

CELEBRATING

20
YEARS
of COMMUNITY
CARE

ANNUAL REPORT 2018
QueensCare & QueensCare Health Centers





Martha Quezada, Community Health Worker, Veronica Campos, Parish Nurse, Miriam Flores, Community Health Worker at Dolores Mission Church. Please see page 17 to learn more about the work the QueensCare Health & Faith Partnership is doing in the community.

Mission. Vision. Values.

Our Vision: We seek to provide universal access to primary healthcare, reducing disparities in care and improving health in the communities we serve.

QueensCare: As a faith-based organization, QueensCare strives to provide, directly and with others, accessible healthcare for uninsured and low-income individuals and families residing in Los Angeles County.

QueensCare Health Centers: Our mission is to provide quality primary healthcare that is accessible to any patient in need in the communities we serve, regardless of ability to pay.

Values: Building on the vision and selflessness of our founders, we strive to uphold the following values:

Respect: We commit to give our patients, employees, partners and others we encounter due respect, without consideration of race, religion, origin, economic status or lifestyle.

Excellence: We continuously evaluate and improve the way we deliver our services.

Customer Service: We cultivate and maintain professional relationships with our patients, employees, and partners, treating all with dignity and respect.

Compassion: We serve the needs of others, led by care and kindness.

Stewardship: We prudently and responsibly manage the resources entrusted to us.

Dear Angelenos

IT IS A PRIVILEGE TO HELP CELEBRATE THE 20TH ANNIVERSARY OF QUEENSCARE AND QUEENSCARE HEALTH CENTERS.

THEIR RICH AND UNIQUE HISTORY began when the Franciscan Sister of the Sacred Health started serving those in need in Los Angeles. That service continues today in these two organizations that have done so much for our community.

QueensCare Health Centers' history began with the founding of El Hogar Feliz, an orphanage which cared for abandoned and neglected children, over which the Sisters would soon assume sponsorship. Meanwhile, QueensCare's story began in 1925 when the Franciscan Sisters were asked to establish Queen of Angels Hospital.

The 1920s was a time of growth for LA, whose population doubled from 557,000 to more than 1.2 million. Many were refugees coming to the United States from civil war-ridden Mexico, while others were part of a mass internal migration of two million Americans moving to California from the East and South – Italians, Chinese, Blacks, Jews, Armenians, and Russians among them.

For many years, Queen of Angels Hospital served this diverse community at its location alongside the 101 Freeway near Silver Lake. In 1989, the hospital acquired Hollywood Presbyterian Hospital. The two hospitals merged on the campus at Vermont and Fountain, where they continued the Sisters' mission, serving a disproportionate number of poor residents, as Queen of Angels – Hollywood Presbyterian Medical Center.

In 1995, the Sisters asked the hospital to take over sponsorship of its Franciscan Clinic, later renamed QueensCare Health Centers. Due to emerging healthcare industry changes in the late 1990s, its leaders decided to sell the hospital and form a new charity focused on low-income Los Angeles County residents. The sale became final on June 12, 1998, and the corporate name was changed to QueensCare.

Immediately following the sale, QueensCare and QueensCare Health Centers operated as sister organizations, with a common mission of helping low-income people get the healthcare they needed. However, in 2003, QueensCare Health Centers' application for status as a Federally Qualified Health Center (FQHC) was approved, and the Centers became independent of QueensCare.

Since then, these two independent non-profits have operated in partnership, providing critical services to residents across LA County. As an FQHC, QueensCare Health Centers cares for nearly 25,000 people regardless of ability to pay and employs 250 staff who live in the communities being served. Meanwhile, QueensCare provides roughly \$20 million a year in direct healthcare services, scholarships, and grants to organizations that serve low-income communities.

On September 24, 2013, I was proud to join the Board of Directors and staff of QueensCare Health Centers in opening its East Third Street location in East LA. This site helps ensure residents can access affordable, quality care for themselves and their families.

The tradition of local service and care that began with the Franciscan Sisters continues today, thanks to the dedication of QueensCare and QueensCare Health Centers staff, board, and partners, as they work to improve the health of LA communities and reduce health disparities.

Thank you, QueensCare and QueensCare Health Centers, for the important work you are doing in LA County, and congratulations on 20 years of service!

Congresswoman Lucille Roybal-Allard





Dear Friends

AS LONGTIME ANGELENOS, we have seen people come to Los Angeles to do great things. Whether it was miners chasing fortune in the Gold Rush, Japanese immigrants hoping for a better life, or folks coming from different parts of the world to wait tables while they chase their dream of appearing on the silver screen, great possibilities abound in Los Angeles.

While they may have not known the extent of their impact, the Franciscan Sisters of the Sacred Heart, who founded our organizations back in the 19th century, surely knew they were coming to California to make a difference. For nearly 100 years, the Sisters operated several hospitals in California, including our predecessor, Queen of Angels Hospital. This institution, through the vision of the late J.J. Brandlin and Arthur W. Barron, would eventually evolve into QueensCare, as we know it today.

It was on June 12, 1998 that Queen of Angels-Hollywood Presbyterian Medical Center sold its hospital - and its name - and established itself as a healthcare charity known as QueensCare to care for low income and underserved people of Los Angeles. This new organization retained many services originated during the hospital days, including the Greater Hollywood Health Partnership and the Franciscan Clinics, now known as QueensCare Health & Faith Partnership and QueensCare Health Centers, respectively.

In 2003, the two organizations became independent of each other when QueensCare Health Centers became a Federally Qualified Health Center, but continued to work together in close partnership to carry out the shared mission of providing accessible, quality healthcare to underserved Los Angeles communities.

June 2018 was more than just an anniversary celebration. It was a celebration of the more than 500,000 children who received free dental care or glasses at LAUSD schools; the countless health fairs our parish nurses planned; the thousands of hospitalized patients who received the comforting ministry of our chaplains; and the myriad of health services that we provided at our health centers.

It's been a great 20 years, and we thank our board members and our team members - past and present - who shall always remain part of the QueensCare family. Thank you to the communities of Hollywood, Eagle Rock, Echo Park, and East Los Angeles - whose residents are our loyal patients, and who have partnered with us in caring for the community. Because of all the support and love we've received over these past 20 years, we can celebrate making Los Angeles just a little bit healthier.

Sincerely,



David Walsh,
Chair, Board of Directors
QueensCare



Barbara Brandlin Hines,
President & CEO
QueensCare &
QueensCare Health Centers



Allan Michelena,
Chair, Board of Directors
QueensCare Health Centers



1870s In Bismarck, Germany the Franciscan Sisters of the Sacred Heart are threatened by the persecution of Roman Catholics, forcing them to flee to the United States, where they establish a motherhouse in Illinois.

1898 The Franciscan Sisters come to San Francisco to establish a hospital.

1925 The charitable work in San Francisco catches the notice of the Archbishop of Los Angeles, who asks the Sisters to open Queen of Angels Hospital.

1989 Queen of Angels merges with Hollywood Presbyterian and is renamed Queen of Angels - Hollywood Presbyterian Medical Center.

