

INSURE THE UNINSURED PROJECT



San Diego County

Counties, Clinics, Hospitals, Managed Care and the Uninsured: Ten-Year Trend Report (1996-2006)

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COUNTY ECONOMY & DEMOGRAPHICS

San Diego County was California's 3rd most populous county in 2006 with over 2.9 million residents. Historically, Whites made up the largest proportion of San Diego County's residents, while Hispanics and Asian/Pacific Islanders comprised the fastest growing second and third largest proportions, respectively.

Race/Ethnicity	2006	2000	Percentage Change
White	1,521,681	1,565,989	-2.8%
Black	142,639	157,870	-9.6%
Hispanic	885,504	750,965	17.9%
Native American	15,419	15,560	-0.9%
Asian/Pacific Islander	306,422	261,793	17.0%
Other	69,789	61,656	13.2%
Total	2,941,454	2,813,833	4.5%

Source: U.S. Census Bureau, "County Population by Age, Sex, Race and Hispanic Origin: April 1, 2000 through July 1, 2006."

The 2006 unemployment rate in San Diego County was 4.0%, which accounted for 60,500 unemployed residents. As of June 2009, the unemployment rate in San Diego County rose to 10.1% resulting in 158,000 unemployed residents.¹ The percentage of residents living below the federal poverty level (FPL) in San Diego County increased slightly from 2000 to 2006, as did the percentage of residents living below 200% FPL. As a result, the percentage of those living above 200% FPL decreased, though the majority of the population (approximately 70%) of San Diego County lived on incomes above 200% FPL.

Income	2006		2000	
	%	# Residents	%	# Residents
<100% FPL	12.4%	364,740	11.3%	317,963
<200% FPL	30.6%	900,085	28.5%	801,942
>200% FPL	69.4%	2,041,369	71.5%	2,011,891

Sources: U.S. Bureau of the Census, "1990 Census of Population and Housing" & U.S. Bureau of the Census, "2000 Census of Population and Housing."

THE UNINSURED & MEDICALLY INDIGENT

San Diego County had a large proportion of uninsured and medically indigent residents. Approximately 21.3% of the population (556,800 residents) was uninsured in 2006, a decrease from 27.0% (635,404 residents) in 1996. According to the information provided by the County under the Medically Indigent Care Reporting System (MICRS), in 2006 the County paid providers for their services to a total of 43,679 medically indigent patients, decreasing annually

¹ California Employment Development Department. San Diego County Profile.
<http://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/localAreaProfileQSResults.asp?selectedarea=San+Diego+County&selectedindex=37&menuChoice=localAreaPro&state=true&geogArea=0604000073&countyName=>

from a report of over 100,000 medically indigent patients in 1998.² The indigent patient population served by San Diego County changed with regards to demographic composition over the years. The number of medically indigent Hispanic patients significantly decreased, though it still remained high in comparison to patients of other races/ethnicities. As the number of patients identifying as Hispanic decreased, the number of patients that fell under the “Unknown Ethnicity” category increased. White patients typically comprised the second largest proportion of indigent patients. When considering the increase in the number of Asian/Pacific Islander residents of San Diego County in recent years, this subgroup appeared to be under-represented among the County’s medically indigent patients.

County Indigent Patients by Race/Ethnicity; 2006 vs. 2000				
Race/Ethnicity	2006	% of Total	2000	% of Total
White	12,163	27.8%	14,148	27.2%
Black	3,636	8.3%	3,745	7.2%
Hispanic	10,044	23.0%	23,842	45.8%
Native American	96	0.2%	165	0.3%
Asian/Pacific Islander	2,646	6.1%	2,542	4.9%
Other/Unknown	15,094	34.6%	7,617	14.6%
Total	43,679	100.0%	52,059	100.0%

Source: Office of County Health Services: Medically Indigent Care Reporting System. 1) “Number of Medically Indigent Patients Served by Counties by Ethnicity, FY 2005-2006,” 2) “Number of Medically Indigent Patients Served by Counties by Ethnicity, FY 1999-2000.”

