA

The Emanate Health (EH) hospital generally serves residents surrounding the hospital in the East San Gabriel Valley region and does not exclude low-income or underserved populations. The service area is described in the table below by city/community, ZIP Code and Service Planning Area (SPA).

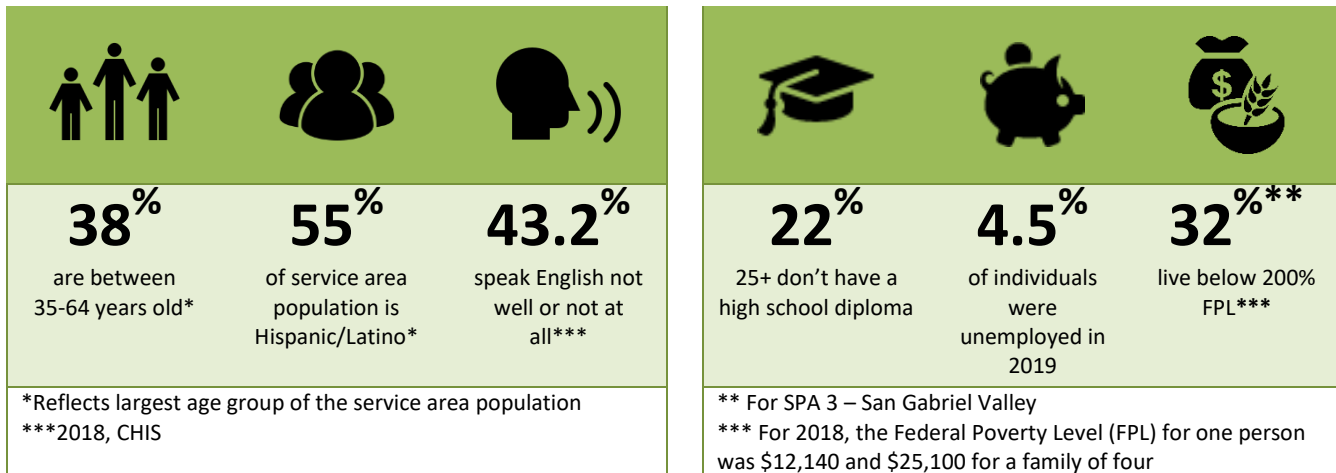
City/Community	ZIP Code	Service Planning Area (SPA)
Azusa, Irwindale	91702	SPA 3 – San Gabriel Valley
Baldwin Park, Irwindale	91706	SPA 3 – San Gabriel Valley
Covina	91722, 91723, 91724	SPA 3 – San Gabriel Valley
Diamond Bar	91765	SPA 3 – San Gabriel Valley
El Monte (including City of Industry)	91731, 91732	SPA 3 – San Gabriel Valley
Glendora	91740, 91741	SPA 3 – San Gabriel Valley
Hacienda Heights (including City of Industry, La Puente)	91745	SPA 3 – San Gabriel Valley
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	SPA 3 – San Gabriel Valley
La Verne	91750	SPA 3 – San Gabriel Valley
Rowland Heights (including City of Industry, La Puente)	91748	SPA 3 – San Gabriel Valley
San Dimas	91773	SPA 3 – San Gabriel Valley
South El Monte	91733	SPA 3 – San Gabriel Valley
Walnut (including City of Industry)	91789	SPA 3 – San Gabriel Valley
West Covina	91790, 91791, 91792	SPA 3 – San Gabriel Valley

Map of the Emanate Health Service Area



DEMOGRAPHIC PROFILE OF THE EMANATE HEALTH SERVICE AREA

Overall, the population in the EH service area has increased since the 2016 CHNA and is projected to continue to grow. Many of the demographic numbers remained steady since the previous report, and there have been some positive changes in areas such as poverty, which has decreased since the previous 2016 CHNA according to 2018 US Census data. In education, more youth are finishing high school, and more students entering college are completing their degrees. There is, however, an increase in homelessness in the service area. The following graphic provides a snapshot of the EH service area population.



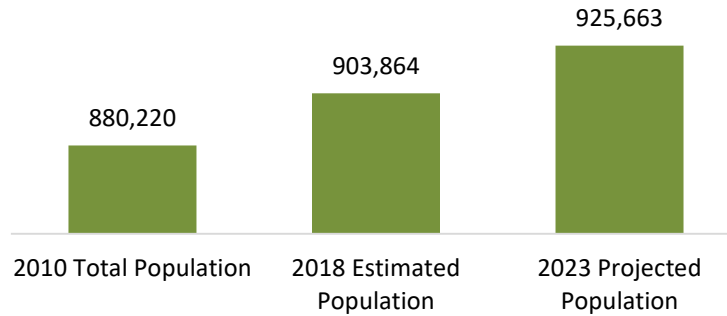
Approximately one in eight people in the SPA 3 - San Gabriel Valley² service area population lives below 200% of the Federal Poverty Level (37% overall and 41% of children 18 years and younger). There are 4,479 homeless people in SPA 3 - San Gabriel Valley, many of whom struggle with mental illness (26%) and substance abuse problems (14%) or are physically disabled (21%).

Population

The EH service area has a total population of 903,864 representing 8.8% of the total population in Los Angeles County (10,231,037) and 2.3% of the total population in California (39,557,045). The total population in the EH service area is projected to increase at a slower rate of 2.4% by 2023 than Los Angeles County (3.3%).

² The EH service area includes many—but not all—of the communities included in Los Angeles County Service Planning Area (SPA) 3 – San Gabriel Valley. Some of the measures included in this report represent SPA 3 – San Gabriel Valley as a proxy for the Emanate Health service area.

EH Service Area Population Trends



Total Population, 2018

Service Area	2010 Total Population	2018 Estimated Population	2023 Projected Population	2010-2018 Percent Change	2018-2023 Percent Change
EH service area	880,220	903,864	925,663	2.6%	2.4%
Los Angeles County	9,818,605	10,231,037	10,554,830	4.3%	3.3%
California	37,253,956	39,557,045	N/A	5.8%	N/A

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Gender

Since the 2016 report, the ratio of females to males has remained steady, and nearly divided in half by females (51.0%) and males (49.0%). This is consistent with Los Angeles County (50.7% females and 49.3% males, respectively) and California (50.3% and 49.7%, respectively).

Gender, 2018

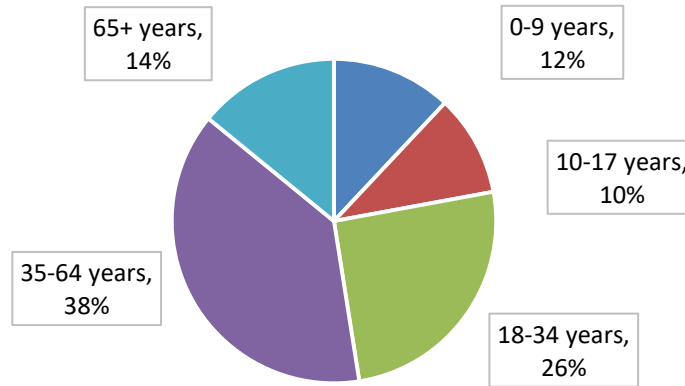
Service Area	Male		Female	
	Number	Percent	Number	Percent
EH service area	443,300	49.0%	460,554	51.0%
Los Angeles County	5,041,392	49.3%	5,189,645	50.7%
California	19,663,577	49.7%	19,893,468	50.3%

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Age

EH age distribution is consistent with that of the county and state. Youth between the ages of 0 and 17 comprise 22.2% of the population in the EH service area, adults between the age of 18 and 64 comprise 64.3%, and senior adults 65 years and older comprise 13.5% of the population. Similar percentages were noted in Los Angeles County (22.4%, 64.2%, and 13.4%, respectively) and California (22.7%, 63.0%, and 14.3%, respectively).

Age in the EH Service Area



Population by Age, 2018

Age Groups	EH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
0-4 years	54,574	6.1%	630,461	6.2%	2,441,300	6.2%
5-9 years	54,126	6.0%	629,124	6.2%	2,488,902	6.3%
10-14 years	54,603	6.0%	619,340	6.1%	2,547,973	6.4%
15-17 years	36,780	4.1%	394,888	3.9%	1,511,780	3.8%
18-20 years	37,680	4.2%	407,837	4.0%	3,917,309	10.0%
21-24 years	53,834	6.0%	566,922	5.5%		
25-34 years	137,833	15.2%	1,579,547	15.4%	6,043,799	15.3%
35-44 years	114,771	12.7%	1,423,588	13.9%	5,255,671	13.3%
45-54 years	118,163	13.1%	1,384,227	13.5%	5,071,974	12.8%
55-64 years	113,817	12.6%	1,224,884	12.0%	4,781,226	12.1%
65-74 years	70,060	7.8%	797,541	7.8%	3,285,414	8.3%
75-84 years	36,948	4.1%	395,515	3.9%	1,640,026	4.1%
85 years and older	14,675	1.6%	177,273	1.7%	743,585	1.9%
Total	903,864	100.0%	10,231,037	100.0%	39,557,045	100.0%

Source 1: Nielsen Claritas SiteReports, 2018, ZIP Code

Source 2: US Census, 2017, State

Within the communities in SPA 3 of interest to Emanate, El Monte and West Covina have the largest populations in all age categories. Relative to their population size, San Dimas (21.5%), La Verne (20.9%) and Hacienda Heights (20.4%) have highest proportion of seniors compared to peer EH communities in SPA 3. Meanwhile, the

town of Industry (11.7%), Covina (7.0%) and South El Monte (7.0%) have the greatest proportion of residents under 5 years of age.

Percent of Population of SPA 3 Cities in EH Service Area by Age

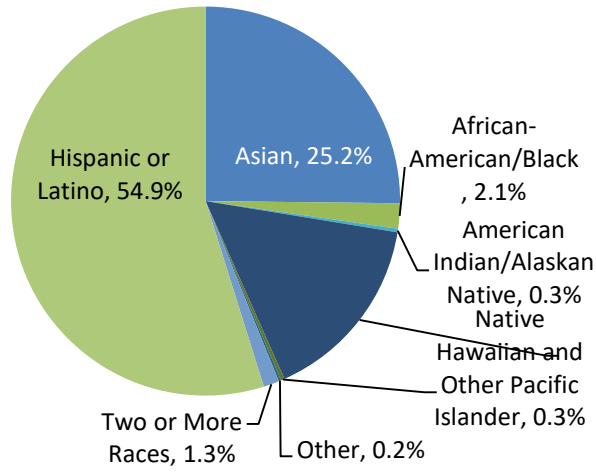
EH Service Area	0-4	5-19	20-24	25-44	45-64	65+
Azusa	6.3%	22.3%	13.8%	27.0%	20.8%	9.7%
Baldwin Park	6.4%	21.0%	8.1%	29.2%	24.1%	11.2%
Covina	7.0%	20.0%	6.6%	27.2%	25.7%	13.5%
Diamond Bar	4.6%	17.3%	6.0%	25.4%	31.1%	15.6%
El Monte	5.8%	20.6%	7.9%	28.3%	24.6%	12.6%
Glendora	5.3%	19.4%	5.6%	24.5%	29.4%	15.9%
Hacienda Heights	4.6%	16.8%	6.5%	25.6%	27.9%	18.6%
Industry	11.7%	20.4%	10.2%	31.5%	16.8%	9.6%
Irwindale	6.9%	22.4%	7.3%	25.1%	22.9%	14.3%
La Puente	6.7%	21.8%	8.5%	28.7%	23.1%	11.2%
La Verne	5.9%	18.2%	6.9%	21.2%	28.9%	18.8%
Rowland Heights	5.8%	14.1%	6.9%	27.0%	28.4%	17.9%
San Dimas	5.3%	18.0%	7.2%	23.6%	26.5%	19.3%
South El Monte	7.0%	20.3%	8.4%	27.5%	24.3%	12.5%
Walnut	4.6%	16.6%	6.8%	23.4%	31.8%	16.8%
West Covina	5.9%	18.6%	7.3%	27.6%	26.3%	14.2%

Source: U.S. Census, American Community Survey, 2013-2017

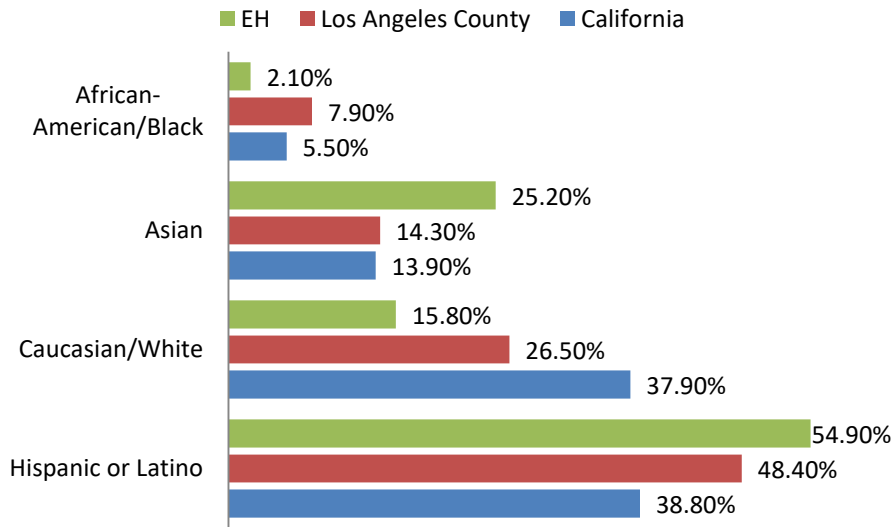
Race and Ethnicity

The EH service area is more heavily Hispanic/Latino and Asian, and less Caucasian/White (as a percentage of the total population), than either Los Angeles County or the state of California. In the EH service area in 2018, more than half the population identified as Hispanic/Latino (54.9%), followed by Asian/Pacific Islanders (25.2%), and Caucasian/White (15.8%). Hispanics/Latinos represent 48.4% of the population in Los Angeles County and 38.8% in California. Caucasians/Whites are the second-largest ethnic group in Los Angeles County (26.5%) and California (37.9%) followed by Asians/Pacific Islanders (14.3% and 13.9%, respectively).