June 12, 1998
QueensCare, as it is known today, is officially founded.

1999 The Mobile Vision Program is established to provide free vision services and glasses to low income LAUSD middle school students.

2001 QueensCare launches its Mobile Dental Program with a grant to build the first mobile dental clinic from the

Everychild Foundation. QueensCare contracts with the University of Southern California's Ostrow School of Dentistry to provide services to low income LAUSD students.

2002 QueensCare Health Centers becomes independent of QueensCare, applying for and being granted Federally Qualified Health Center (FQHC) look-alike status.

2003 QueensCare Health Centers receives its first grant from the Health Resources and Services Administration (HRSA), becoming a full-fledged FQHC.

2005 The Gene & Marilyn Nuziard Scholarship and Loan Repayment Program is established to assist outstanding students studying to enter a healthcare profession and serve underserved communities.

2014 QueensCare Health Centers opens its first health center in East Los Angeles, designed and built from the ground up, consolidating two locations and providing a resource to the medically underserved community of East Los Angeles.



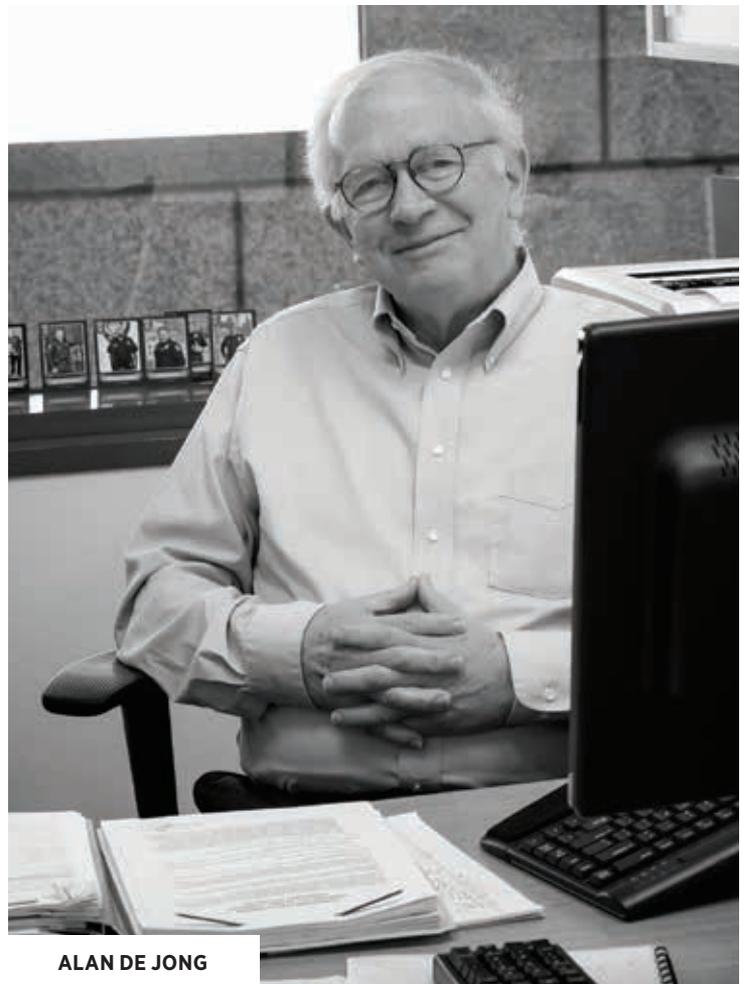
SOO TOOLEY



LUISA PEREZ



FAITH LEE



ALAN DE JONG

Making a Life Not Just a Living

IT BRINGS US GREAT JOY THAT MANY OF OUR TEAM MEMBERS FEEL SO PASSIONATELY ABOUT THE WORK THAT THEY DO THAT THEY CHOSE TO REMAIN WITH US FOR THEIR CAREER, MAKING A LIFE AND NOT JUST A LIVING. OF OUR 300 TEAM MEMBERS, 75 HAVE BEEN HERE FOR MORE THAN 10 YEARS AND THEY HAVE SOME STORIES TO TELL.

Alan De Jong

Director of Risk Management, 30 years

“I started with QueensCare before it was QueensCare. Back when it was Queen of Angels Hospital and my job consisted mostly of what seems primitive now – stacks of paper. Those stacks of paper have now been replaced by computers and electronic files, but one thing has remained the same – the mission to take care of those who need it most.

At one point in time, we were struggling as an organization. We had to take our plight to state legislators. While the cards were stacked against us, I believed in our mission, that government would not let us fail, and would not turn its back on the poor. Ultimately, we prevailed, and we will continue to take on challenges to do what’s right.”

Soo Tooley

Payroll Administrator, 28 years

“I’ve been with QueensCare for 28 years. The Finance department is like a family and we really take care of each other. In all the roles I’ve had with this organization, I never worked directly with patients, but I am very close to the mission.

I’ve always compared QueensCare and QueensCare Health Centers to branches on a tree. The folks I’ve had the pleasure to work with are primarily in Administration and are the roots of the tree. Patients see the branches, the different divisions that provide care to patients every day. But the roots – those who pay bills, keep employees happy, keep business growing – are staying healthy and keeping the organization alive.”

Faith Lee

Vice President of Accounting & Finance, 25 years

“I started with QueensCare as a consultant. I liked the work I was doing then – primarily project-based and I believed in the mission, enjoyed working with my colleagues, and felt that this organization recognized talent. The reason I have stayed so long was because I was able to grow professionally with the company and balance work with life and family at home.

QueensCare has remained a constant, through maternity leaves, yearly updates of school pictures at my desk, sending my kids off to college and now seeing them walk down the aisle to begin families of their own. During that time, I have been through Medicare appeals, construction of a health center from the ground up, and hundreds (or thousands) of cost reports. I am happy to have been on this journey with QueensCare.”

Luisa Perez

Care Transition Specialist at Echo Park Health Center, 20 years

As a Care Transition Specialist, my role is to ensure our patients get the care the doctor orders, while providing the best customer service possible. I started working for QueensCare Health Centers before electronic health records were implemented. I filed charts, but mostly worked with patients face-to-face in the front office.

I have always loved being there for the patients, but when you’ve been here as long as I have, you come to appreciate your colleagues too. They are there for the little moments in your life. We are like family here at QueensCare Health Centers - Echo Park.

June 12, 1998

QueensCare, an affordable healthcare provider focused on low income families and individuals is officially founded.



2003

QueensCare Family Clinics receives its first grant from the Health Resources and Services Administration and becomes a FQHC.



1999

QueensCare establishes its Mobile Vision Program providing free eye care services and glasses to Los Angeles Unified School District (LAUSD) children.

2005

The Gene & Marilyn Nuziard Scholarship and Loan Repayment Fund is established to honor the Nuziards and create scholarships and grants to help low-income students enter the healthcare field.



2001

With a grant from the Everychild Foundation, QueensCare acquires a 48-foot mobile dental unit. The current Mobile Dental Program, in partnership with Herman Ostrow School of Dentistry of USC provides free dental care to more than more than 2,000 children at 11 Los Angeles schools.