The uninsured and medically indigent typically sought primary care services at local community clinics. In 2006, Vista Community Clinic provided care to roughly 24,500 medically indigent patients, the highest number of all the community clinics reported data. With regard to hospital care, the largest shares of medically indigent used the University of California San Diego Medical Center and Scripps Mercy San Diego Hospital for inpatient, outpatient, and emergency services.

Highest Proportions of Care for the Uninsured & Medically Indigent by Delivery System (2006)			
Delivery System	Highest Proportion of Care	2nd Highest Proportion of Care	Total Indigent Encounters
Community Clinics	Vista Community Clinic (13.0%)	North County Health Services San Marcos (9.9%)	188,792
Inpatient Hospital	University of California San Diego Medical Center (35.7%)	Scripps Mercy – San Diego Hospital (26.8%)	22,366
Outpatient Hospital	University of California San Diego Medical Center (36.8%)	Sharp Grossmont Hospital (23.0%)	35,006
ER	Scripps Mercy – San Diego Hospital (35.2%)	University of California San Diego Medical Center (30.9%)	52,941

Source: Office of Statewide Health Planning and Development, “2005 Primary Care Clinics Annual Utilization Data.” & Office of Statewide Health Planning and Development, “Selected Hospital Annual Financial Data: FY 2004-2005.”

COUNTY HEALTH SYSTEM & THE UNINSURED

² San Diego’s CMS program pays for over a third of these uninsured patients; other programs such as CHIP, EMS and CHDP likely account for the remainder.

San Diego County is a payer county meaning the county pays a network of private providers to deliver care to Medically Indigent Adults (MIAs); San Diego County did not have a county hospital or county clinics. Instead, the San Diego County Health and Human Services Agency operated the County Medical Services (CMS) program, which helped fund services for uninsured adults through a system of community health centers, private physicians, and hospitals contracted by the County in one of six geographic service regions: Central, East, North Central, North, Coastal, North Inland, and South.

CMS is available to all uninsured legal county residents between 21 and 65 years of age, not otherwise Medi-Cal eligible, who meet specific income, property, and non-financial guidelines. The income guidelines for CMS eligibility vary depending upon family size. For those with family incomes between 0-165% of the FPL, CMS services may be obtained at no cost. If family income is more than 165% of FPL, and less than 350% of FPL, individuals may apply for CMS Hardship and potentially be eligible for CMS with or without a Share of Cost. CMS recipients are required to choose one of the participating clinics as their primary care provider.³

PUBLIC MANAGED CARE PROGRAMS

San Diego County was designated a Geographic Managed Care (GMC) county and began operating the Healthy San Diego program in the fall of 1998. Under GMC, the county contracts with a number of commercial managed care plans and pays for services on a capitated basis. Beneficiaries can currently choose to enroll in one of the following managed care health plans: Care 1st Plan, Community Health Group, Health Net, Kaiser Permanente, Molina Healthcare. Until 2004, Sharp Health Plan and Blue Cross also participated in the managed care program. Beneficiary enrollment in a plan is mandatory for the CalWORKs-linked Medi-Cal population. Other categories of Medi-Cal beneficiaries may voluntarily join these plans or receive health care through the fee-for-service program.⁴

Medi-Cal Managed Care

In 2006, San Diego County operated the Medi-Cal managed care program through a Geographic Managed Care model (GMC). The GMC consisted of 5 health plans that were responsible for locating, coordinating, and monitoring all primary care, inpatient, and other medical and rehabilitation services on behalf of beneficiaries enrolled in the Healthy San Diego GMC program.⁵

Since 1999, the number of Medi-Cal enrollees in San Diego County increased. During this time, the number of fee-for-service recipients also increased. The number of managed care enrollees decreased between 2002 and 2006.

³ County of San Diego, Medical Services.

http://www.sdcounty.ca.gov/hhsa/programs/ssp/county_medical_services/faq.html

⁴ California HealthCare Foundation. Medi-Cal Managed Care. <http://www.chcf.org/topics/medi-cal/index.cfm?itemID=20396#gmc>

⁵ County of San Diego, Healthy San Diego.

http://www.sdcounty.ca.gov/hhsa/programs/ssp/healthy_san_diego/index.html

Hispanic residents in San Diego County exhibited the fastest growing enrollment among Medi-Cal beneficiaries, accounting for 47.5% of all enrollees in 2006.