Race and Ethnicity in the EH Service Area



Race and Ethnicity, EH Service Area Compared to Los Angeles County and California



Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Emanate Health

VII

2020-2022 CHINA Implementation Plan



Formerly Citrus Valley Health Partners

Where

healthy

comes from

2020-2022

Community Health Needs Implementation Plan

Emanate Health – Formerly Citrus Valley Health Partners
2019 Community Benefit Needs Assessment
Implementation Strategy
2020-2022

TABLE OF CONTENTS

I	GENERAL INFORMATION	2
II	EMANATE HEALTH	3
III	EMANATE HEALTH	3
IV	RATIONALE FOR IMPLEMENTATION STRATEGY	4
V	EMANATE HEALTH’S SERVICE AREA	4
VI	LIST OF IDENTIFIED COMMUNITY HEALTH NEEDS	7
VII	INDIVIDUALS INVOLVED IN THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY	7
VIII	AVAILABILITY OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO THE PUBLIC	7
IX	HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022	8
X	IMPLEMENTATION STRATEGIES	9
	PRIORITY FOCUS AREAS	9
	<u>AREA OF FOCUS I: CHRONIC DISEASES / HEALTHY BEHAVIORS</u>	9
	<u>AREA OF FOCUS II: MENTAL HEALTH</u>	11
	<u>AREA OF FOCUS III: HOMELESSNESS</u>	15
	<u>AREA OF FOCUS IV: IMPROVE ACCESS TO HEALTH CARE</u>	18
XI	EMANATE HEALTH EVALUATION PLAN	22

Emanate Health
2019 Community Health Needs Assessment (CHNA)
Implementation Strategy Report - Period: 2020-2022

I GENERAL INFORMATION

Contact Person: Maria Peacock, Director, Community Benefits

Written Plan Effective Date: March 25, 2020

Date Plan was Authorized and Adopted by Authorized Governing Body: March 25, 2020

Written Plan adopted and approved by:

Emanate Health Medical Center (Queen of the Valley Hospital and Inter-Community Hospital) and Foothill Presbyterian Hospital Boards of Directors.

Was the written plan written and Adopted by the Authorized Governing Body by End of Tax Year in Which CHNA was made available to the Public?

Yes No The new regulations indicate:

(5) When the implementation strategy must be adopted--(i) In general. For purposes of paragraph (a)(2) of this section, **an authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month** after the end of the taxable year in which the hospital facility completes the final step for the CHNA described in paragraph (b)(1) of this section, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.

Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: March 22, 2017.

Name and EIN of Hospital Organization Operating Hospital Facility:

Emanate Health - EIN # 95-3885523

Address of Hospital Organization: 140 W. College Street, Covina, CA 91723.

II EMANATE HEALTH

As the largest, nonprofit health care provider for the residents of the East San Gabriel Valley, Emanate Health serves the community through the work of its four facilities: Emanate Health Medical Center Inter-Community Hospital in Covina, Emanate Health Medical Center Queen of the Valley Hospital in West Covina, Foothill Presbyterian Hospital in Glendora, Citrus Valley Hospice and Citrus Valley Home Health in West Covina. Nearly one million residents in the East San Gabriel Valley rely on Emanate Health for their health care needs.

While Emanate Health is focused on healing the sick, we are also dedicated to reaching out to improve the health of our community. Our community outreach efforts allow us to reach beyond our hospital walls to help educate our community members, to help manage their health and to give them options in resources and preventative health screenings. We offer a variety of health programs, services and support groups. In addition, Emanate Health has extensive partnerships with a variety of stakeholders such as community based organizations; cities; public and personal health departments; community planning groups; safety net clinics; school districts; other surrounding hospitals; etc., with the common goal of improving the health and well-being of our residents. Due to the dichotomy and diversity in our service area, joining efforts with community coalitions and partners is an effective strategy to continue to address health disparities.

III EMANATE HEALTH

Emanate Health is an organization recognized for its outstanding community outreach efforts and accomplishments. An organization dedicated to creating innovative partnerships among the numerous health and social service organizations in our valley, with multiple participating agencies and diverse collaborative relationships devoted to promoting community health and well-being. In addition, CVHP has a charity care policy in place to respond to the needs of low-income, uninsured and underinsured populations.

Emanate Health's vision is to be an integral partner in elevating communities' health through collaboration and partnerships. This is the principle that guides all community health improvement and community benefit initiatives. Some highlights include Emanate Health's Get Enrollment Moving (GEM) program outreach and enrollment navigators who work in collaboration with community-wide partners to recruit eligible families for screening and free enrollment in the different insurance coverage programs such as Medi-Cal and Covered California and other health access programs for low-income uninsured and underinsured populations to access health care services. Enrollment is followed by three separate calls to ensure confirmation of coverage, utilization of services, advocacy, problem solving and assistance with renewal. Furthermore, GEM has expanded its scope by providing referrals to much needed services such as food, housing, mental health, etc. Since conception, Every Child's Healthy Option (ECHO) has been a collaborative effort coordinated and lead by local school districts. The program has offered free urgent care services in various specialties regardless of income level and provides enrollment for the child in the adequate health insurance program. Emanate Health engages in community planning in partnership with the Health Consortium of the Greater San Gabriel Valley

Emanate Health's Diabetes and Lighten-Up San Gabriel Valley programs offer culturally competent disease prevention approaches as well as best practices to chronic disease management with the support of Emanate Health's clinical and nutrition professionals including community multidisciplinary partnerships. Emanate Health, in partnership with First 5 L.A., offer a health and psychosocial maternal/child program through home visitation during the prenatal and postpartum stages. Emanate Health has been diligent and responsive to the health coverage changes by providing outreach and education in the community on the Affordable Care Act/MediCal Expansion, Covered California market place, and other free and low-cost access programs. With the onset of new regulation proposed by the federal government on Public Charge, Emanate Health adopted additional outreach and education strategies to support immigrant communities during these difficult times.

IV RATIONALE FOR IMPLEMENTATION STRATEGY

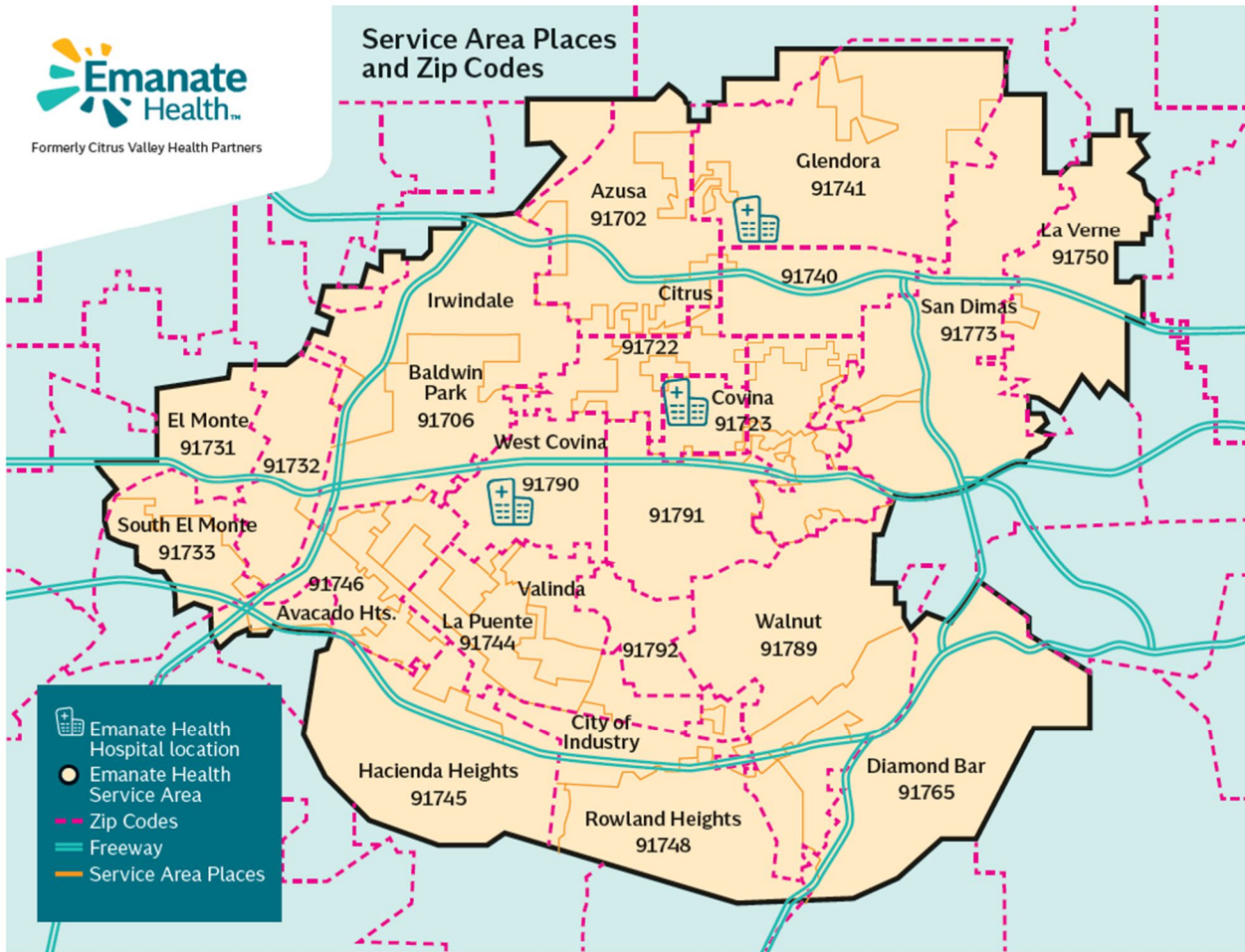
Emanate Health’s *Community Needs Implementation Strategy* is being adopted to comply with federal tax law requirements set forth in Internal Revenue Code section 501r, requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

Emanate Health’s implementation strategy is the means to satisfy all applicable requirements outlined in the proposed regulations released in April of 2013. This implementation strategy focuses on the highest needs identified in the 2019 Community Health Needs Assessment.

V EMANATE HEALTH’S SERVICE AREA

The Emanate Health (EH) hospital generally serves residents surrounding the hospital in the East San Gabriel Valley region and does not exclude low-income or underserved populations. The service area is described in the table below by city/community, ZIP Code and Service Planning Area (SPA).

City/Community	ZIP Code	Service Planning Area (SPA)
Azusa, Irwindale	91702	SPA 3 – San Gabriel Valley
Baldwin Park, Irwindale	91706	SPA 3 – San Gabriel Valley
Covina	91722, 91723, 91724	SPA 3 – San Gabriel Valley
Diamond Bar	91765	SPA 3 – San Gabriel Valley
El Monte (including City of Industry)	91731, 91732	SPA 3 – San Gabriel Valley
Glendora	91740, 91741	SPA 3 – San Gabriel Valley
Hacienda Heights (including City of Industry, La Puente)	91745	SPA 3 – San Gabriel Valley
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	SPA 3 – San Gabriel Valley
La Verne	91750	SPA 3 – San Gabriel Valley
Rowland Heights (including City of Industry, La Puente)	91748	SPA 3 – San Gabriel Valley
San Dimas	91773	SPA 3 – San Gabriel Valley
South El Monte	91733	SPA 3 – San Gabriel Valley
Walnut (including City of Industry)	91789	SPA 3 – San Gabriel Valley
West Covina	91790, 91791, 91792	SPA 3 – San Gabriel Valley



The EH service area has a total population of 903,864 representing 8.8% of the total population in Los Angeles County (10,231,037) and 2.3% of the total population in California (39,557,045). The total population in the EH service area is projected to increase at a slower rate of 2.4% by 2023 than Los Angeles County (3.3%).

Since the 2016 report, the ratio of females to males has remained steady, and nearly divided in half by females (51.0%) and males (49.0%). This is consistent with Los Angeles County (50.7% females and 49.3% males, respectively) and California (50.3% and 49.7%, respectively).

EH age distribution is consistent with that of the county and state. Youth between the ages of 0 and 17 comprise 22.2% of the population in the EH service area, adults between the age of 18 and 64 comprise 64.3%, and senior adults 65 years and older comprise 13.5% of the population. Similar percentages were noted in Los Angeles County (22.4%, 64.2%, and 13.4%, respectively) and California (22.7%, 63.0%, and 14.3%, respectively).