2008

On its 10th anniversary, QueensCare is awarded an official commendation by the Los Angeles County Board of Supervisors for its charitable work. QueensCare expands its services to include Mental Health services to children in Los Angeles.

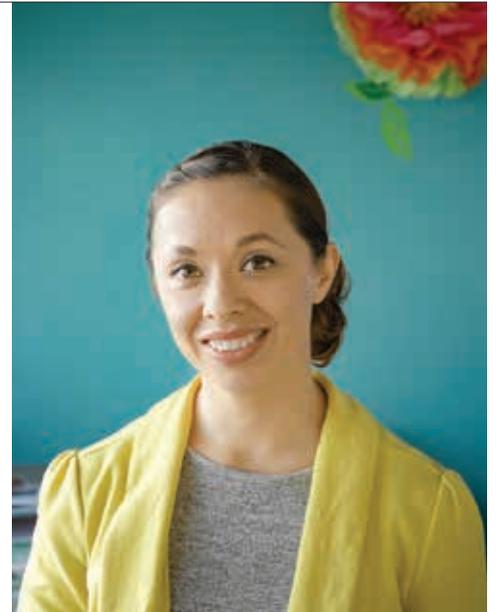
2002

QueensCare Family Clinics (QFC), the successor name for Franciscan Clinics, becomes independent of QueensCare, and is awarded Federally Qualified Health Center (FQHC) look-alike status. QueensCare and QFC form a partnership to provide healthcare for low income families, individuals and the uninsured.



2013

QueensCare Family Clinics corporate name changes to QueensCare Health Centers.



Promoting Good Mental Health

QueensCare's Mental Health Program has subcontracted with Children's Hospital of Los Angeles since 2008 to provide services focused on anxiety, trauma, depression, and disruptive behavior for children. The program saw its best fiscal year in 2017-2018 when the fully-staffed team served 300 low-income and uninsured families and provided nearly 90,000 minutes of treatment.

With less of a taboo connected to seeking mental healthcare, we are happy that families are accessing help during these trying times. Last year the mental health team, under the direction of Cristina Sandoval, LCSW, renovated the mental health offices on Fountain and became a resource for media inquiries on mental health and the Latino community.

Our mental health team prides itself on providing satisfactory service and cultural competence, but the real measure is helping children and families cope with stress and become better at handling life. Cristina Sandoval and her clinicians serve families within a ten-mile radius of the office, providing both individual and family therapy in a kid-friendly office where young patients can feel safe, secure, and welcome.



2015

QueensCare Health Centers - East 3rd Street, our first-ever capital project, is built from the ground up. The 25,000 square-foot, two-story building houses 36 exam rooms, which provides space for primary adult and pediatric care, optometry, OB/GYN, podiatry, dental services, a pharmacy, and room for community education.



2018

On its 20th anniversary year, QueensCare breaks a record with the opening of its new Mobile Dental Program unit, with more than 960 square feet - the largest in the world.

TODAY

QueensCare Health Centers continues to partner with QueensCare to provide healthcare services to the underserved and uninsured people of Los Angeles. The five health centers serve the needs of a growing number of medically underserved, as well as Medi-Cal, Medicare and other insured patients, regardless of race, religion, ethnicity or ability to pay.

PART ONE
QueensCare

“At QueensCare, we have the opportunity to reach people of many different backgrounds and beliefs. What I like about our team is that they have genuine compassion for our community and each other. That is something that I know will never change.”

FATHER VASILE SAUCIUR
Chaplain

WITH GOD'S LOVE

QUEENSCARE'S PASTORAL CARE DIVISION RECOGNIZES THE IMPACT OF SPIRITUALITY IN HEALING AND PROVIDES SPIRITUAL SUPPORT AND COUNSELING TO PATIENTS.



QUEENSCARE'S PASTORAL CARE DIVISION recognizes the impact of spirituality in healing and provides spiritual support and counseling to patients of Hollywood Presbyterian Medical Center (HPMC) and the surrounding community. At HPMC, ministers of many faith traditions work directly with doctors and nurses to provide an essential element in whole-person care; spiritual support. QueensCare's four full-time chaplains and administrative assistant provide comfort and hope to our patients, visiting more than 40,000 patients during the year.

In addition to the pastoral care provided in the hospital with the power of prayer, Chaplaincy was able to provide more than 950

patients with the anointing of the sick, five were baptized, and 30 were helped with Advance Directives. Especially important this past year were the services provided to the homeless and mentally-ill patients of HPMC, who chaplains assisted as part of a team with social workers and case managers.

Chaplains have also been there to provide spiritual support and help to providers and healthcare staff of the medical center, including leading opening prayers. At the root of their care, chaplains are there to provide spiritual support to all they encounter, reminding them of God's presence and love at their jobs in healthcare, and in their daily lives.



Easter
To: Barbara B. Hirst
& Staff of QueensCare

May your spring be
beautiful and your
Easter a wonderful
day to remember.
Blessed Easter to you
& your
QueensCare Staff

In the Love of GOD Bless
Always,
Maria Pally-Songora





“While the hospital bills were paid more than three years ago, it never fails that come Easter or Christmas, we have the pleasure of receiving a beautiful card from Ms. Encarnación. It brings a little joy and satisfaction to our staff to hear from someone who truly benefited from their work and appreciates their efforts. There is nothing like knowing that we’ve made a difference on a personal level.”

—Barbara Hines, PRESIDENT & CEO

Counting Blessings

MARIA (DOLLY) ENCARNACIÓN CAME TO THE UNITED STATES FROM THE PHILIPPINES MORE THAN TEN YEARS AGO WITH LITTLE MORE THAN THE DREAM OF A BETTER LIFE.

SETTLING INTO LIFE IN LOS ANGELES with her brother and sister-in-law, Dolly didn’t have a work permit, so she worked mainly at odd jobs whenever she could. The plan was that she would settle in, save what money she could and petition for her citizenship.

Her plan came to an abrupt halt when Dolly’s brother, who was helping her with citizenship, passed away unexpectedly in 2012. When he passed, she lost her best friend and hope of becoming a citizen. She also saw how life can be cut short and plans can change. This really hit home since Dolly and her brother had more than genes in common; they both had diabetes. She made more of an effort to take care of her health by going to clinics where she paid cash for her medical care.

In December 2015, Dolly had to have emergency surgery to remove her gall bladder. Her hospital stay was several days, and without insurance, she couldn’t even fathom the amount of the bill she would see upon discharge. While she had paid out of pocket at clinics to treat her diabetes, she didn’t know where she would get the money to pay for the surgery.

When she was later informed by the hospital that QueensCare had paid for her hospital care from its Inpatient Healthcare Fund, she thought it was a miracle! She went to the QueensCare website where she remembers seeing historic photos of nuns in habits and knew that God had interceded on her behalf.

As a woman of faith, she feels the gift that was given to her was a sign, and counting her blessings, she now strives to do more with her life. She is currently serving as a Eucharistic Minister at her parish; she creates art and is giving all the proceeds from the sales to charity in hopes of being that anonymous blessing for someone else someday.