Medi-Cal Enrollment by Race/Ethnicity; 2006 vs. 2005		
Race/Ethnicity	Medi-Cal	
	2006	2005
White	23.6%	26.1%
Hispanic	47.5%	46.9%
Black	10.3%	11.1%
Asian/Pacific Islander	9.7%	10.3%
Native American	0.3%	0.3%
Other/Unknown	8.5%	5.3%
Total	100.0%	100.0%

Source: California Department of Health Services, Medical Care Statistics Section, "Medi-Cal Beneficiary Profiles by County: October 2006" and Managed Risk Medical Insurance Board, "HFP Subscribers Currently Enrolled by Ethnicity; By County," January 4, 2007.

Healthy Families Managed Care

Between 1999 and 2006, the number of Healthy Families enrollees increased from 14,367 recipients to almost 65,000 recipients. Hispanics constantly held the highest rate of enrollment since program implementation.

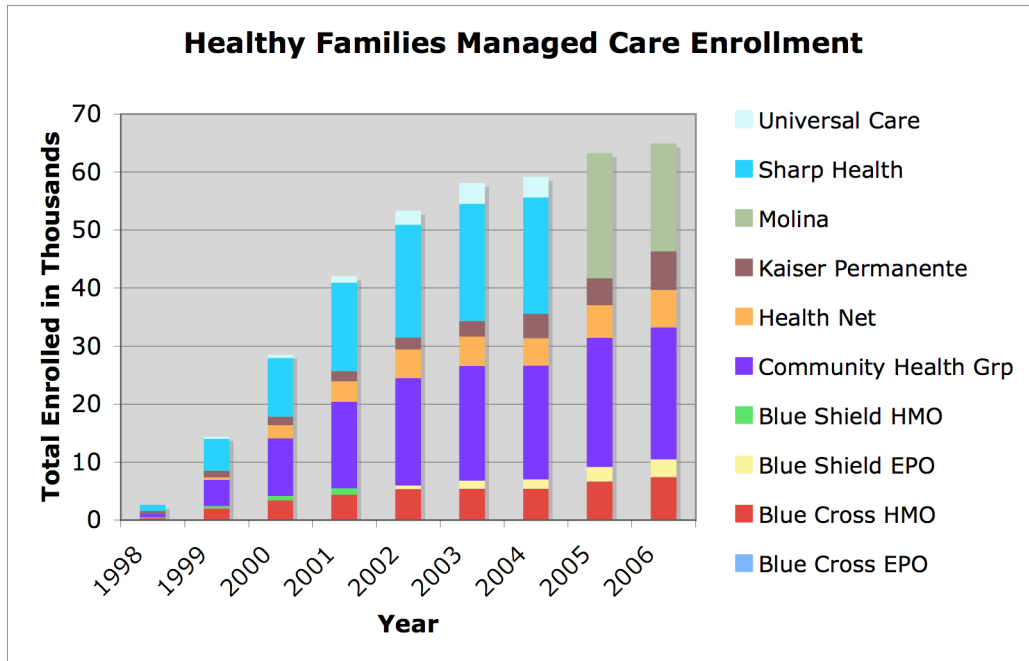
Healthy Families Enrollment by Race/Ethnicity; 2006 vs. 2005		
Race/Ethnicity	Healthy Families	
	2006	2005
White	11.7%	12.3%
Hispanic	62.3%	62.4%
Black	2.4%	2.5%
Asian/Pacific Islander	7.4%	7.7%
Native American	0.2%	0.2%
Other/Unknown	16.1%	14.8%
Total	100.0%	100.0%

Source: California Department of Health Services, Medical Care Statistics Section, "Medi-Cal Beneficiary Profiles by County: October 2006" and Managed Risk Medical Insurance Board, "HFP Subscribers Currently Enrolled by Ethnicity; By County," January 4, 2007.