The EH service area is more heavily Hispanic/Latino and Asian, and less Caucasian/White (as a percentage of the total population), than either Los Angeles County or the state of California. In the EH service area in 2018, more than half the population identified as Hispanic/Latino (54.9%), followed by Asian/Pacific Islanders (25.2%), and Caucasian/White (15.8%). Hispanics/Latinos represent 48.4% of the population in Los Angeles County and 38.8% in California. Caucasians/Whites are the second-largest ethnic group in Los Angeles County (26.5%) and California (37.9%) followed by Asians/Pacific Islanders (14.3% and 13.9%, respectively).

As in 2016, nearly two-thirds (63.1%) of the population over the age of 5 years in the EH service area primarily speaks a language other than English in the home. This is significantly higher than in the county and state. The largest percentage of the population 5 years and older in the EH service area speak primarily Spanish in the home (40.1%), closely followed by English (36.9%) and an Asian language (20.9%). However, in Los Angeles County and California, English is most often spoken in the home (42.8% and 56.0%, respectively) followed by Spanish (39.7% and 28.7%, respectively). Asian languages represent the third language most often spoken in the home for Los Angeles County and California (11.0% and 9.9%, respectively). There has been a slight increase (1.4%) in the number of Asian speaking households since 2016, and a very slight decrease of 0.9% for primarily Spanish speaking households and 0.3% for English speaking households in the EH service area.

High Need Populations

Emanate Health's Service Area is characterized by many pockets of high concentrations of very low-income households and high economic insecurity. Just over one in eight people (13/3%) in the SPA 3 - San Gabriel Valley service area population lives below 100% of the Federal Poverty Level (FPL), and nearly one in five (18.6%) children live below 100% FPL. In many cities, including El Monte, Baldwin Park and Rowland Heights, over 60% of renting households spend more than 30% of their income on rent.

There are 4,489 homeless residents in SPA 3, an increase of 70% from the number of 2,612 homeless in 2016. Only 27% of these are chronically homeless, the remainder are newly homeless individuals and families. Only a quarter of the homeless in 2019 were mentally ill, and less than one in five (14.3%) suffer with substance use disorders. Importantly, just over one in five (20.6%) are physically disabled.

The Emanate Health's hospitals generally serve residents surrounding the hospitals in the East San Gabriel Valley region and does not exclude low-income or underserved populations. The cities/communities in the service area are Azusa, Irwindale, Baldwin Park, Covina, Diamond Bar, El Monte, Glendora, Hacienda Heights, City of Industry, La Puente, Bassett, Valinda, La Verne, Rowland Heights, San Dimas, South El Monte, Walnut and West Covina. Emanate Health's service area is part of the SPA 3 (Service Planning Area 3 of Los Angeles County).

VI LIST OF IDENTIFIED COMMUNITY HEALTH NEEDS

Below is the summary list in alphabetical order of the identified health needs in the Emanate Health's 2019 Community Health Needs Assessment:

- Access to Care
- Cancer
- Chronic Diseases (Heart Disease & Stroke, Diabetes)
- Economic and Food Insecurity
- Exercise, Nutrition, and Weight (Obesity)
- Homelessness and Housing Instability
- Mental Health
- Oral Health
- Senior Services and
- Substance Abuse/Tobacco Use

VII INDIVIDUALS INVOLVED IN THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY

Mary Kirchen, IHM, Chair of the Strategic Planning, Marketing and Community Benefit Board Committee

Diane Martin, Chief Marketing and Communications Officer

Maria Peacock, Director, Community Benefit Programs

VIII AVAILABILITY OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO THE PUBLIC

Emanate Health has implemented several strategies to make the report widely available to the general public within the service area:

- 1) Emanate Health's website <https://www.emanatehealth.org/about-us/community-health-needs/>
- 2) On February 6, 2020, the San Gabriel Valley Non-Profit Hospital Collaborative united to make an unprecedented region-wide presentation of the CHNA findings and health trends in the San Gabriel Valley of Los Angeles County. The event was hosted at City of Hope Conference Center and had an attendance of 165 cross-sector community representative agencies such as state and local government representatives, non-profits, community-based organizations, faith communities, school districts, community colleges, public and private agencies, residents, institutions of higher education, public health department, department of health services, mental health department and agencies, etc. The collaborative partner, Center for Non-Profit Management, presented an overview of the 2019 CHNAs findings including health trends, demographic diversity, emerging needs, health and income inequalities, etc..

The event featured a hospital leadership panel facilitated by the Department of Public Health Area Health Officer. Each hospital representative had the opportunity to make comments about the 2019 CHNA findings and their role in responding to the emerging community needs.

The event was appreciated and well received by community participants.

3) The 2019 CHNA report is broadly shared throughout the Greater San Gabriel Valley. Electronic and printed copies of the report are available upon request by calling Emanate Health’s Community Benefit Department at (626) 814-2450.

IX HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

Process and Criteria Utilized in the Selection

On February 26, 2020, ten key Emanate Health stakeholders came together to review and discuss the significant community health needs and social determinants of health that emerged through the CHNA process. Following this review and discussion, stakeholders participated in a prioritization process to produce a recommendation around the significant health needs to be prioritized by Emanate Health over the next three years.

First, stakeholders were asked to rate each identified health need and social determinant according to: severity, magnitude, degree to which the severity and magnitude are disproportionately distributed across racial/ethnic/age group or other social category (disparity), change over time, and availability of community resources.

Stakeholders then participated in a dot-voting exercise to indicate which needs rose to the top during the dialogue as needs or social determinants that Emanate health should focus on in the next three years.

The average rating of each health need and social determinant was combined with the number of dot votes assigned to each by the prioritization session participants. The total score determined the four priority health needs to be addressed by Emanate Health during the 2020-2022 period.

- ☐ Chronic Diseases
- ☐ Mental Health
- ☐ Homelessness
- ☐ Access to Care

X IMPLEMENTATION STRATEGIES

PRIORITY FOCUS AREAS

AREA OF FOCUS I: CHRONIC DISEASES / HEALTHY BEHAVIORS

Cardiovascular Disease

Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States live with one or more types of cardiovascular/heart disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. Cardiovascular health is significantly influenced by physical, social and economic factors including maternal and child health, access to educational opportunities, availability of and access to healthy foods, physical activity, access to safe and walkable communities, and access to affordable, quality health care.

Prevalence and Management: In SPA 3 in 2017, 7.1% of the population was diagnosed with heart disease, which is higher than Los Angeles County (6.6%) and California (6.6%). Among diagnosed adults managing their condition, more than half in the State (57.4%) appeared confident to control their condition. However, 13.2% in SPA 3 do not feel confident in managing their heart disease diagnosis compared to 9% of 512,000 adults in Los Angeles County. This rate is significant given that there is estimated to be approximately 512,000 adults in the Los Angeles County. More adults in Los Angeles county (3.2%) and SPA 3 (9%) have no confidence in controlling their condition than in the State (5.8%).

Hypertension

Hypertension, defined as a blood pressure reading of 140/90 mmHg or higher, affects one in three adults in the United States. With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. If untreated, high blood pressure can lead to blood vessel aneurysms, chronic kidney disease which may lead to kidney failure, cognitive changes including memory loss, difficulty finding words, and losing focus during conversations, eye damage, heart attack, heart failure, peripheral arterial disease, and stroke. High blood pressure can be controlled through medication and lifestyle changes; however, patient adherence to treatment regimens is a significant barrier to controlling the condition.

Prevalence: In 2017 SPA 3, close to a third (30.2%) of the population were diagnosed with hypertension, a trend similar to that in Los Angeles County (30.0%) and California (29.0%), all higher than the Healthy People 2020 goal of $\leq 26.9\%$. Stakeholders indicated that hypertension has become common among young adults between 20 and 30 years old.

Emanate Health CHNA Implementation Strategies 2020: Chronic Disease Management

Heart Disease

The following strategies and activities are intended to address our Community Access Needs for heart disease:

1. **Heart Center Expansion** - Intercommunity Hospital is a certified STEMI receiving center (ST-elevation myocardial infarction) where serious heart attack patients receive care from our entire Primary Service Area.
 - **Cath Lab # 3 Expansion** – Cardiac catheterization is way of examining the inside of the heart to see how well it is working, identify problems and possibly open blocked arteries. We complete over 2k cath lab procedures annually. To support the increasing patient needs for Cath Lab diagnostic and intervention procedures, a 3rd Cath Lab is being constructed by end of 2022 and will be adjacent to the Emergency Department to minimize transport time.
 - **Structural Heart Programs** - Intercommunity Hospital has added several complex structural heart procedures in the past few years including TAVR and MitraClip. We plan to add additional complex structural heart procedures as the technology advances and evolves as well as increase the volume of the existing non-invasive structural heart procedures.
 - **Open Heart and Valve Repair Procedures** - Intercommunity Hospital performs 200 annual open heart and valve repair procedures annually. With full time cardio-thoracic surgeons provided through a partnership agreement by USC Keck, we have been able to meet the need for patients in the Primary Service Area and not have their cases migrate outside. We plan to add an additional cardio-thoracic surgeon to address the growing open heart and valve repair procedure needs by end of 2022.
2. **Primary Care**
 - **Family Medicine Faculty** - will provide primary care services and continuity of care for patients discharged from the hospital that don't have a primary care physician assignment
 - **Family Medicine Residents** - Dr. Luis Garcia-Ayala a graduate from our Residency program will be working full time for the Family Practice in the 1206d.
3. **Specialty Care**
 - **Cardiology Clinic** - In May of 2020 cardiologist will see patients in the 1206d clinic that otherwise wouldn't have access to care due to being underinsured.
4. **Heart Disease Education & Awareness**
 - **Heart Month** - Every February, Emanate Health provides heart disease education and awareness events for our community. These include education talks by our physicians and special events such as heart healthy cooking and diet sessions. We plan to continue to expand the frequency of these education events, bring them to the community locations outside of our health system walls (such as Plaza West Covina shopping mall), and provide them in the preferred language of our community demographics.
 - **Women's Health Subgroup** - Women's Heart specific education and awareness sessions starting in 2020 will be launched.

Stroke Disease

The following strategies and activities are intended to address our Community Access Needs for stroke and neuroscience care:

1. **Stroke Center Expansion** – Queen of the Valley Hospital is a certified Primary Stroke Center where stroke and neuroscience patients receive care. We are looking to enhance the accreditation level and services for

patients so they can remain in our Primary Service Area and not have to be diverted to other outer lying hospitals by EMS.

- **PSC+** Pursuing the DNV PSC+ Stroke Center designation
- **RAPID Software Tool** – Launched in February 2020 the Rapid platform that brings cerebrovascular imaging software for identifying treatment options for stroke patients to Queen of the Valley.

2. Specialty Care

- **Neurology Clinic** - In January 2020 we added a full time Neurologist in the 1206d clinic seeing patients that otherwise wouldn't have access to care due to being underinsured.

3. Dedicated Ambulance Transport Service

- In May 2020 an ambulance service provider will be contracted to provided dedicated ambulances to transport stroke and neuroscience patients to Queen of the Valley Hospital.

AREA OF FOCUS II: MENTAL HEALTH

The Emanate Health service area is experiencing mental health–related issues with youth and adults. Mental Health disparities were observed among youth, the elderly, the low income, the middle class, the uneducated, the homeless, and communities mostly located in the western and central parts of the Emanate service area.

Prevalence. More than one in six (17.0%) of the population in SPA 3 reported needing help for emotional/mental or alcohol/drug problem in past 12 months, which was slightly lower than Los Angeles County (21.1%). The rate of teens likely to have serious psychological distress in SPA 3 - San Gabriel Valley and Los Angeles County is more than twice than the respective adult rate. In SPA 3, 9.6% of adults reported having thoughts of suicide at one point in their life, which was the same percentage as in Los Angeles County (9.6%), but a lower percentage than California (11.6%).

Goals:

Improve access to and utilization of mental health care services and address inequity in access to mental health care.

Strategy 1:

Build Community Capacity and Increase Accessibility and Equity in Access to Mental Health Care.

Activities: Partnership with GSGV Health Consortium and Hospital Collaborative

Activities	Outcomes	Impact
Engage in network building activities at each of the Greater San Gabriel Valley (GSGV) Health Consortium meetings.	Create opportunities for participants to get to know each other and to learn about the services offered at organizations they represent.	Improve client referrals to mental health providers that are best able to serve client needs and facilitate warm hand-offs between providers who know each other.
Invite keynote speakers to provide expert information about mental health-related initiatives, services	Build cross-sector provider knowledge and awareness of mental health services,	Same as above.