The Inpatient Healthcare Fund is used for providing inpatient healthcare to medically indigent persons residing in Los Angeles. To date, QueensCare has paid \$104 million for inpatient care at its contracted hospitals.



“It takes a lot of compassion to do the work that Parish Nurses and Community Health Workers do, and they wholly believe that this is a calling more than a job.”

—Dr. Wendy Johnson, PARISH NURSE MANAGER

The Health & Faith Connection

AT QUEENSCARE WE STRIVE TO BE HELPFUL IN THE COMMUNITIES WE SERVE AND ARE TRULY COMMITTED TO DOING GOD’S WORK.

COMMITMENT TO SERVICE is QueensCare Health and Faith Partnership (QHFP). This team of 15, comprised of registered nurses, and community health workers, makes a difference every day of their lives through faith-based parish nursing.

Faith-based health programs improve the health of the communities by connecting directly with the people and finding ways to improve their health. This type of nursing is about giving people in the community knowledge about their health, and resources to improve their lives. During the week, they visit parishes, homeless shelters, job centers, and other nonprofit organizations. They can visit as many as four different sites a day, Monday through Friday. On the weekends the team focuses on major community events that take place in the Los Angeles areas they serve.

In the community, parish nurses conduct health screenings and also check medications, and refer people to community resources of which they might not be aware. Sometimes, we are able to refer them directly to QueensCare Health Centers, or a partner community health center for immediate treatment.

Anywhere our QHFP team visits, they welcome people of all faith backgrounds and spiritual needs. A parishioner, community member, or even someone experiencing homelessness just needs a listening ear. There are times when they may be dealing with a personal crisis and need to talk or pray with someone.

Dr. Wendy Johnson, Parish Nurse Manager, says her team is very passionate about what they do, and it shows by the care that they provide. They serve people in the community who need help the most. Every day, they meet with those experiencing homelessness, or those suffering from mental illness. The team will often go with a patient to the hospital to help them navigate through the healthcare system, being supportive every step of the way.

“It takes compassion to do the work that Parish Nurses and Community Health Workers do. They wholly believe that this is a calling more than just a job, which is why many of them have been with QueensCare for many years,” says Wendy, “The community is very grateful to these nurses and community health workers who continue to reach out and make a difference.”



In the 2017 fiscal year, QueensCare mobile dental units visited **11** schools, logged **4,129** visits and conducted more than **14,763** procedures for **2,064** children at a donated value of **\$1,830,612**.

Keeping Los Angeles’ Kids Smiling

TOOTH DECAY IS THE MOST COMMON CHRONIC CHILDHOOD DISEASE, RESULTING IN 51 MILLION LOST SCHOOL HOURS EACH YEAR.

“WE HADN’T BEEN ABLE TO TAKE OUR KIDS TO THE DENTIST in years” says Silvia Lopez, mother of four kids ages 5 to 11. “It was hard enough getting them to their doctor’s visits. I just couldn’t take more work days off so we put off dental cleanings, which caused some pretty bad cavities in two of the kids.”

Tooth decay is the most common chronic childhood disease, resulting in 51 million lost school hours each year. Also, children with poor dental health are three times more likely to miss school due to dental pain, and according to a study by Herman Ostrow School of Dentistry of USC, 73% of disadvantaged children have untreated tooth decay.

For the past 20 years, QueensCare’s Mobile Dental Program (MDP) has been fighting hard to stop this epidemic by providing free dental exams and treatment to low-income families, like the Lopez family, in the Los Angeles area. The MDP visits various Los Angeles Unified School District (LAUSD) schools to provide on-site treatments for elementary school children.

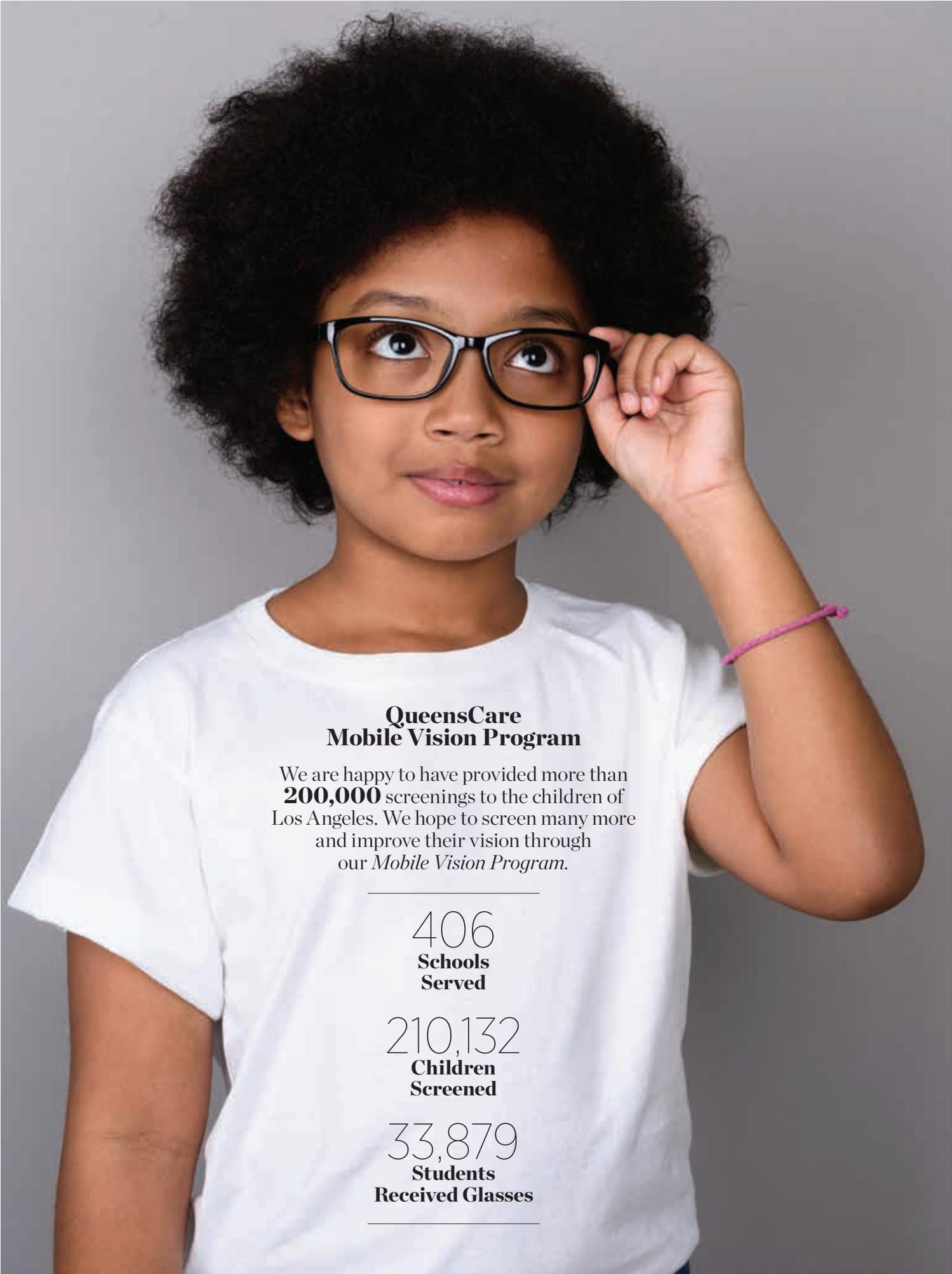
Teaching kids good dental hygiene habits early ensures that they are able to focus on being kids and empowers them to excel in school. For

the Lopez kids, they were able to have a few cavities filled, and they were able to all have overdue cleanings done.