Healthy Families Managed Care Enrollment by Plan; 2006 vs. 2005		
Plan	2006	2005
Blue Cross EPO	0.1%	0.2%
Blue Cross HMO	11.3%	10.3%
Blue Shield EPO	4.7%	4.0%
Community Health Group	35.0%	35.2%
Health Net	9.9%	8.9%
Kaiser Permanente	10.2%	7.4%
Molina	28.6%	34.0%
Total	100.0%	100.0%

Source: California Department of Health Services, Managed Risk Medical Insurance Board, "HFP Subscribers Currently Enrolled by Health Plan; By County," January 4, 2007.

Of the Healthy Families plans offered in San Diego County, Community Health Group, the local plan, consistently served the largest share of enrollees and continued to increase enrollment numbers each year. Since 2005, the Molina Plan, enrolled the second largest number of Healthy Families beneficiaries: the result of its acquisition of Sharp Health and its participation in the program.



San Diego Kids Health Assurance Network (SD-KHAN)

San Diego Kids Health Assurance Network (SD-KHAN) is a collaborative program under the County of San Diego Health and Human Services Agency. The program’s focus is to assure access to care and to promote prevention, utilization and retention of health care services for children in San Diego County. This is accomplished through a network of community partners including community-based agencies, hospitals, government agencies, health plans and schools. SD-KHAN serves as a convener and catalyst leader to bring key stakeholders together to address issues and develop creative solutions for increasing access to care for children. The program facilitates an internal Access for Children’s Team (ACT) within the HHSA, community collaborative meetings, communicates federal and State legislative changes affecting access to care and advocates for implementation of best practice strategies to overcome barriers and increase enrollment, utilization, and retention of health coverage for children.

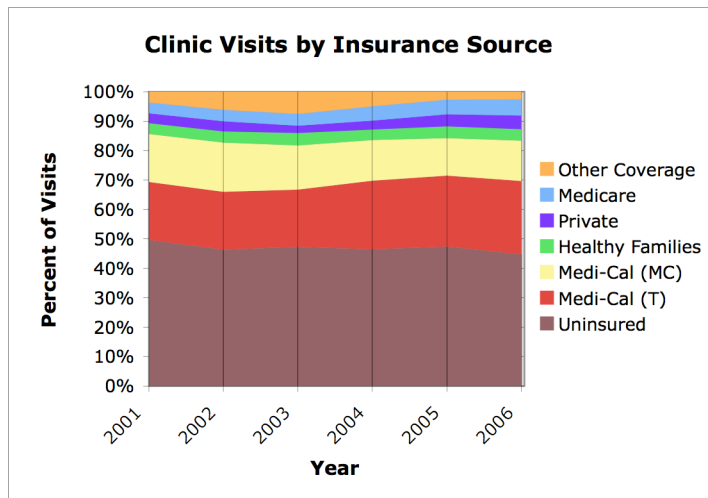
COMMUNITY CLINICS

San Diego County has a strong network of free and community clinics, which developed a working relationship with the County. In 2006, the County had more community clinics per 1,000 persons than any other county in California, with 19 community health center organizations totaling over 80 sites. The County also saw a tremendous jump in the number of FQHC and FQHC Look-Alike clinics. The clinics provided care to over 545,000 patients in 2006, accounting for nearly 1.5 million visits. Both the number of patients and total patient visits increased over the years.

Community Clinics Overview; 2006 vs. 2001				
	2006		2001	
	Total	% of Total	Total	% of Total
Community Clinics	86		60	
FQHC Clinics	58	67.4%	10	16.6%
FQHC Look-Alike Clinics	2	2.3%	0	0.0%
Patients/Yr	545,300		426,511	
Uninsured Patients/Yr	188,792	34.6%	145,900	34.2%
Patient Visits/Yr	1,481,941		1,015,600	
Uninsured Patient Visits/Yr	661,740	44.7%	504,459	49.7%
Annual Visits per Uninsured Patient	3.5		3.5	

Source: Office of Statewide Health Planning and Development, "2006 State Utilization Data File of Primary Care Clinics."