Activities	Outcomes	Impact
and resources available in the San Gabriel Valley. Including associated social determinants of health.	resources and initiatives that impact their service delivery options available for their clients.	
Plan and implement four Webinars through our GSGV Health Integration Training Program that will be geared to reach a larger population of physical health, mental health and SUD providers to enhance their capacity to effectively deliver integrated services. Four (4) educational topics have been identified 1) Trauma-informed care; 2) Diabetes & mental health; 3) Increasing access and effectiveness to mental health and SUD services; and 4) Reducing and addressing stigma related to mental health and SUD among service providers and among specific ethnic/cultural groups.	The cross-training webinars in 2020 will result in increased behavioural and mental health integration among safety-net organizations, including community-based organizations; community clinics; hospitals and county departments; and non-profit health, mental health and SUD providers.	Improve inter-agency knowledge and systems to improve patient referrals among providers that are best able to serve client needs in a timelier manner.
As a member of the Greater SGV Hospital Collaborative, Emanate Health will participate in the selection of mental health issues among youth including the stigma associated with accessing mental health services. The six non-profit hospitals in the SGV will potentially work jointly to develop a region-wide strategy around stigma. Specific strategy still to be determined, but potential topics areas are mental health concerns among youth; homelessness and mental health; and/or addressing social determinants of health such as food insecurity among youth.	A coordinated strategy across the six non-profit hospitals in the SGV to address a mental health issue.	TBD, based on selected strategies. Goal is to select strategies that will have an impact on the target population.

Strategy # 2

Address Behavioral Health Drivers for Obesity and Overweight

Activity: Education Module “Diet and Mental Health:” The Connection between Sugar, Anxiety & Depression

Activities	Outcomes	Impact
<p>Emanate Health will sponsor and participate in the planning and implementation of the <i>Diet and Mental Health</i> training for youth in partnership with Azusa Pacific University Counseling Canter.</p> <p>Additional partners will include interested high need school districts and community members.</p> <ul style="list-style-type: none"> • Workshop schedules • Printed materials • Videos • Healthy food demonstration and samples <p>Conduct Pre and Post Surveys on Eating Habits</p>	<p>Participants will learn how processed sugar is wreaking havoc on the mind and body.</p> <p>Participants will identify 2 common intake habits that contribute to anxiety and/or depression.</p> <p>Participants will identify at least 2 healthy food substitutes for processed sugar and carbohydrates.</p> <p>Participants will identify 2 benefits to physical health when eliminating processed sugars</p> <p>Participants will learn about how to handle potential stigma related to accessing mental health services.</p>	<p>Physical and mental wellbeing; education; positive messaging.</p> <p>Impact will be measured based in the results of the pre and post-surveys.</p>

Strategy # 3

Provide Depression and Risk Assessments for Prenatal and Postpartum Women -

Activities: Partnership with First 5 LA Welcome Baby Program and LABBN

Activities	Outcomes	Impact
<p>Partner with the San Gabriel Valley area Welcome Baby (WB) Program and Los Angeles Best Babies Collaborative to conduct assessments to pregnant and postpartum women.</p> <p>Warm hand-off referrals for mental health services.</p> <ul style="list-style-type: none"> • Administer the PHQ9 Assessment. • Administer the Bridges for 	<p>Identification of pregnant women who have depression.</p> <p>Identification of risk levels in three main areas: 1) basic needs, 2) physical health, and 3) psychosocial needs.</p> <p>Women receive assistance and support from Emanate Health Welcome Baby Mental Health Professional.</p> <p>Confirmation of appointment to consult with mental health</p>	<p>Increased risk screenings and assessments.</p> <p>Increase referrals to access needed mental health services.</p> <p>Decrease in the wait time for appointments.</p>

<p>New born Assessment.</p> <ul style="list-style-type: none"> • Client Support and assistance from WB Licensed Clinical Social Worker. • Provide meaningful referrals for mental health services. • Follow-up to ensure that participant successfully receives services • Administer the Generalized Anxiety Disorder Assessment (GAD-7) tool at specific timeframes during the postpartum period. 	<p>provider.</p>	
---	------------------	--

Strategy # 4

Emanate Health Faculty and Residents Training: Use of Alcohol and Opioid Use Disorder

Activities

Activity	Outcome	Impact
<p>Train faculty of the Family Residency Program on treatment practices in the use of alcohol and opioid use disorder.</p> <p>Partner with other community health centers to arrange for the training.</p> <p>Engage in language and cultural appropriate community outreach to identify and refer clients for services at our partner clinic, East Valley Community Health Center.</p> <p>Engage with the community about the problem of addiction, providing brief presentations and distributing treatment brochures.</p>	<p>Complete Faculty Training.</p> <p>Ongoing training for Family Practice Residents.</p> <p>Ability to assist patients with their health care needs and their alcohol and opioid use needs.</p> <p>Information disseminated in the community. Meeting with community agencies, providers and places of worship will have ripple effects in terms of a sense of shared purpose and another resource for help.</p> <p>Appointments resulted from the outreach activities.</p>	<p>Increased capacity to train multiple Family Practice to begin to treat patients in the continuity clinic and in-patient settings using new attitudes, knowledge and skills.</p> <p>Increased capacity for physician residents to integrate treatment of health and substance abuse treatments.</p> <p>Impact on faculty and resident attitudes regarding substance use disorders by increasing understanding of how and why addictions develop and substance abuse issues.</p>

AREA OF FOCUS III: HOMELESSNESS

As of 2019, there are 4,489 homeless residents in SPA 3, an increase of 70% from the number of 2,612 homeless in 2016. Only 27% of these are chronically homeless, the remainder are newly homeless individuals and families.

Approximately a quarter of the homeless in 2019 had been diagnosed with a mental illness, and less than one in five (14.3%) suffer with substance use disorders. Importantly, just over one in five (20.6%) are physically disabled.

Strategy # 1

Partnership with United Way of Greater Los Angeles and L.A. County Union Station to initiate a Patient Navigator Pilot Program.

The Patient Navigator Pilot Program is a system integration model designed to reduce Emergency Department and/or inpatient readmission for people experiencing homelessness or at-risk for homelessness identified as “high utilizers” of emergency services. The program is designed to follow them and work with them post-discharge to effectively link them with homeless services and other needed health and related services (e.g., recuperative services, medical homes, mental health, oral health, substance use, etc.).

Activities	Outcomes	Impact
Determine program goals and metrics. Create consistent/standardized processes for referrals and communication/information sharing with local clinics and other hospital partners.	The goals and procedures will guide successful implementation of the program.	The metrics will assist with capturing the impact of the program for evaluation purpose.
Finalize MOU with Union Station.	Formalize partnership and scope of work i.e., number of cases, etc.	N/A
Coordinate with other neighbouring SGV hospitals to collaborate and share the patient navigator.	Shared knowledge and shared resources with other hospitals.	The pilot program will benefit several communities in the San Gabriel Valley and will strengthen collaboration between hospitals.
Initiate the pilot program by the 2 nd quarter of 2020.	Patient navigator will be integrated in the hospital Social Services/Discharge team	A smooth start with the patient navigator coordinate and work together with the hospital’s team.
Participate in pilot evaluation and in periodic meetings to share progress, challenges, lessons learned, etc.	Monitor performance, challenges and lessons learned.	

Strategy # 2

Engage in a partnership with Los Angeles Homeless Services Authority (LAHSA) and Union Station to initiate a new pilot of “Hospital Liaisons.”

Hospital liaisons will serve as “air traffic controllers,” helping to connect homeless patients in hospital settings to services and resources in the L.A. Count Coordinated Entry System (CES).

Activities	Outcomes	Evaluation
Hospital Liaison launch event. Designation of Hospital staff to work with the Hospital Liaison. Designation of Hospital Liaison that will work with the hospital. Introductions to hospital staff and orientation to hospital setting. Develop procedures and schedule.	Will facilitate better coordination between hospitals and CES. Lessons learned. Successes and challenges. Hospital staff assigned to implement the program. Development of Procedures.	LAHSA and Emanate Health (and San Gabriel Valley participating hospitals) look forward to learning how this pilot of Hospital Liaisons can help ensure better coordination between hospitals and CES, and how it can help ensure high-needs homeless patients are connected to the services needed to end their homelessness.

Note: The Patient Navigator and the Hospital Liaison initiatives are under the auspice of the Health Consortium’s SGV Hospital Collaborative.

Strategy # 3

Collaborate and support the San Gabriel Valley Consortium on Homelessness

Activities: *The consortium facilitates partnerships and regional linkages to more effectively and efficiently provide housing and homeless services; educates the community and member agencies, and advocates for appropriate **housing** and services. The Consortium membership encompasses mental health and substance abuse providers; leadership from Los Angeles County Homeless Services Authority; Police Departments; LA County Whole Person Care; advocacy agencies; FQHACs; public health; mental health; city officials, hospitals, health plan representatives, etc.*

Activities	Outcome	Impact
Secure conference room for all twelve (12) monthly meetings each year along with refreshments free of charge. Provide room set up services and audio-visual equipment assistance. The San Gabriel Valley has a	Emanate Health is well known as the “hub” in the San Gabriel Valley for the consortium on homelessness. Furthermore, Emanate Health was a founding partner in 2001. Emanate Health’s staff from social services and community	Collaboration among providers. Improved services program coordination. Improved knowledge and use of available shelter and housing services. Improved access to mental health and substance abuse

<p>vibrant and effective group of homeless advocates who engage in the annual homeless count; cross-sharing of resources and information; service coordination; legislation updates, grant funding opportunities to respond to the needs of our homeless individuals and families, etc.</p> <p>Support consortium initiatives.</p>	<p>benefit department leaders collaborate with consortium members and identify opportunities to partner to secure warm hand-off referral opportunities to best serve ER homeless patients upon discharge.</p> <p>Additional programs and resources brought to the San Gabriel Valley.</p>	<p>provider services.</p>
--	---	---------------------------

Strategy # 4

Community Partnerships for Homelessness Prevention.

Activities	Outcomes	Impact
<p>Emanate Health is seeking proposals from community agencies who work with fragile low-income families and individuals at-risk for becoming homeless.</p>	<p>Identification of community-based trusted agencies that work with at-risk populations.</p> <p>Development of program service delivery and assignment of financial and/or in-kind support to the agency to help prevent additional homelessness in the service area.</p>	<p>Make a difference in the lives of people who are touched by this program and who, otherwise, would have become homeless.</p> <p>Quantification not available at this time.</p>

AREA OF FOCUS IV: IMPROVE ACCESS TO HEALTH CARE

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life. The lack of access to health services can lead to unmet health needs, delays in receiving appropriate care, inability to benefit from preventive services, and preventable hospitalizations.¹

In the EH service area, a slightly smaller percentage (12.3%) of the population does not have health coverage when compared to Los Angeles County (13.3%) though lack of health coverage is slightly higher when compared to California (10.5%).²

In terms of accessing primary care, in SPA 3, 4.8% of the population reported having a difficult time, which is lower compared to Los Angeles County (5.0%) and California (5.7%).

In terms of specialty care, in SPA 3 approximately a third of the population (33.5%) needed to see a medical specialist, which was lower than that reported in Los Angeles County (37.4%) and California (38.8%). Access to specialty care is important and may be affected by cost or lack of health coverage for such services. Another factor is the lack of availability of appointments within a reasonable period of time. Also, specialists that are cultural and linguistic adequate for the patient. A small percentage (10.5%) of the population in SPA 3 reported having difficulty accessing a medical specialist when compared to Los Angeles County (11.5%) and California (11.5%).

One of the barriers to accessing necessary health care services can be lack of health insurance or coverage. In SPA 3, 6.2% of the population reported that their primary care doctor did not accept their insurance in the past year, which is higher when compared to Los Angeles County (5.6%) and California (5.1%). Additionally, 11.8% of those needing to see a medical specialist were not able to because their insurance was not accepted which is a higher percentage when compared to Los Angeles County (11.0%) but lower than for Improve California (10%).

Access to Health Care

Strategy #1:

Conduct Community Outreach

Goal: Outreach, Screen, Enroll and Follow-up Assistance for the uninsured and/or underinsured in Emanate Health’s service area.

Objectives and Activities

Objective	Activities	Tracking Method
Conduct strategic outreach activities to target low-income uninsured.	Identify data of service areas with higher number of uninsured. Continue fostering partnerships with school districts, CBO’s, resource centers, etc. Schedule outreach activities	Enter outreach reports in the data entry system. Identify trends Evaluate results and the need for new strategies to reach the target community.

¹ Office of Disease Prevention and Health Promotion, (2014). *Access to Health Services*. Washington, DC. Available at [http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services]. Accessed [December 1, 2015].

² See Map 1 in Appendix D for rates of children under 18 underinsured.

	<p>including community events and other effective tactics.</p> <p>Conduct phone outreach to respond to referrals and inquiries.</p> <p>Analyse results and adapt innovative strategies.</p>	
--	---	--

Strategy #2:

Enrollment Assistance

Objectives and Activities

Objective	Activities	Tracking Method
Provide health insurance enrolment assistance to uninsured and underinsured individuals and families in Medi-Cal, Covered California, and any other low cost health access programs.	Enrolment navigators screen for eligibility and complete application for free and/or low-cost health insurance.	Number of applications completed. Compare statistics of uninsured with the 2019 CHNA data.

Strategy #3:

Enrollment Verification

Objectives and Activities

Objectives	Activities	Tracking Method
Conduct follow-up phone contact to confirm successful enrolment with at least 80% of applications assisted.	<p>Call participants to ask if they</p> <ul style="list-style-type: none"> • have received their insurance • card/approval. If unable to reach • client, check the Meds system to • verify enrolment outcomes. 	Enrolment verification data reports.