During the weeks that the mobile units are stationed at the school, little to no instructional time is lost for dental treatments. Parents can rest easy knowing they will not have to take time off work to take their child to the dentist. Through our partnership with USC and LAUSD, we have been able to provide this dental program completely free to families. By improving a child’s dental health, their overall health is improved, and children can lead happier, healthier lives.

Since 2012*, the Mobile Dental Program has seen more than **6,000** children, visited more than **29** schools and has performed more than **75,000** procedures. In 2018, QueensCare upgraded its mobile dental care fleet with the addition of the largest mobile care unit in the world, featuring six exam chairs, an x-ray room and nearly 1,000 square feet of exam space. The world-record-winning new mobile unit was named **“Whitening McQueen”** by the Esperanza Elementary School class naming contest winners.

**Formal record keeping started in 2012, although we have seen children in the LAUSD since 2001.*



**QueensCare
Mobile Vision Program**

We are happy to have provided more than **200,000** screenings to the children of Los Angeles. We hope to screen many more and improve their vision through our *Mobile Vision Program*.

406
**Schools
Served**

210,132
**Children
Screened**

33,879
**Students
Received Glasses**

“We don’t have vision coverage. When my son accidentally broke his glasses, Dr. Chen and Karen Chielens were able to replace them at no cost to us through the QueensCare program. Glasses are expensive, so it was a real blessing to our family. Thank you, QueensCare!”

—Mom of Christian C., GRIFFITH MIDDLE SCHOOL

Our Vision for Vision

HELPING THE CHILDREN OF LA TO SEE

VISION PROBLEMS IN CHILDREN appear most often during middle school years. QueensCare has worked with the Los Angeles Unified School District (LAUSD) since 1999 to provide on-campus vision clinics to select middle schools where 75% or more of the students qualify for the federal free or reduced lunch program. This year alone, the Mobile Vision Program visited more than 25 middle schools and two Catholic schools, where screenings by the school nurse and an eye exam by a QueensCare optometrist, resulted in more than 2,100 prescriptions. The exams and the glasses were provided to the students by QueensCare at no cost to the students and their families.

During the summer, QueensCare set up shop in the vacationing nurse’s office at Griffith Middle School in East Los Angeles. With media coverage from several Spanish language outlets, including La Opinion, we were able to spread the word, making hundreds of appointments, and screening more than 700 children in two months, enabling the children to return to school with 20/20 vision.

“Children often struggle with schoolwork if they have undiagnosed vision problems,” says Dr. Esther Chen, QueensCare optometrist and mom of two. “Parents see a big improvement in their child’s school work when the student is suddenly able to see the smartboards in the classrooms.”

QueensCare

Financial Statements

FOR THE YEAR ENDING JUNE 30, 2018

Consolidated Statement of Financial Position*

	<u>2018</u>
Assets	
Cash and cash equivalents	\$ 7,718,000
Cash whose use is restricted	67,000
Investments	323,937,000
Property and equipment, net	81,637,000
Other assets	89,000
	<u>413,448,000</u>
TOTAL ASSETS	\$ 413,448,000
Liabilities and Net Assets	
Liabilities	
Accounts payable, accrued expenses and compensation	\$ 1,648,000
Accrued Inpatient Hospital Fund	4,394,000
Grants payable	3,521,000
Other accrued liabilities	926,000
	<u>10,489,000</u>
TOTAL LIABILITIES	\$ 10,489,000
Net Assets	
Unrestricted	\$ 402,101,000
Temporarily restricted	858,000
	<u>402,959,000</u>
TOTAL NET ASSETS	402,959,000
	<u>\$ 413,448,000</u>

Consolidated Statement of Activities*

	<u>2018</u>
Operating Revenue and Support	
Net Investment gains and investment income	\$ 9,681,000
New unrealized gain (loss)	13,464,000
Contributions and other Income	452,000
	<u>23,597,000</u>
TOTAL REVENUE AND SUPPORT	\$ 23,597,000
Expenses	
Program services	\$ 12,648,000
Grants awarded	5,069,000
Administration and general	1,984,000
	<u>19,701,000</u>
TOTAL EXPENSES	\$ 19,701,000
NET OPERATING INCOME GAIN	\$ 3,896,000
Other Revenue	
Net income – Retained real estate	\$ 643,000
	<u>643,000</u>
TOTAL OTHER REVENUE	\$ 643,000
CHANGE IN NET ASSETS	4,539,000
NET ASSETS, BEGINNING OF YEAR	398,420,000
NET ASSETS, END OF YEAR	\$ 402,959,000



*Information excerpted from the 2018 audited financial statements.

QueensCare

Charitable Grants

IN ADDITION TO ITS OWN DIRECT HEALTHCARE PROGRAMS AND IN KEEPING WITH ITS MISSION, QUEENSCARE AWARDS GRANTS TO OTHER NONPROFIT "SAFETY NET" ORGANIZATIONS THAT PROVIDE SERVICES TO THE LOW-INCOME COMMUNITY.

For a full list of all organizations, please see our electronic version of the annual report at: <https://queenscare.org/resources>

Program Services & Charitable Grants

Residual Program	\$ 4,965,000
Inpatient Healthcare Program	4,753,000
Emergency Medical Services Program	2,009,000
Outpatient Healthcare Program	1,769,000
QueensCare Health Centers Program	1,213,000
QueensCare Health & Faith Partnership Program	1,056,000
Bilingual Access and Translation Program	495,000
Education and Outreach Program	464,000
Grants Program	406,000
Transportation Program	249,000
Pastoral Care Services Program	236,000
AIDS Services Program	102,000
	<hr/>
TOTAL	\$ 17,717,000



QueensCare Board of Directors

TOP: Edward Avila, Rev. Michael Mata, Fr. Michael Stechmann,
OAR CENTER: Denise Partamian Forgette, Allan Michelena,
 Barbara Hines, Alan Cushman (Secretary), Jay Guereña, Sr.
 Judy Murphy, CSJ **BOTTOM:** Lois Saffian, Bettie Woods (Chair),
 Gene Nuziard, Steven Aronoff (Vice Chair), Fran Inman
NOT PICTURED: Joseph Bui



QueensCare Charitable Board

TOP: William T. Harris, Mark Handin (Vice Chair), Edgardo
 Gazcon, Ivan Abbott Houston **CENTER:** Tina Yoo, Annie Balian,
 John Ho Song, Anna Sivak, Haley T. English (Secretary),
 Robert Villaseñor, Marina Alvarez Aronoff, Sister Mary Karen
 Collier, Ana T. Valdez **BOTTOM:** Edward J. Avila, Kay Buck,
 Mollie McGinty Nankivell, Lois Saffian, Denise Partamian
 Forgette (Chair), Cathi Chadwell, Greg Fischer,
 Jan Fredrickson MN, RN, CPNP, Barry C. Peterson

PART TWO

QueensCare Health Centers

“When I was asked to join the board nearly 20 years ago, I was a LAPD Captain in the Hollenbeck Division in East Los Angeles. I had no background in healthcare, but I quickly realized that QueensCare and law enforcement share the same goals – providing a safer and a healthier environment for our residents. It is that spirit of service, helping those most in need regardless of their ability to pay, that makes QueensCare so special.”