The share of uninsured patient visits to community clinics has been on a slow downward slide since 1996. During the same time, the share of visits by Medi-Cal enrollees grew.



Patient Utilization of Community Clinics by Insurance/Funding Source (2006)		
Source	Total	% of Total
Medicare	82,260	5.6%
Medi-Cal	573,340	38.7%
Healthy Families	57,864	3.9%
Private	67,918	4.6%
Other Coverage	38,819	2.6%
Uninsured	661,740	44.7%
Total	1,481,941	100.0%

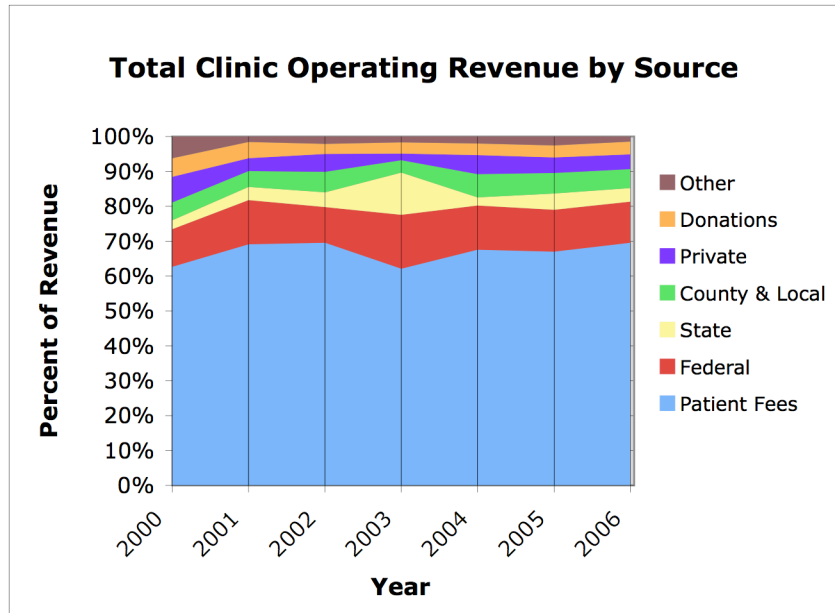
Source: Office of Statewide Health Planning and Development, "2006 State Utilization Data File of Primary Care Clinics."

Funding for Community Clinics

In FY 2006, total operating revenue for clinics was \$204M, and clinics ran a surplus of just under \$14M. Community clinics in San Diego County relied heavily on patient fees as a primary source of funding: in general, over 2/3 of total operating revenue (67.6% in 2006) comes from patient fees. Over the years, federal, state, and county contributions to total clinic operating revenue increased, though their overall contribution to clinics was not substantial when compared to revenue from patient fees, which include Medi-Cal payments.

Source of Community Clinic Total Operating Revenue; 2006 vs. 2001					
2006			2001		
Source	Total	% of Total	Source	Total	% of Total
Patient Fees	\$142,000,638	69.5%	Patient Fees	83,109,252	69.1%
Federal	\$23,980,579	11.7%	Federal	15,294,508	12.7%
State	\$8,133,168	4.0%	State	4,473,277	3.7%
County/Local	\$11,099,203	5.4%	County/Local	5,453,751	4.5%
Donations	\$7,602,570	3.7%	Donations	5,606,374	4.7%
Private	\$8,449,176	4.1%	Private	4,467,732	3.7%
Other	\$2,914,914	1.4%	Other	1,863,247	1.5%
Total	\$204,180,248	100.0%	Total	\$120,268,141	100.0%
Expenses	\$190,324,249		Expenses	\$108,546,132	
Surplus/Deficit	+\$13,855,999	+6.8%	Surplus/Deficit	+\$11,722,009	+9.7%