Strategy #4

Assistance and Advocacy

Objectives and Activities

Objectives	Activities	Tracking Method
Provide ongoing assistance to people experiencing problems with enrolment, utilizing benefits, or retention of health insurance. Offer system navigation support.	Conduct troubleshooting/problem solving and advocacy services. Offer utilization of services assistance to ensure that the person is accessing health, dental and vision services. Educate participants on how to navigate the health system. Assist with completing the Medi-Cal packet including plan and provider selection.	Completed forms with assistance documented. CHOI Data system records of number of people contacted and assisted.

Strategy #5

Insurance Retention Assistance

Objectives and Activities

Objectives	Activities	Tracking Method
Offer assistance with redetermination and/or renewal processes to retain coverage. Achieve rate of retention at least 80%.	Contact participants by telephone to determine if they have completed the redetermination forms or if they need assistance. Provide determination assistance as needed.	Completed retention verification forms. Completed renewal assistance forms. CHOI Data system report.

Strategy #6:

Increase Accessibility to Ambulatory services at community sites

Goal: Increase access to health care services at community-based locations.

Objectives	Activities	Tracking Method
Increase accessibility to needed outpatient services through expansion of community-based service capacity.	Continue fostering community partnerships to increase accessibility to outpatient services in on a timely manner. Continue to foster partnerships to improve access to specialty care services.	Number of Partnerships. List of specialties available at community locations. Other outcomes
Increase capacity of hospital physician services to the community through partnerships with FQHCs, Clinics and Emanate Health’s Family Residency Program.	Strategize to increase recruitment of specialty services physicians.	Additional specialty services available to the community.

Strategy #7:

Information Dissemination on Public Insurance program changes with focus on Public Charge

Objectives	Activities	Tracking Method
Information campaign to bring reliable information to the community related to the new federal legislation on public charge. Train the enrolment navigators on Public Charge. Provide the tools on how to educate residents. Promote the Medi-Cal programs that do not count for public charge.	Information dissemination on updates and health access changes as a result of the new federal government mandate. GEM Project staff will communicate changes and will support community members in making informed decisions related to Public Charge. If unable to apply for Medi-Cal, offer information on access to free and/or low-cost ambulatory care services. Share the hospital’s community assistance program information.	<ul style="list-style-type: none">• Report on strategies and information disseminated.• Report on barriers and challenges experienced.• Report on number of referrals to My Health L.A. program as well as to FQHCs.

XI EMANATE HEALTH EVALUATION PLAN

1. Collaborate with the San Gabriel Valley Non-for-Profit Hospital Collaborative and the Department of Public Health Area Health Officer to develop joint initiatives to address community needs and identify best practices to effectively measure community impact.
2. Monitor and evaluate the strategies listed above for the purpose of tracking their implementation as well as to document the anticipated impact including new developments and barriers.
3. Monitoring activities will include the data collection and documentation of tracking measures.
4. The 2019 Emanate Health Implementation Plan programmatic and financial updates will be submitted to OSHPD via the annual SB-697 Community Benefit Report.

Emanate Health

VIII

2020-2022 CHNA Implementation Plan Update

Emanate Health – 2019 Community Health Needs Assessment

Implementation Strategy

HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

- **Chronic Diseases**
- Mental Health
- Homelessness
- Access to Care

Area of Focus I: Chronic Diseases/Healthy Behaviors

STRATEGY	ACTIVITIES	PROGRESS	2020 UPDATE
Chronic Disease Management			
HEART DISEASE 1. Heart Center Expansion			Due to the COVID-19 Pandemic Updates for Strategy # 1 Heart Disease shaded in blue will be provided in the 2021 Community Benefit Report
Cath Lab #3 Expansion	Increase capacity for cardiac catheterization to respond to the needs of the community.	A 3 rd Lab is being constructed and expected to be functioning by the end of 2022.	
Structural Heart Program	Add technological advanced complex structural heart procedures for non-invasive structural procedures.		
Open Heart and Valve Repair Procedures	Add an additional cardio-thoracic surgeon to address the growing needs for open heart and valve repair procedure.	Searching for a qualified surgeon with a goal of initiating by the end of 2022.	
2. Primary Care			
Continuum of Care	Family Medicine Faculty to provide primary care services and continuity of care for discharged		Implementation kicked off in 2020.

<p>Increase Capacity for Continuum of Care</p>	<p>patients. An additional physician graduate from Emanate Health's Residency Program will increase capacity to provide primary care full time.</p>	<p>Dr. Luis García-Ayala has graduated in year 2020 and started providing primary care services at the 1206d Family Practice.</p>	
<p>3. Specialty Care Cardiology Clinic</p>	<p>New graduated cardiologist will see patients in the 1206d clinic that otherwise wouldn't have access to care due to being uninsured.</p>	<p>May of 2020</p>	
<p>4. Heart Disease Education and Awareness Heart Month</p>	<p>Every February provide heart disease education and awareness events for our community. It includes: Education talks Heartfelt cooking and Diet Sessions Plan to increase these activities by bringing them to community locations in a linguistic and cultural manner.</p>		<p style="text-align: center;">2020 UPDATE</p> <p>Emanate Health Provides Heart Education Full of Heart! To mark the "Heart and Vascular Month," our organization hosted a variety of events to teach the public how to love their heart. The highlights of the events include:</p> <ol style="list-style-type: none"> 1. The "Structural Health Innovations Heart Talk" was presented by Dr. Frank Lin, an interventional cardiologist. His presentation explained how to maintain a healthy lifestyle for heart health. Dr. Lin captured the interest of attendees, which led to a positive engagement from the audience. 2. Inter-Community Hospital held the "Heart Health Fair and Cooking Session." This event featured information booths about <i>Heart care, Stroke care, Diabetes care and the Mended Hearts</i> program provided literature on staying heart healthy and the resources available at Emanate Health to help prevent or manage heart disease. Participants received a free Body Mass Index and blood pressure screenings. A free cooking demonstration was given by nutritionist Angana Shah. She provided healthy heart recipes (in English, Spanish

<p>“Women’s Health Subgroup”</p>	<p>Women’s Health specific education and awareness sessions starting in 2020.</p> <p>Pregnancy and Cardiovascular Disease.</p> <p>Anticipating the arrival of a new baby can warm a woman’s heart. But pregnancy can affect her heart in many other ways. In fact, the heart pumps about 50% more blood than usual during pregnancy.</p>	<p>Emanate Health offers programs qualified as best practices for physical and psychosocial pregnancy health.</p>	<p>and Mandarin) and delicious food samples. The program was very well received and a great success!</p> <p><i>Pregnancy problems may predict heart health decades later!</i></p> <p><i>“Adverse Pregnancy Outcomes and Cardiovascular Disease Risk: Unique Opportunities for Cardiovascular Disease Prevention in Women: A Scientific Statement from the American Heart Association (AHA).”</i></p> <p>The scientific statement recently published by the AHA, has significantly validated the important work that Emanate Health has been doing for several years. The services promote and providing individualized pregnancy health prevention and improvement services.</p> <p>Growing evidence confirms that women who experience health complications while pregnant- including high blood pressure and gestational diabetes- face a higher risk of cardiovascular disease later in life, according to a recent scientific statement from the American Heart Association (AHA).</p> <p>The programs being offered to pregnant women are:</p> <ol style="list-style-type: none"> 1. Sweet Success Program, for pregnant women with gestational diabetes. Uninsured welcome. 2. Welcome Baby, a free home visitation program with linkage to community resources for pregnant and postpartum women and their families.

<p>STROKE DISEASE Stroke Center Expansion</p>	<p>As a certified Primary Stroke Center where stroke and neuroscience patients receive care, Emanate Health plans to enhance the accreditation level and services so that the community will be able to receive higher level of services in their own neighborhood.</p>		<p>FPH & QVH Recognized for stellar stroke treatment:</p> <p>The American Heart Association/American Stroke Association reported that Foothill Presbyterian Hospital (FPH) has earned the 2020 Get With The Guidelines® - Stroke Gold Plus Quality Achievement Award and also qualified for recognition for the Target: <i>Type 2 Diabetes Honor Roll</i>. The awards recognize FPH's commitment and success in implementing a high standard of stroke care by ensuring that their stroke patients receive treatment that meets nationally accepted, evidence-based standards and recommendations.</p> <p>Queen of the Valley Hospital received the Gold Plus Quality Award with the Honor Elite distinction, as well as the Target: Type 2 Diabetes Honor Roll. Congratulations to the Emanate Health doctors, nurses and other staff on the Stroke Team for this achievement and recognition.</p>
<ul style="list-style-type: none"> ● PSC+ 	<p>Pursuing the DNV PSC+ Stroke Center Designation</p>		
<ul style="list-style-type: none"> ● RAPID Software Tool <p>2. Specialty Care</p> <ul style="list-style-type: none"> ● Neurology Clinic 	<p>Bring a rapid platform that brings cerebrovascular imaging software for identifying individualized treatment options for stroke patients.</p> <p>Ad a full time neurologist in the 1206d clinic to see patients that otherwise would not have access due to being uninsured.</p>	<p>To be launched in February of 2020</p> <p>Implementation scheduled for January 2020</p>	<p>Emanate Health Care Center (1206d clinic) added a full time neurologist. Jagat Shetty, MD., Neurology.</p> <p>This acquisition is filling a great need for patients to have local access to a specialist in neurology. Consultation access is available to everyone regardless of insurance.</p> <p>Dr. Shetty values an integrative, open-minded approach to neurological disease, grounded in the latest science. He focuses on compassionate, patient-centered care that is oriented toward wellness.</p>

<p>3. Dedicated Ambulance Transport Service</p>	<p>An ambulance provider will be contracted to provide dedicated ambulances to transport stroke and neuroscience patients to the Queen of the Valley campus.</p>	<p>Implementation schedule for May 2020</p>	<p>This goal was met in 2020. Dedicated ambulances are available 24/7 to transport stroke and neuroscience patients to Queen of the Valley Hospital.</p>

Emanate Health – 2020 Community Health Needs Assessment - Implementation Strategy

HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

- Chronic Diseases
- **Mental Health**
- Homelessness
- Access to Care

Area of Focus II: Mental Health

Improve access to and utilization of mental health care services and address inequity in access to mental health care.

STRATEGY	ACTIVITIES	OUTCOMES	IMPACT	UPDATE – YEAR 2020
1. Build Community Capacity and Increase Accessibility and Equity in Access to Mental Health Care.	Engage in network building activities at each of the Greater San Gabriel Valley Health Consortium meetings.	Create opportunities for participants to get to know each other and to learn about the services offered at organizations they represent.	Improve client referrals to mental health providers that are best able to serve client needs and facilitate warm hand-offs between providers who know each other	<p>Emanate Health engaged in the planning and implementation of the SGV Health Consortium’s quarterly full group meetings and presentations offered to foster learning and to establish connections among mental health providers for collaboration.</p> <p>The SGV Health Consortium’s provides updates on current initiatives, programs and activities spearheaded by the consortium leaders. In addition it is an opportunity to increase education related to recent</p>

					<p>community needs and trends.</p> <ol style="list-style-type: none"> 1. The Economic Landscape in LA County & the State <i>Bill Manis, President & CEO, San Gabriel Valley Economic Partnership</i> 2. COVID-19 Relief – What Nonprofits Need to Know • <i>Chad D. Franks, Principal at KPMG</i> • <i>Debbie Heard, Partner at KPMH</i> 3. Caring, Compassion and Connection: Introduction to Mental Wellbeing During COVID-19 • <i>Lisa Schoyer, MFA, MCW II, LA County Department of Mental Health Prevention Services Administration – Family & Community Partnerships</i>
	<p>Invite keynote speakers to provide expert information about mental health-related initiatives, services and resources available in the San Gabriel Valley. Including associated social determinants of health.</p>	<p>Build cross-sector provider knowledge and awareness of mental health services, resources and initiatives that impact their service delivery options available for their clients</p> <p>The cross-training webinars in 2020 will result in increased behavioral and mental health integration among safety-net organizations, including community-based organizations;</p>	<p>Improve inter-agency knowledge and systems to improve patient referrals among providers that are best able to serve client needs in a timelier manner.</p>		<p>In partnership with the SGV Health Consortium, the Integration Committee delivered the following Webinars in 2020</p>
	<p>Plan and implement four Webinars through our GSGV Health Integration Training Program that will be geared to reach a larger population of physical health, mental health and SUD providers to enhance their capacity to effectively deliver</p>				<p>Webinar 1: Trauma-Informed Care During COVID-19 Thursday, May 28, 2020 Presenter: Mary Donnelly-Crocker, Executive Director of Young and Healthy Description: The Trauma Informed Care During COVID-19 webinar was presented by Mary Donnelly-Crocker, Executive Director at Young & Healthy in Pasadena and an experienced trainer on</p>

integrated services. Four (4) educational topics have been identified 1) Trauma-informed care; 2) Diabetes & mental health; 3) Increasing access and effectiveness to mental health and SUD services; and 4) Reducing and addressing stigma related to mental health and SUD among service providers and among specific ethnic/cultural groups

community clinics; hospitals and county departments; and non-profit health, mental health and SUD providers.

Trauma Informed Care and Adverse Childhood Experiences (ACEs).