ALLAN MICHELENA
Chair of the Board, QueensCare Health Centers



“I’ve heard so many happy stories from some of my colleagues who have been with us for more than ten years. As part of Human Resources, I’ve also heard the not-so-happy ones. I believe that good leadership is the key driver to innovation, productivity, and job satisfaction, so I am happy to be investing in strong leadership development.”

—Eloisa Perard, CHIEF ADMINISTRATIVE OFFICER

Serving and Leadership

WORKFORCE TRENDS ARE DRAMATICALLY CHANGING OUR WORKDAY, HOW OUR ORGANIZATIONS RECRUIT, AND HOW WE KEEP EMPLOYEES ENGAGED.

FOR AN ORGANIZATION that has been around so long, changing with the times and healthcare legislation has been vital to our success, but it has not come easy. We have been able to serve more patients because of positive changes in technology and processes. Paving the way for the future of our organizations by building leaders, is our current focus.

With reduced time needed for administrative tasks, like processing and filing paperwork, technology solutions have given our Human Resources team the ability to become more strategic. During last fiscal year, we reinforced team-building objectives by introducing Predictive Index (PI), a science-based behavioral assessment that shows how members of a team can work together and what motivates staff. This

has helped us to create plans to grow our teams and provide us with actionable insight to who we are. Clearly, today’s workforce does not find job satisfaction from a single source – some are motivated by growth, others stability, and still others work for a cause.

Our effort is now shifting to developing those who merit leadership opportunities – the talented, the driven, and the bright. What we do know to be true is that QueensCare and QueensCare Health Centers’ team members hold the mission very close to their hearts. Simply put, they want to feel good about what they are doing. We are looking forward to finding new ways to attract the right people to our organizations. We also hope to create a positive and nurturing environment that allows staff to grow and thrive with us.



“Last year, we were able to increase the behavioral health referrals submissions from 13% to 50%.”

—Steonée Laskey, DIRECTOR OF OPERATIONS

Closing the Gap and Breaking Down the Stigma

PART OF PLANNING FOR THE FUTURE OF COMMUNITY HEALTH NEEDS MEANS FINDING OPPORTUNITIES TO BETTER SERVE PATIENTS.

HEALTHCARE AND SOCIAL SERVICES are often at the forefront of political debate and changes that threaten the safety net often create stress for many people. Life stressors that affect our patients – poverty, fear of family separation, or loss of employment – have created a need for behavioral health intervention. Fortunately, advocacy and public health campaigns have led to an increase in people utilizing behavioral health services.

Accessing mental health is becoming less stigmatized for communities of color and that is a great thing. That said, health centers now struggle with making behavioral health referrals and tracking results when technology systems do not speak to each other.

Steonée Laskey, Director of Operations was up for the challenge. Laskey was chosen to be part of the competitive cohort of Cedars-Sinai’s Community Clinic Initiative: Managing to Leading Program, where she spearheaded Behavioral Health Referral Tracking. According to the National Alliance of Mental Illness, one in every five adults in

America experience a mental illness.

The use of mental health services dwindles among multicultural communities. A mere 9.2% of Latina women seek mental health services, and only 5.5% of Latino men do the same. “There was a need to create an efficient process to track shared resources or referrals during primary care visits,” says Laskey. “Last year, QHC increased the behavioral health referrals submissions from 13% to 50%.”

However, building an efficient tracking system is only the beginning. The project also helped to educate providers, health educators, front line staff, and many others to increase patient awareness about other health resources that patients can access –like behavioral health services. Changes in coverage have expanded services for many people in California, but some may not utilize those services. Creative leaders dedicated to finding solutions can build healthier communities, ultimately fulfilling our healthcare mission.



“Juan is my star patient. He has made so many improvements because of his hard work and dedication, hardly missing a visit. If he is uncertain or has a problem, I tell him that I am here to help. He can count on me.”

—Dr. Sangeeta Salvi, CLINICAL PHARMACIST, QUEENSCARE HEALTH CENTERS -- EAST 3RD STREET

Slinging Pills

CLINICAL PHARMACISTS SUPPORT OUR PROVIDER STAFF, BUT THEY ALSO PROVIDE DIRECT PATIENT CARE, OPTIMIZING MEDICATION USE TO PROMOTE HEALTH AND WELLNESS.

AT 60, JUAN is already taking seven different medications and one mixed insulin twice a day. “At first, I had a pretty good system. I would have all my medication on my nightstand and my wife would put them in the pill boxes for the week, writing which pill to take when on a note.” But Juan would inevitably forget a dose or forget to check his blood sugar; his A1c had improved very little since he was diagnosed with Type II Diabetes.

That’s when Juan met Dr. Sangeeta Salvi, Clinical Pharmacist. The team of clinical pharmacists supports our provider staff, but they also provide direct patient care to patients like Juan, optimizing medication use to promote health and wellness. Clinical pharmacists provide health education, create medication plans, and review all of the patient’s disease states and medications to ensure medications do not conflict with one another – empowering patients to take control of their health.

While Juan sees his primary care provider every few months, he visits with Dr. Salvi every four weeks. When he first visited in October 2017, his hemoglobin A1c was 10.9%. Within months, he started seeing his A1c drop to 7.4%, 7.1% and finally, 6.8% at his last visit. Juan credits his success to learning how to check his blood sugar correctly and to identifying changes based on what he ate that day. “My nutritionist suggested I keep a food log. I noticed that certain foods made my blood sugar go up, so I limited that in my diet.”

Although Juan is not quite at retirement age, medication adherence is a problem. This is especially true among older adults, who may have multiple chronic conditions. The average senior has five prescriptions and statistics have proven that the more medications a patient takes, the less likely they are to adhere to the regimen.

It is important that our clinical pharmacists help patients come up with an individualized plan for each patient, which can include things like providing them with easily-identifiable, colored labels

on pill bottles. Clinical pharmacists may also provide patients with pill organizers with time of day, so patients can set up a plan for success. Furthermore, clinical pharmacists are able to change or add to a medication regimen under collaborative practice agreements, promoting better adherence. Each patient is unique and plans for medication adherence are similarly unique.