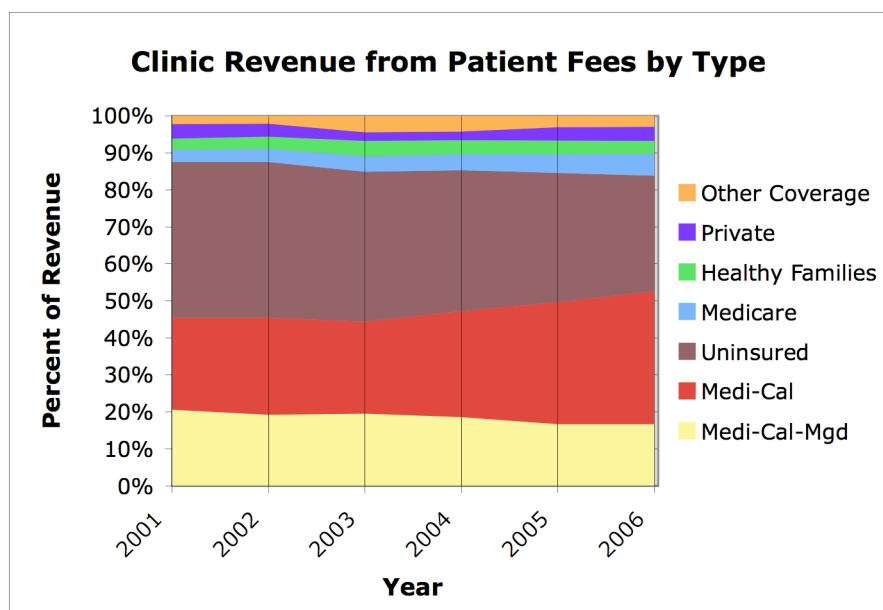
Source: Office of Statewide Health Planning and Development, "2006 State Utilization Data File of Primary Care Clinics."



Of the total revenue collected from patient fees between 1996 and 2006, most of the reimbursement came from services provided to the uninsured and Medi-Cal enrollees. Over 31% of total patient fees were collected from the uninsured in 2006, totaling \$44M in operating revenue. Still, the proportion of patient fees for care to the uninsured decreased annually from 52.0% in 1998 to 31.1% in 2006. At the same time, patient fees collected from Medi-Cal increased substantially and, as of 2006, accounted for more than half of all revenue from patient fees (\$74.7M). Patient fees collected from those with Medi-Cal managed care declined while revenues collected from those with Medi-Cal fee for service increased.

Source of Community Clinic Total Operating Revenue from Patient Fees; (2006 vs. 2001)					
2006			2001		
Source	Total	% of Total	Source	Total	% of Total
Uninsured	\$44,188,956	31.1%	Uninsured	\$35,011,466	42.1%
Medi-Cal	\$74,764,124	52.7%	Medi-Cal	\$37,761,300	45.4%
Private	\$5,442,098	3.8%	Private	\$3,228,819	3.9%
Other Coverage	\$4,161,344	2.9%	Other Coverage	\$1,855,557	2.2%
Healthy Families	\$5,003,109	3.5%	Healthy Families	\$2,531,519	3.0%
Medicare	\$8,441,007	5.9%	Medicare	\$2,720,591	3.3%
Total	\$142,000,638	100.0%	Total	\$83,109,252	100.0%

Source: Office of Statewide Health Planning and Development, "2006 State Utilization Data File of Primary Care Clinics."