Webinar 2: Exploring the Intersection of Diabetes and Depression
August 19, 2020
Presenters: Dr. Andy Wong, Dr. Paul Magtoto, Kaiser Permanente
Description: The webinar will include information on the bi-directional relationship between depression and diabetes, including the psychological social relationship and some of the physiological contributions. The presenters will also discuss ethnic disparities, best practices and recommendations for addressing these issues, including management in a telehealth environment.

Webinar 3: An Introduction to Race Equity in Behavioral Health Care
December 9, 2020
Presenter: Diamond Lee, LA County DPH
Description: This webinar will provide participants with a foundational understanding of key racial equity terms and concepts from a behavioral health perspective. We will also explore racism and racial trauma and the importance of applying a racial equity lens/anti-racist approach to advance social justice.

The webinars had excellent attendance and the evaluations are very positive. The topics were in response to the COVID-19 crisis from the behavioral health perspective and the importance of integrating an anti-racist approach into all the community initiatives and work.

The webinars recordings and presentations can be accessed at:
<https://healthconsortiumgy.org/recent-events/>

				<p>This particular activity is being postponed due to the restrictions during the COVID-19 pandemic</p>
	<p>As a member of the Greater SGV Hospital Collaborative, Emanate Health will participate in the selection of mental health issues among youth including the stigma associated with accessing mental health services. The six non-profit hospitals in the SGV will potentially work jointly to develop a region-wide strategy around stigma. Specific strategy still to be determined, but potential topics areas are mental health concerns among youth; homelessness and mental health; and/or addressing social determinants of health such as food insecurity among youth.</p>		<p>A coordinated strategy across the six non-profit hospitals in the SGV to address a mental health issue.</p>	<p>TBD, based on selected strategies. Goal is to select strategies that will have an impact on the target population.</p>
<p>STRATEGY # 2</p>				
<p>Address Behavioral Health Drivers for Obesity and Overweight</p>	<p>Education Module “Diet and Mental Health” The connection between sugar, anxiety and depression.</p>		<p>Participants will learn how processed sugar is wreaking havoc on the mind and body.</p>	<p>Due to the 2020 pandemic of COVID-19, the Diet and Mental Health workshops for youth are tabled for a future date.</p>
	<p>Emanate Health will sponsor and participate in the planning and implementation of the</p>		<p>Physical and mental wellbeing; education; positive messaging. Impact will be measured based in the</p>	

	<p>Diet and Mental Health training for youth in partnership with Azusa Pacific University Counseling Center.</p> <p>Additional partners will include interested high need school districts and community members.</p> <ul style="list-style-type: none"> • Workshop schedules • Printed materials • Videos • Healthy food demonstration and samples <p>Conduct Pre and Post Surveys on Eating Habits</p>	<p>Participants will identify 2 common intake habits that contribute to anxiety and/or depression.</p> <p>Participants will identify at least 2 healthy food substitutes for processed sugar and carbohydrates.</p> <p>Participants will identify 2 benefits to physical health when eliminating processed sugars</p> <p>Participants will learn about how to handle potential stigma related to accessing mental health services.</p>	<p>results of the pre and post-surveys.</p>		
<p>Strategy # 3</p> <p>Provide Depression and Risk Assessments for Prenatal and Postpartum Women.</p>	<p>Grant and Partnership with First 5 LA Welcome Baby Program and LABBN; LA County Department of Public Health; DCFS and other Social Service Agencies</p> <p>Partner with the San Gabriel Valley area Welcome Baby (WB) Program and Los Angeles Best Babies</p>	<p>Identification of pregnant women who have</p>	<p>Increased risk screenings and assessments.</p>		<p>Update - Year 2020</p>
		<p>Increased risk screenings and assessments.</p>			<p>1345 pregnant and/or postpartum women received the PHQ high risk</p>

	<p>Collaborative to conduct assessments to pregnant and postpartum women.</p> <p>Warm hand-off referrals for mental health services.</p> <ul style="list-style-type: none"> • Administer the PHQ9 Assessment. • Administer the Bridges for Newborn Assessment. • Client Support and assistance from WB Licensed Clinical Social Worker. • Provide meaningful referrals for mental health services. • Follow-up to ensure that participant successfully receives services • Administer the Generalized Anxiety Disorder Assessment (GAD-7) tool at specific timeframes during the postpartum period. 	<p>depression.</p> <p>Identification of risk levels in three main areas: 1) basic needs, 2) physical health, and 3) psychosocial needs.</p> <p>Women receive assistance and support from Emanate Health Welcome Baby Mental Health Professional.</p> <p>Confirmation of appointment to consult with mental health provider.</p>	<p>Increase referrals to access needed mental health services.</p> <p>Decrease in the wait time for appointments.</p>	<p>screenings/assessments for depression. Assessments are provided by Welcome Baby (WB) Hospital Liaisons, Parent Coach Supervisors, Parent Coaches and RNs.</p> <p><u>2780</u> women received the Bridges for Newborn Assessment by WB Hospital Liaisons. The mother's and the family psychosocial risk level are measured in this assessment. This assessment provides WB staff with areas of need such as Basic needs (food, housing, employment, etc.), physical health and psychosocial needs.</p> <p>Participants receive assistance and support from the WB's Licensed Clinical Social Worker, particularly those considered high risk. Welcome Baby enrolled <u>3,108</u> women in 2020.</p> <p><u>125</u> warm hand-off referrals for mental health services were provided to women.</p> <p>WB Parent Coaches follow-up with all participants to confirm that they are receiving the mental health services and gets properly documented.</p> <p><u>2068</u> GAD-7 General Anxiety Disorder Assessments were administered to</p>
--	---	---	---	---

					<p>participants at predesignated timeframes during the postpartum period. Follow-up action is conducted based on the results of the assessment.</p>
<p>Strategy # 4</p>	<p>Emanate Health Faculty and Residents Training: Use of Alcohol and Opioid Use Disorder</p>	<p>Train faculty of the Family Residency Program on treatment practices in the use of alcohol and opioid use disorder. Partner with other community health centers to arrange for the training. Engage in language and cultural appropriate community outreach to identify and refer clients for services at our partner clinic, East Valley Community Health Center. Engage with the community about the problem of addiction, providing brief presentations and</p>	<p>Complete Faculty Training. Ongoing training for Family Practice Residents. Ability to assist patients with their health care needs and their alcohol and opioid use needs. Information disseminated in the community. Meeting with community agencies, providers and places of worship will have ripple effects in terms of a sense of shared purpose and</p>	<p>Increased capacity to train multiple Family Practice to begin to treat patients in the continuity clinic and in-patient settings using new attitudes, knowledge and skills. Increased capacity for physician residents to integrate treatment of health and substance abuse treatments. Impact on faculty and resident attitudes regarding substance use disorders by increasing understanding of how and why addictions develop and substance abuse issues.</p>	<p>Update – Year 2020</p>
				<p>Sustainability: Emanate Health remains committed to continuing the training to another generation of trainees.</p>	<p>The faculty training was completed. The training for Family Practice Residents continues on an ongoing basis. A June 2020 residency graduate was hired by East Valley Community Health Center (EVCHC) (FQHC) in Emanate Health’s service area. The doctor will provide Medication Assisted Therapy (MAT) for the treatment of patients with alcohol or opioid use disorders. This program training equipped this physician to qualify for the position. Shortly thereafter, residents doing their psychiatry/addiction medicine rotation were able to spend time there seeing and learning from MAT patients under the supervision of this physician.</p>

	distributing treatment brochures.	another resource for help. Appointments resulted from the outreach activities.		Word of mouth from treated patients has also been described as a referral source.	Plans for significant community outreach were curtailed due to the pandemic. However, outreach to the EH ED departments, provided patient referrals to clinics and health centers.

Emanate Health – 2020 Community Health Needs Assessment - Implementation Strategy

HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

- Chronic Diseases
- Mental Health
- **Homelessness**
- Access to Care

Area of Focus III: Homelessness				
Partners: United Way of Greater Los Angeles and L.A. County Union Station.				
STRATEGY	ACTIVITIES	OUTCOMES	IMPACT	UPDATE – YEAR 2020
<p># 1 Initiate a Patient Navigator Pilot Program</p> <p>The Patient Navigator Pilot Program is a system integration model designed to reduce Emergency Department and/or inpatient readmission for people experiencing homelessness or at-risk for homelessness identified as “high utilizers” of emergency services. The program is designed to follow them and work with them post-discharge to effectively link them with homeless services and other needed health and related services (e.g., recuperative services, medical homes, mental health, oral health, substance use, food, housing, etc.).</p>	<p>Determine program goals and metrics.</p> <p>Create consistent/standardized processes for referrals and communication/information sharing with local clinics and other hospital partners.</p> <p>Finalize MOU with Union Station</p> <p>Coordinate with other neighboring SGV hospitals to collaborate and share the patient navigator.</p> <p>Initiate the pilot program by the 2nd Quarter of 2020.</p>	<p>The goals and procedures will guide successful implementation of the program.</p> <p>Formalize partnership and scope of work i.e., number of cases, etc.</p> <p>Shared knowledge and shared resources with other hospitals.</p> <p>Patient navigator will be integrated in the hospital Social Services/Discharge team</p>	<p>The metrics will assist with capturing the impact of the program for evaluation purpose.</p> <p style="text-align: center;">N/A</p> <p>The pilot program will benefit several communities in the San Gabriel Valley and will strengthen collaboration between hospitals.</p> <p>A smooth start with the patient navigator coordination with Social Services and Discharge Team.</p>	<p>The development and approval of the contract with</p> <ul style="list-style-type: none"> • Worked and partnered with United Way and the Union Station for a “patient navigator” trained individual who would visit Emanate Health hospitals’ homeless patients at-risk for homelessness prior to their discharge. • The role of the patient navigator is to conduct an assessment of the patient’s health and psychosocial needs to connect them with the needed services; i.e. Identify shelter or housing resources for the patient being discharged; food attainment; follow-up medical appointments and prescriptions; employment, etc. The navigator has been granted especial access to the LA County resource system and works under the hospital Social Services leadership. <p>The start of the program was delayed due to the pandemic, navigator recruitment and training and approval of the contract.</p> <p>The parent navigator will work under the direction and</p>

<p>Strategy # 2 <i>Engage in a partnership with Los Angeles Homeless Services Authority (LAHSA) and Union Station to initiate a new pilot of "Hospital Liaisons</i> <i>Hospital liaisons will serve as "air traffic controllers," helping to connect homeless patients in hospital settings to services and resources in the L.A. Count Coordinated Entry System (CES).</i></p>	<p>Participate in pilot evaluation and in periodic meetings to share progress, challenges, lessons learned, etc.</p>	<p>Monitor performance, challenges and lessons learned.</p>		<p>supervision of Emanate Health's Director of Social Services for Inter-Community Hospital and Queen of the Valley Hospital. After multiple planning meetings, the program is scheduled to be implemented in year 2021.</p>
	<p>Hospital Liaison launch event. Designation of Hospital staff to work with the Hospital Liaison. Designation of Hospital Liaison that will work with the hospital. Introductions to hospital staff and orientation to hospital setting. Develop procedures and schedule.</p>	<p>Will facilitate better coordination between hospitals and CES. Lessons learned and successes and challenges. Hospital staff assigned to implement the program. Development of Procedures.</p>	<p>LAHSA and Emanate Health (and San Gabriel Valley participating hospitals) look forward to learning how this pilot of Hospital Liaisons can help ensure better coordination between hospitals and CES, and how it can help ensure high-needs homeless patients are connected to the services needed to end their homelessness.</p>	<ul style="list-style-type: none"> • Worked and partnered with Los Angeles Services Housing Authority (LASHA) and United Way for a "Hospital Liaison" trained individuals who would visit Emanate Health hospitals' homeless patients or at-risk for homelessness prior to their discharge. • The role of the hospital liaison is to conduct an assessment of the patient's health and psychosocial needs to connect them with the needed services; i.e. Identify shelter or housing resources for the patient being discharged; food attainment; follow-up medical appointments and prescriptions; employment, etc. The navigator has been granted especial access to the LA County resource system and works under the hospital Social Services leadership. <p>Given the similarity of the two positions 1) Patient Navigator and 2) Hospital Liaison, LASHA opted for joining efforts and merge into one partnership with the Union Station for better collaboration and coordination.</p>

<p>Strategy # 3 Collaborate and support the San Gabriel Valley Consortium on Homelessness</p>	<p>Secure conference room for all twelve (12) monthly meetings each year along with refreshments free of charge. Provide room set up services and audio-visual equipment assistance. The San Gabriel Valley has a vibrant and effective group of homeless advocates who engage in the annual homeless count; cross-sharing of resources and information; service coordination; legislation updates, grant funding opportunities to respond to the needs of our homeless individuals and families, etc. Support consortium initiatives.</p>	<p>Emanate Health is well known as the “hub” in the San Gabriel Valley for the consortium on homelessness. Furthermore, Emanate Health was a founding partner in 2001. Emanate Health’s staff from social services and community benefit department leaders collaborate with consortium members and identify opportunities to partner to secure warm hand-off referral opportunities to best serve ER homeless patients upon discharge. Additional programs and resources brought to the San Gabriel Valley.</p>	<p>Collaboration among providers. Improved services program coordination. Improved knowledge and use of available shelter and housing services. Improved access to mental health and substance abuse provider services.</p>	<p>Emanate Health secured conference room for the monthly Homeless Consortium meetings. The meetings took place at Queen of the Valley Hospital from January – March of 2020. As of April 2020, the group suspended the meetings due to the COVID-19 pandemic. Emanate Health will continue to promote collaboration and information sharing among providers to best serve the San Gabriel Valley Homeless individuals and families. The homeless population has increased significantly. Due to the pandemic, people started losing their jobs, having to remain at home to home school children, financial strain, etc. Emanate Health’s Community Benefit leadership will re-establish communication to continue partnership. The hospitals’ community benefit staff will join partnership to support the innovative “Project Room Key” program. More developments will be reported in 2021.</p>
--	--	--	---	--