For patients like Juan, our team can provide glucometer training and work with the patient to make sure they understand what their A1c goals are, when they should be testing, and when they should return to the provider or nutritionist. “Juan is my star patient. He has made so many improvements because of his hard work and dedication, hardly missing a visit,” says Dr. Salvi, “If he is uncertain or has a problem, I tell him that I am here to help. He can count on me.”

Healthcare at QueensCare Health Centers is not about one doctor, but a team of clinical and non-clinical staff who help guide the patient through the services we offer on their way to managing their health.

Retail Pharmacy Success

With our two pharmacies available at East 3rd Street and Hollywood, we fill more than 10,000 prescriptions monthly. This past fiscal year, there have been 26,000 more prescriptions filled than in the previous fiscal year. Both pharmacies employ bilingual staff to communicate with our patients, providing the best possible customer service.

Because our pharmacy team has real-time access to a patient’s medical information, demographics, and payer information, they are able to improve patient safety and streamline the workflow. The integration of our pharmacy software with EPIC, our electronic health record system, reduced the average time to fill a prescription to only 15 minutes. A similar integration with the patient portal, MyChart, makes renewing prescriptions easy, enabling patients to renew their prescriptions on their smartphone or tablet and pick them up at the pharmacy without waiting.



*“...it is important we help all women access screenings.
It could save their life.”*

—Cornelia Dangla-Cruz, NURSE PRACTITIONER, QUEENSCARE HEALTH CENTERS – ECHO PARK

HEDIS—Improving Health Outcomes with Data

LED BY THE FRANCISCAN SISTERS, WE HAD MODEST BEGINNINGS IN LOS ANGELES, HELPING PROVIDE CARE FOR NEGLECTED AND ABANDONED CHILDREN, WHERE RESOURCES WERE SCARCE AND NEEDS WERE GREAT.

AT THE TIME of our founding, accessing care meant going to the local hospital when what was a minor problem grew much worse. A lot has changed since then. We have grown to be a home for quality healthcare, providing care to more than 25,000 people annually. Quality of care has meant different things to different communities, at different times. Where the lack of access has improved exponentially to poorer communities, healthcare disparities still abound.

In the last 20 years, QueensCare Health Centers has led efforts to implement evidence-based clinical interventions and practices to transform the way care is delivered. The Healthcare Effectiveness Data and Information Set (HEDIS) is healthcare's most widely-used performance measures. Nowadays, HEDIS measures have made a meaningful difference in healthcare delivery – focusing on improving health outcomes by making preventive care and disease management the focus. Prevention and screening are now the focal points of creating healthier communities and populations.

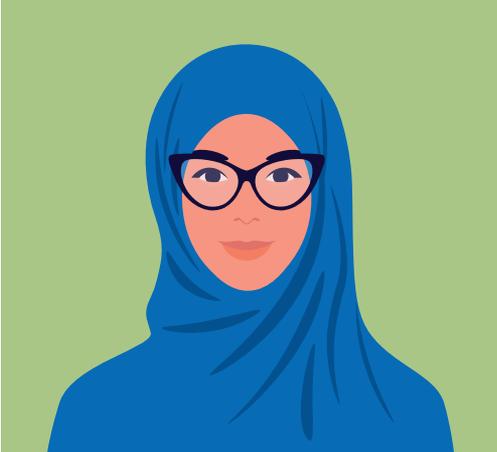
Success for Women's Health – Cervical Cancer

Cervical cancer used to be one of the most common causes of cancer deaths in women in the U.S. When detected early, however, it is

highly treatable, with the increase in administration of the HPV vaccine, this type of cancer is not as common as it once was. According to the American Cancer Society, screenings have reduced the mortality rate by more than 50% over the last 30 years. Despite these advances, disparities in Latina women persist.

This brings to light the importance of education, outreach, and support needed to help our female patients. According to the Cancer Action Network, Latina women are less likely to have a Pap test, and less likely to return for follow-up after an abnormal Pap test. In Los Angeles, there are resources and community health centers to provide these services, but there is still a lot to be done in terms of outreach and education to break down the barriers to care.

Having worked with women for many years at our health center in Echo Park, Cornelia Dangla-Cruz, Nurse Practitioner, feels very passionate about helping women. She says, “Latina women face barriers not found in their white or even African-American counterparts. It is important we help all women access screenings. It could save their life.”



“MyChart Patient Portal has been really empowering for the patients.”

—Blanca Mendoza, PATIENT CARE ADVOCATE, QUEENSCARE HEALTH CENTERS – EAST 3RD STREET

Connecting with Patients

MYCHART PATIENT PORTAL SUCCESSES

MANY PEOPLE USE TECHNOLOGY to connect with their healthcare providers, schedule appointments, ask questions about their care and access medical records. According to a recent statistic from PEW Research Center, “80% of Latino adults say they access the internet via a mobile device such as a cellphone or tablet rather than a dedicated desktop”. In low income communities, resources like the California LifeLine Program make smartphones available to residents, giving them access to web-based services like MyChart Patient Portal. This is critical to those already impacted by disparate health outcomes.

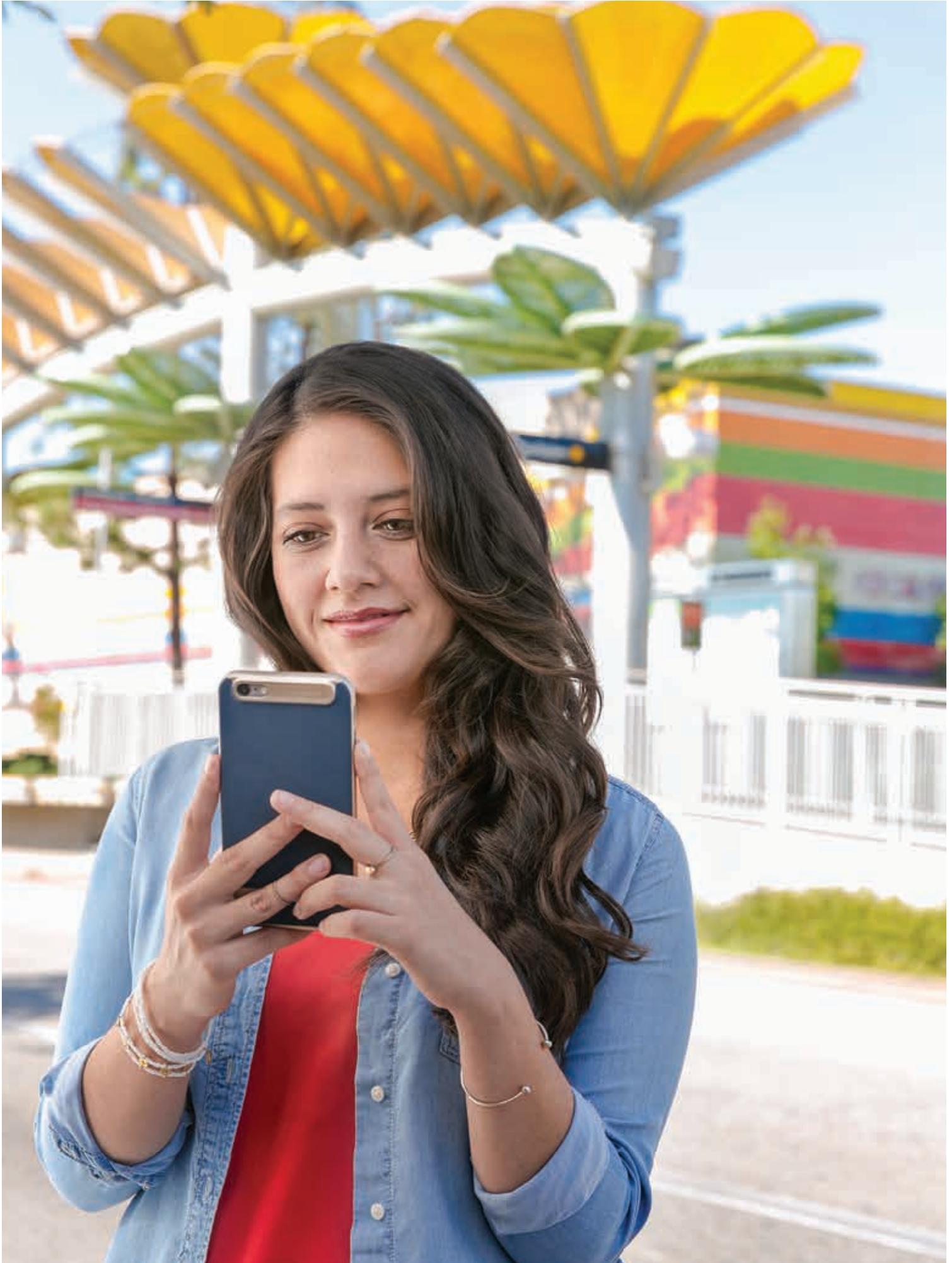
QueensCare Health Centers (QHC) launched the MyChart Patient Portal and enrollments climbed from 8% to nearly 33% of our patient population by the end of 2017. The goal to reach an 80% increase in enrollment has since been met and surpassed with the number of patients using MyChart more than doubling in just six months.