Emanate Health – 2019 Community Health Needs Assessment

Implementation Strategy

HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

- Chronic Diseases
- Mental Health
- Homelessness
- **Access to Care**

Area of Focus **IV**: Access to Care

STRATEGY	ACTIVITIES	TRACKING SYSTEM	UPDATE - YEAR 2020
Strategy # 1 Conduct Community Outreach	<p>Identify service area data on number of uninsured.</p> <p>Map the areas of highest need of health insurance. Elaborate a neighborhood outreach plan based on priority regions.</p> <p>Continue fostering partnerships with school districts, CBO's, resource centers, etc.</p>	<p>Enter outreach reports in the data entry system.</p> <p>Identify trends</p> <p>Evaluate results.</p> <p>Identify the need for new strategies to reach the target population.</p>	<p>The GEM (Get Enrollment Moving) program conducted research to identify the areas with concentration of uninsured in Emanate Health's service area. A reliable source to access maps of the uninsured is Covered California. In addition, Emanate Health's recent Community Health Needs assessment is a reliable source to identify the cities and/or unincorporated areas with low-income residents.</p> <p>Telephone outreach was the tool utilized for outreach during the pandemic in 2020.</p>

<p>Strategy # 2 Enrollment Assistance</p>		<p>Provide health insurance enrollment assistance to uninsured and underinsured individuals and families in Medi-Cal, Covered California, and any other low cost health access programs.</p>	<p>Enrollment navigators screen for eligibility and complete application for free and/or low-cost health insurance. Track # of applications completed. Compare statistics of uninsured with the 2019 CHNA data.</p>	<p style="text-align: center;">UPDATE – YEAR 2020</p> <p>As a result of the outreach efforts, enrollment navigators assisted 2,243 individuals with screening and with completing an application in various public insurance programs such as Medi-Cal; MCAP and Covered California. Individuals who did not qualify for these programs were connected with Clinics and Health Centers to receive healthcare services through the My Health LA program for the uninsured.</p>
<p>Strategy # 3 Enrollment Verification</p>		<p>Conduct follow-up phone contact to confirm successful enrollment with at least 80% of applications assisted. Call participants to ask if they</p> <ul style="list-style-type: none"> • Have received their insurance card/approval. • If unable to reach participant, check the Meds system to verify enrollment outcomes. 	<p>Enter each participant's enrollment verification information in the CHOI data system. Review enrollment verification data reports. Identify trends or challenges.</p>	<p style="text-align: center;">UPDATE – YEAR 2020</p> <p>Enrollment navigators conduct follow-up calls to 100% of participants whose applications were completed ninety (90) days earlier to verify that they received approval and have their insurance card. In year 2020, GEM enrollment navigators confirmed enrollment with a 90% rate of success of applications assisted. This is considered close or above “best practices” in the industry. Enrollment navigators also provide assistance to participants with completing their post enrollment <i>medical choice packet</i>. In addition, if the case was denied, the navigators review the case and, if it was denied in error, they will help participant appeal their case.</p>
<p>Strategy # 4 Assistance and Advocacy to resolve insurance access or access to healthcare problems.</p>				<p style="text-align: center;">UPDATE – YEAR 2020</p>

	<p>Provide ongoing assistance to people experiencing problems with enrollment, utilizing benefits, or retention of health insurance.</p> <p>Offer system navigation support.</p> <p>Conduct troubleshooting/problem solving and advocacy services.</p> <p>Offer utilization of services assistance to ensure that the person is accessing health, dental and vision services.</p> <p>Educate participants on how to navigate the health system.</p> <p>Assist with completing the Medi-Cal packet including plan and provider selection.</p>	<p>Completed forms with assistance documented.</p> <p>CHOI Data system records of number of people contacted and assisted.</p>	<ul style="list-style-type: none"> In 2020 it was observed that the enrollment navigators had higher demand with participants who experience problems with Medi-Cal or Covered California. They assisted with 3,768 troubleshooting cases. <p>The navigators offer technical assistance to participant and advocate for them in various forms, including calling the insurance programs. Some problems are so complex that take up to two weeks to resolve. These services take many work hours of the navigator's time. At the end, participants are very appreciative for the help.</p> <ul style="list-style-type: none"> In 2020 the navigators called participants six (6) months after application to verify that they are using their health, mental health and dental services. This is a time when participants express if they want to change plan or provider or if they need additional assistance. The navigators respond to the requests. <p>This is also an opportunity to educate participants on how to navigate the system and advocate for themselves.</p>
<p>Strategy # 5 Insurance Retention</p>	<p>Offer assistance with redetermination and/or renewal processes to retain coverage.</p> <p>Achieve at least 80% rate of retention at 11 month after completion of application.</p> <p>Contact participants by</p>	<p>Completed retention verification forms.</p> <p>Completed renewal assistance forms.</p> <p>Verify 80% minimum retention rate.</p> <p>CHOI Data system report.</p>	<p style="text-align: center;">UPDATE – YEAR 2020</p> <ul style="list-style-type: none"> The GEM navigators once again contact the participants whose applications were completed eleven (11) months earlier to verify that they are still enrolled and to offer assistance with completing the redetermination/renewal process to retain coverage. In 2020, the program's rate of success for retention was 90%. These results also qualifies for best practices in the industry.

	<p>telephone to determine if they have completed the redetermination forms or if they need assistance.</p> <p>Provide determination assistance as needed.</p> <p>Verify that they are still enrolled.</p>		<ul style="list-style-type: none"> In addition, Emanate Health’s GEM navigators assisted 799 participants (who completed their application elsewhere) with completing the redetermination/renewal process.
<p>Strategy # 6 Increase Accessibility to Ambulatory services at community sites</p>	<p>Increase accessibility to needed outpatient services through expansion of community-based service capacity.</p> <p>Foster community partnerships to increase accessibility to outpatient services in on a timely manner.</p> <p>Continue to foster partnerships to improve access to specialty care services.</p>		<p style="text-align: center;">UPDATE – YEAR 2020</p>
		<p>List of community clinics and health centers.</p> <p>Provided information and referred uninsured to the “My Health LA” program.</p> <p>Number of referrals for health care services.</p> <p>List of specialties available at community locations.</p>	<p>A comprehensive list of clinics and health centers is available and shared with residents who are looking for low or no-cost community clinics and/or health centers for them and their families. They are screened for eligibility in Medi-Cal and, if they do not qualify, they are informed about the “My Health LA” County program. They are provided with printed information and the list of clinics available to them.</p> <p>In addition, in 2020 Emanate Health is responding to the need to access local culturally competent physicians and specialists and initiated an out-patient clinic to increase accessibility to outpatient services on a timely manner.</p> <p>This strategy responds to the needs to access specialty care services.</p>

	<p>Increase capacity of hospital physician services to the community through partnerships with FQHCs, Clinics and Emanate Health's Family Residency Program.</p> <p>Strategize to increase recruitment of specialty services physicians to meet the needs of the community.</p>	<p>Number of new physicians in Emanate Health's service area.</p> <p>List of specialties.</p>	
<p>Strategy # 7 Information Dissemination on Public Insurance program changes with focus on Public Charge</p>	<p>Information campaign to bring reliable information to the community related to the new federal legislation on public charge.</p> <p>Train the enrolment navigators on Public Charge. Provide the tools on how to educate residents.</p> <p>Promote the Medi-Cal programs that do not count for public charge.</p> <p>If unable to apply for Medi-Cal, offer information on access to free and/or low-cost ambulatory care services. Share the hospital's community assistance program information</p>		<p style="text-align: center;">UPDATE – YEAR 2020</p>
	<p>Information dissemination on updates and health access changes as a result of the new federal government mandate.</p> <p>GEM Project staff will communicate changes and will support community members in making informed decisions related to Public Charge.</p> <ul style="list-style-type: none"> • Report on strategies and information disseminated. • Report on barriers and challenges experienced. • Report on number of referrals to My Health L.A. program as well as to FQHCs. 		<p>GEM navigators receive expert trainings and are up to date legal changes related to Public Charge.</p> <ul style="list-style-type: none"> • Public Health Charge and health insurance in California by Western Center on Law and Poverty. • COVID-19 Public Charge Resource Manual prepared by the California Protecting Immigrant Families. Contains several useful resources to inform immigrant communities about Public Charge and COVID-19. • This update ensures that the public is getting is up-to-date and relevant information and relevant to the immigrant communities we serve.

Emanate Health

Plan Update Exhibits

Emanate Health
GEM Project

Breakdown of Enrollment by Health Insurance Program
Period: January 2020-December 2020

2020 PROGRAM TOTALS	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
MCAP	0	0	0	0	0	0	1	1	0	0	0	0	2
Emergency Medi-Cal	17	6	5	7	6	13	12	9	8	14	7	8	112
Medi-Cal	103	152	142	161	177	175	174	195	131	205	172	200	1987
Medi-Cal Share of Cost	0	0	0	0	0	0	1	0	0	0	1	0	2
MC-TLIP	4	4	3	3	0	0	6	1	2	0	0	0	23
COV-CA	40	11	4	8	11	9	9	6	0	7	4	8	117

Total Applications 2,243

**Emanate Health
GEM Project
Community Outreach, Insurance Enrollment, Retention, and Utilization Report
Period: January 2020-December 2020**

2020 TOTALS	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Community Outreach	338	388	355	148	165	209	405	383	335	8220	364	405	11,715
Applications	164	173	154	179	194	197	203	212	141	226	184	216	2,243
Referrals	97	153	138	168	164	162	185	201	129	286	296	335	2,314
Investigated Enrollment	100% 143	100% 83	100% 135	100% 164	100% 173	100% 154	100% 179	100% 194	100% 197	100% 203	100% 212	100% 141	100% 100%
Enrollment Confirmed	90.91% 130	93.98% 78	93.33% 126	92.07% 151	89.60% 155	92.86% 143	91.06% 163	97.94% 190	92.39% 182	91.13% 185	87.26% 185	94.33% 133	92.06% 1821
Troubleshooting / Advocacy Assistance	175	262	177	250	223	223	211	211	174	325	365	414	3,010
Utilization Assistance	94.85% 92	100% 96	96.97% 128	89.92% 116	91.25% 73	91.53% 108	87.05% 121	95.95% 166	89.12% 131	93.90% 154	93.30% 167	91.67% 176	92.83% 1528
Redetermination Assistance	94.32% 83	93.59% 73	94.00% 47	92.50% 74	92.50% 74	97.78% 88	92.63% 88	92.13% 117	94.74% 108	81.69% 58	92.38% 97	94.78% 109	92.96% 1016
Other Assistance	127	68	105	28	70	85	83	56	84	46	61	85	898

updated 04/13/21

Emanate Health

IX

No Cost Community
Health Improvement,
Education, and
Wellness Programs



2020 Community Education & Outreach

In conjunction with a variety of community partners and businesses, Emanate Health takes existing valuable resources and services, and makes them available in ways that will improve the health of the community at low or no cost.

Executive Summary

Emanate Health advocates and coordinates health prevention programs and community education over the full continuum of care.

1. **Community Ambassadors** – Employee volunteers commit to support all programs and activities designed to improve the physical, mental, social, and spiritual health status of our residents in the East San Gabriel Valley.
2. **Health Education and Support Groups** – Education and Support Groups are offered by Emanate Health hospitals. Particularly at the onset of COVID-19 and the restrictions, the organization has been offering the services via telephone, social media and email. Most sessions are provided free of charge; occasionally there is a minimal charge for materials. All programs fall under one of the following categories:
 - Childbirth Education
 - Cardiac Education
 - Diabetes Education
 - Pulmonary Education

Multiple departments coordinate all activities, classes and programs.

3. **2020 Virtual Stroke Community Event/Video** - To help combat sobering statistics on the impacts of stroke, Emanate Health hosted a Facebook Live Chat focused on stroke prevention. Further details are included in the implementation plan section of the report.

Emanate Health conducts education, outreach and program coordination in partnership with outside agencies. Some of the partners include:

- American Cancer Society
- Other Medical Providers
- Physician Groups

1. _____
 1. ¹ 2020 Community Education and Outreach

COVID-19 - Education

In March of 2020, Emanate Health suspended elective procedures and in-person community education programs, ended visitation at our hospitals and began treating patients with Corona Virus. In spite of the social distancing, Emanate Health leveraged social media to help educate and inform the community about COVID-19, access to care and the resources available to the public. Since March of 2020, the Emanate Health care system produced and distributed 26 videos; 983 social media posts and 107 COVID-19 communications. Emanate Health Facebook Live segments generated almost 200,000 views.

As the Corona Virus pandemic continued in 2020, it was anticipated that community residents would be putting themselves at greater health risk by delaying their primary care checkups, follow-up specialty care appointments and surgeries. Those experiencing serious symptoms, including signs of stroke and heart attack, might delay emergency room visits. Emanate Health launched the ***“It’s Time. Don’t Delay Your Care” Campaign*** to encourage residents in the San Gabriel Valley to access healthcare services including *Telehealth* to schedule appointments and receive care.

As the need for reliable information grew in the community, in July of 2020, Emanate Health introduced its ***“Ask the Doctor”*** informational series of live chats, videos and articles. The virtual series began with Dr. Jazma Phelps, DO, Family Medicine physician; with a live session and a copy of a question-and-answer article on Coronavirus & Pregnancy was provided to participants and posted on the website. Subsequently, Emanate Health produced a total of 14 videos or articles, including five Facebook Live segments, during year 2020.

Emanate Health engaged in ***virtual Town Hall meetings*** with staff and community residents to offer trustworthy updates on COVID-19 and to provide answers to important questions. The first town hall of the series presented the latest information about the Emanate Health hospitals response to the COVID-19 pandemic and related topics. Moreover, Emanate Health reached out to elected officials, chambers of commerce, community organizations and the public via email and social media to maintain everyone well informed. The hospital system posted consistent updates on COVID-19 resources to staff and the public.

Media Interviews allowed our Disease Control Department Physicians to serve as subject-matter experts.

With growing uncertainty about the pandemic, Emanate Health expanded its efforts by hosting the ***“COVID-19 & The San Gabriel Valley” Conference*** to provide a *state of the virus* in the San Gabriel Valley and outline the *foreseeable future of health care delivery in the region*. More than 200 people registered for the online event and many asked questions about the virus and the vaccines.

2

1. _____
2. ² 2020 Community Education & Outreach

In partnership with the cities of **Covina, West Covina and Glendora** Emanate Health hosted a **Virtual Town Hall** to deliver the latest information on the COVID-19 pandemic and the new

vaccines to communities in our service area and surrounding communities. The event was presented by Dr. Gurjeet Kalkat, Chief Medical Officer. The cities expanded the information with their constituents and extended the reach of our message.

Blood Drive

Emanate Health also partnered with American Red Cross to host 20 blood drives at its three hospitals, collecting 914 pints of blood, and saving hundreds of lives.

Flu Shot Clinic

As the year drew to a close, Emanate Health Care Center hosted a free flu shot clinic to encourage community members to get vaccinated. The clinic helped to discourage the impacts of a “twindemic”, or the flu virus intersecting with coronavirus. GEM representatives were present to help people enroll in free or low cost public health insurance.

Emanate Health Volunteer Support Groups offer preventative health care and education

The Breath Savers Club

- The Breath Savers volunteer group continued to actively meet in the months of January, February and March for informational luncheons, to provide important peer support and education to pulmonary patients, and to encourage follow-up care and health maintenance as needed.

Monthly luncheons and in-person support services were suspended in mid-March, but other activities sustained throughout the year. The group continued to produce its publication **“Our Daily Breath.”** The publication is sent to over 550 recipients every month and it is posted on the website.

Early in the year, Our Daily Breath content focused on breathing support, and addressing various pulmonary diseases and conditions. As the COVID-19 pandemic continued, the focus shifted to more motivational and emotionally supportive information, like maintaining healthy relationships and coping with quarantine.

Breath Savers also continued to make phone calls to pulmonary patients to check how they are and to offer support with accessing care.

The group continued to provide scholarships to pulmonary patients who could not afford to pay for the preservation of lasting pulmonary rehabilitation therapy.

1. _____

3. ³ 2020 Community Education and Outreach

Mended Hearts (in partnership with the American College of Cardiology)

- Prior to COVID-19 restrictions in March, Mended Hearts of the San Gabriel Valley (Chapter 304) hosted regular monthly meetings at Inter-Community Hospital to provide educational presentations to cardiac patients, family members and anyone who might be interested in learning about cardiac wellness and risk.

The presentations continued to be offered for patients in the hospital throughout the rest of the year, although less often due to restrictions.

Peer Support meetings also continued through Zoom meetings among members of the Mended Hearts.

Presentations were also made available later in the year through Zoom to both the Covina Women's' Club and to Emanate Health stroke patients.

Despite all of the physical limitations in 2020, Mended Hearts still successfully completed 255 visits to offer information and support to patients.

Because of a voluntary commitment to be present at the hospital welcome desk, many cardiac patients have been approached to receive an offer of reassurance and support to alleviate concerns prior to surgeries.

In addition, the Mended Hearts donated iPads to the hospital for the use of coronavirus patients to visit virtually with their loved ones.

Other Emanate Health contributions to prevention and health improvement from January to mid-March of 2020

- Breast-Feeding Educational Classes
- Breastfeeding Support Groups
- Lamaze – Childbirth Education Class
- NICU Support Group
- Boris the Bear (child-focused clinical education and preparation prior to procedures & treatment; support for children of patients, including grief/ bereavement support; etc.)
- Adultos con Diabetes Grupo de Apoyo
- Managing Your Diabetes
- Adults with Diabetes Support Group
- Mended Hearts
- Stroke Support group
- Breath Savers Club

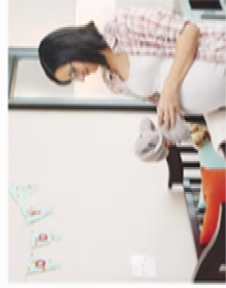
4

1. _____

4. ⁴ 2020 Community Education & Outreach

Search for... Explore topics

Q&A: Coronavirus and pregnancy with Dr. Jazma Phelps



We still don't know a lot about the effect of the coronavirus—or the disease it causes, COVID-19—on pregnant women and their babies. But here's some valuable information from Dr. Jazma Phelps, a Family Medicine physician and an expert in Women's Health and Obstetrics.

She is uniquely qualified to weigh in on questions that women may have about the coronavirus and pregnancy. Since our knowledge of COVID-19 continues to evolve, Dr. Phelps said that it remains uncertain if a pregnant woman with coronavirus will pass it on to her newborn.

"When babies do get sick, it is thought to occur through close contact with an infected person after birth, according to the Centers for Disease Control and Prevention," Dr. Phelps said. "But there may be a low risk of an infected mother passing the virus to her newborn during pregnancy or delivery."

Dr. Phelps responded to several additional questions on this important subject.

Featured Topics
Arthritis
High blood pressure
Stroke

Quick Links
Health tools
Recipes
Infographics



COVID-19

**FACEBOOK
LIVE EVENT**

WITH EMANATE HEALTH PHYSICIAN
DR. CYNTHIA S. CHEN-JOEА

9.2.20 | 11AM





ASK THE DOCTOR



Q&A with

Jagat Shetty, MD
Emanate Health Neurologist

Scroll for details

0:09 / 4:39

Search for...



Explore topics



Take extra care of your mental health

You're preoccupied and having difficulty focusing. Your sleep isn't great. And you aren't eating as well as you know you should. You may be stressed out by COVID-19.

Anna Pavlov, Ph.D., a clinical health psychologist and the Director of Behavioral Medicine for the Emulate Health Family Medicine Residency Program - says it's not unusual to be anxious during a disease outbreak - especially a pandemic like this one. But chronic stress isn't good for your body or mind. It might be time to take some steps to ease the pressure on yourself. Dr. Pavlov outlines the signs of stress you might experience and offers tips to make you feel better.

Recognize the signs of stress

How do you know if your mental health is suffering during this outbreak? You may be feeling stressed if you're having:

- Fearful thoughts about your health and the health of your family and friends
- Trouble sleeping
- Changes in your eating patterns
- Difficulty concentrating
- A worsening of chronic health problems
- A worsening of depression or other mental health conditions
- A rise in your use of alcohol, tobacco or other drugs

Take positive steps to feel better

Health experts offer the following tips for coping with these stressful times:

- **Wear yourself off constant news.** This can be as easy as turning off the TV. You also may want to disable your phone's news alerts. (You can always turn them back on later)
- **Check in with family and friends.** Call them. Have a video chat. Meet with your book club over a group meeting app
- **Get your facts straight.** Learn more about the virus from reputable sources like the Centers for Disease Control and Prevention at [cdc.gov](https://www.cdc.gov). Knowledge can ease anxiety
- **Keep to healthy daily routines as much as you can.** Whatever you do for self-care, keep up with those habits. They can help you feel more in control
- **Move more.** Exercise is a great way to improve both mental and physical health
- **Practice mindfulness.** Be in the moment, rather than worrying about what comes next. Breathe deeply and accept the "now" without judgment
- **Put free time to good use.** Listen to an audiobook. Draw or paint. Make notes in a journal. Work on your garden

Featured Topics

Arthritis

High blood pressure

Stroke

Quick Links

Health tools

Recipes

Infographics

Ask the Doctor: Keeping your Kids Healthy (en Español)



ASK THE DOCTOR

PREGUNTE AL DOCTOR



Luis Garcia, MD
Emanate Health Family Medicine

▶ | 🔊 0:12 / 3:50

Scroll for details



Ask the Doctor: Recognizing and Understanding Stroke



ASK THE DOCTOR LIVE

9/30/20 @ 11 a.m.



Claudia Muñoz, MD, MPH
Medical Director of Neurosciences
Emanate Health

▶ | 🔊 0:02 / 30:16

Scroll for details
▼





ASK THE DOCTOR



Q&A with Sohan Bassi, MD Infectious Diseases Specialist

Ask The Doctor: Orthopedics & COVID-19 With Dr. Gomez



ASK THE DOCTOR

Q&A with

Gregory Gomez, MD

Emanate Health Orthopedic Surgeon

Scroll for details

0:03 / 3:31



2020 Virtual Conference: The Future of Healthcare



Virtual Conference
Saturday, October 24, 2020, at 9 a.m.

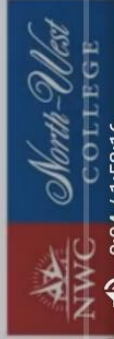
COVID-19 & The San Gabriel Valley



Thank you to our sponsors



self care catalysts



0:04 / 1:58:16

Scroll for details

Speakers Include:



Rob Curry, CEO
Emanate Health



Este Geraghty, MD, MS,
MPH, GISP, Chief Medical
Officer and Health
Solutions Director, Esri



Sohanjeet S. Bassi, MD
Infectious Disease
Specialist, Emanate Health



Moderator
Gurjeet Kalkat, MD
Chief Medical Officer



Ask the Doctor: COVID-19 & Heart Care



ASK THE DOCTOR LIVE

11/11/20 @ 11 a.m.

COVID-19 & Heart Care



Fahed Bitar, MD
Medical Director
Emanate Health Heart Center

▶ | 🔊 0:03 / 28:50

Scroll for details





SPECIAL EDITION
ASK THE DOCTOR

COVID-19

Vaccine & What to Expect

Wednesday, November 18 • 12:30 - 1:30 p.m.

A virtual presentation by
Deepthi Jayasekara, MD



For all Emanate Health Employees and Volunteers.



A woman's pregnancy by trimester



Emanate Health physician, Wanchi Zeng, MD, works at Emanate Health OB/GYN in West Covina and works closely with expectant mothers during the length of their pregnancy journey. She knows the ends and outs of what you'll experience during your 40 weeks of pregnancy. She has put together a list that outlines the physical and emotional changes that will

likely be part of your pregnancy journey. It's valuable information as your pregnancy evolves.

First trimester (week 1 –week 12)

During the first trimester your body undergoes many changes. Hormonal changes affect almost every organ system in your body. These changes can trigger symptoms even in the very first weeks of pregnancy. Your period stopping is a clear sign that you are pregnant.

Other changes may include:

- Extreme tiredness
- Tender, swollen breasts. Your nipples might also stick out.
- Upset stomach with or without throwing up (morning sickness)
- Cravings or distaste for certain foods
- Mood swings

Featured Topics

Arthritis

High blood pressure

Stroke

Quick Links

Health tools

Recipes

Infographics

How to Cope with a Pandemic during the Winter Holidays with Anna Pavlov, PhD

Dear Community Member,

This year has been unimaginable and life-altering, the stuff of a science fiction movie. And now, in order to help stem the further spread of COVID-19, the governor and county officials initiated another round of stay-at-home orders. The coronavirus pandemic has turned life, as we know it, upside down. While there is much that we cannot control during this pandemic, we can control how we choose to respond to events.



It may be hard to find any silver lining when people have lost work or businesses have struggled or closed, parents have had to home school children, people are experiencing financial and food insecurity, and isolation from family and friends, or, worst of all, when loved ones have suffered or passed away. We might think there is little to be grateful for.

It is important that we feel and honor the mix of feelings we may be experiencing right now based on our life circumstances. That may include loss, grief, sadness, frustration, anger, fear, hopelessness or just general COVID-19 fatigue. It may not be easy to open ourselves to appreciating the good when times feel so bad. But that is actually one of the best

Featured Topics

- Arthritis
- High blood pressure
- Stroke

Quick Links

- Health tools
- Recipes
- Infographics



On Facebook Live
@EmanateHealthNow

C VID-19

VIRTUAL TOWN HALL

Wednesday, December 16, 2020, 11 a.m.