Thanks to the hard work of Patient Care Advocates, like Blanca Mendoza, patients receive a demonstration of the site and enroll-

ment has skyrocketed. According to Blanca, the key to success was showing patients just how useful the site would be for them.

She says, “It wasn’t enough to just show them the portal. You had to show them what it could do for them.” Says Chad Vargas, Chief Operating Officer, “It was important to have a dedicated care team help the patient one-on-one, to demonstrate the benefits of the tool for the patient.” Communication with the patient did not stop there. The care team also makes sure that when patients return for a subsequent visit, staff help the patient through any interface issues they may have encountered. Patient Care Advocates help patients with anything from password resets to updating their user account information.

“MyChart Patient Portal has been really empowering for patients,” say Blanca. Clearly, QHC patients have embraced the technological advancements and saved time by scheduling appointments, messaging their provider, and accessing their own medical records. This is another example how QueensCare Health Centers is working to understand the needs of the community it serves and deploying technology to improve service and quality of care.



QueensCare Health Centers

Financial Statements

FOR THE YEAR ENDING JUNE 30, 2018

Consolidated Statement of Financial Position*

2018

Assets

Cash and cash equivalents	\$ 9,301,000
Cash whose use is restricted	354,000
Investments	5,758,000
Reconciliation and accounts receivable, net of contractual allowances	6,745,000
Grants receivable	355,000
Property and equipment, net	14,435,000
Notes receivable	10,974,000
Other assets	1,727,000

TOTAL ASSETS \$ 49,649,000

Liabilities

Accounts payable and accrued liabilities	\$ 1,211,000
Notes Payable	16,038,000

TOTAL LIABILITIES \$ 17,249,000

Net Assets

Unrestricted	\$ 32,391,000
Temporarily restricted	10,000

TOTAL NET ASSETS \$ 32,400,000

TOTAL LIABILITIES AND NET ASSETS \$ 49,649,000

Consolidated Statement of Activities*

2018

Revenues \$ 33,101,000

Expenses 28,929,000

Change in net assets \$ 4,172,000

Net assets, beginning of year \$ 28,228,000

Net assets, end of year \$ 32,400,000

**Excerpted from the 2018 audited financial statements*

QueensCare Health Centers

Grants & Donations Received

Gifts of \$3,000,000 +

Department of Health and Human Services
Health Resources and Services Administration (HRSA)

Gifts of \$2,500 - \$25,000

Blue Shield of California Foundation
Delta Dental Community Care Foundation
QueensCare
Barbara & Patrick Hines

Gifts up to \$249

Alan De Jong
Allan Michelena
Amazon Smile Foundation
Angelito Reguerra
Anna Sivak
Anonymous
Beta Healthcare Group
Brandon De Jong
Cecilia Mitchell
Chad Vargas
Claudia Ramos
Daisy Pallado
Denise Partamian Forgette

Donna Anderson
Eloisa Perard
Eris Rojas
Franciscan Sisters
Ivan Abbott Houston
Jacquelyn Pantoja
Judith Brandlin
Kathryn Riemersma
Laura Briceno
Liz De Jong
Marina Aronoff
Marina Snitman
Martha Arias

Gifts of \$500 - \$2,499

Tom & Jane Gladfelter
Gary Grubbs
Lisa Hanson
Jeffery & Fran Hermann

Gifts of \$250 - \$499

Alan Cushman
Arthur Doi
Javier Guerena
Faith Lee

National Association of Community
Health Center
Network for Good
Oneida Andujar
Provider Healthcare
Ralphie & Scut De Jong
Reyna Escobar
Shirley Daniels
Sidney Stern Memorial Trust
Steven Aronoff
The Kroger Company
Vasile Sauciu
Yasmin Garcia



QueensCare Health Centers' Board of Directors

BOTTOM L TO R: Mary Ramos, Jay Guerena, Jorge Blanco, Shirley Daniels **TOP L TO R:** Manuel Romero, Yasmin Garcia, Marina Aronoff, Martha Arias, Jeff Herman, Allan Michelena, Jacquelyn Pantoja
NOT PICTURED: Serina Demirians, Harry Kram, MD, Matthew J. Wells, William Chim

Management

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President & CEO

Chad Vargas
Chief Operating Officer

Eloisa Perard
Chief Administrative Officer

Arthur V. Doi
Vice President of Accounting & Finance



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THE
NEXT
20
YEARS

WE ARE TRULY GRATEFUL to the many individuals and foundations that support QueensCare and QueensCare Health Centers through generous donations. As non-profit organizations, we rely on these contributions to provide critical healthcare services in underserved communities throughout Los Angeles.

Your donation will help ensure that we continue to deliver quality care to those who would not otherwise receive it. If you would like your donation to go towards a specific program or

service, please let us know. Donations are tax-deductible and may be made online at QueensCare.org/donate or QueensCareHealthCenters.org/donate or by using the enclosed envelope.

On behalf of our patients and our communities, thank you for your contribution. We are grateful for the last 20 years of support. Here's to the next 20 years of making a difference in the health of our communities.



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