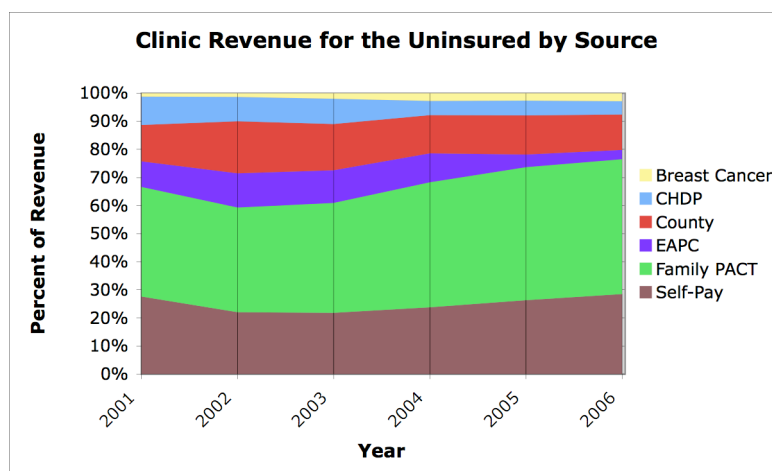


Funding for the Uninsured

For the most part, community clinics in San Diego County were reimbursed for the family planning services they provide to the uninsured. Therefore, Family PACT consistently carried most of the burden of covering the cost of services for the uninsured. In 2006, Family PACT was the largest contributor of funds to cover uninsured patient fees at \$21.2M (48.1%) from a total of \$44.1M. Since 2002, clinic revenue from self-pay by the uninsured steadily increased while EAPC and CHDP funding steadily decreased in importance to the clinics. The County was not a relatively large contributor to clinic revenues for care to the uninsured when compared to Family PACT and self-pay.

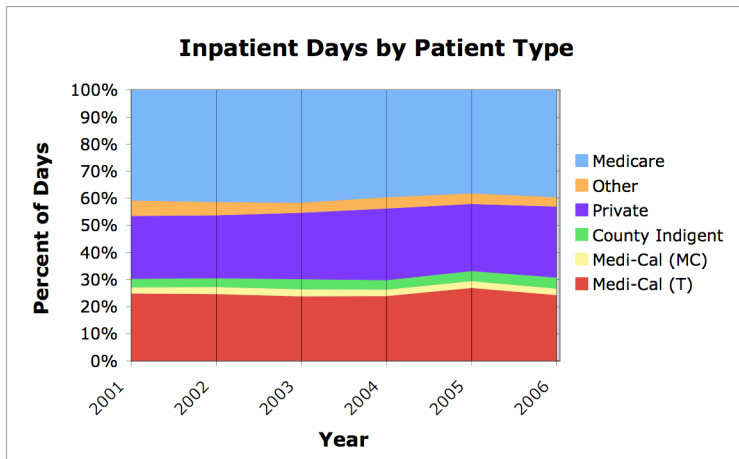
Uninsured Patient Community Clinic Revenue by Funding Source; 2006 vs. 2005		
Source	2006	2005
County/CMSP	12.6%	14.0%
Self-Pay	28.5%	26.3%
Free	0.0%	0.0%
Breast Cancer	2.9%	2.7%
CHDP	4.7%	5.2%
EAPC	3.3%	4.4%
Family PACT	48.1%	47.4%
Total	100.0%	100.0%

Source: Office of Statewide Health Planning and Development, "2006 State Utilization Data File of Primary Care Clinics."



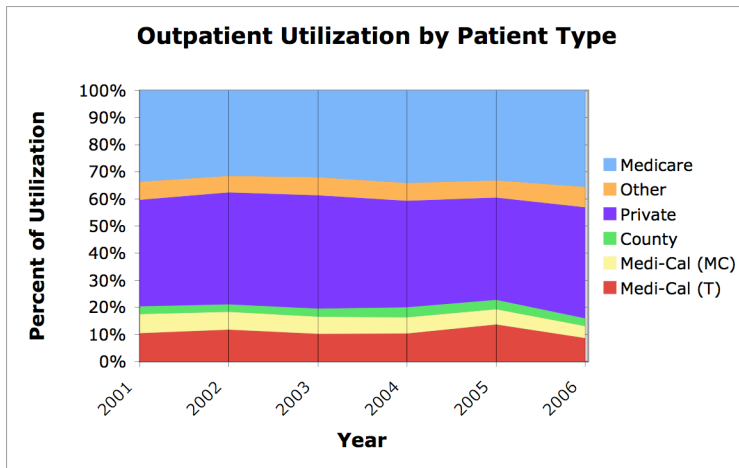
HOSPITALS

In San Diego County, the number of private hospitals decreased over the span of a decade from 29 in 1996 to 16 in 2006. Total indigent inpatient days, outpatient visits, and emergency department services increased from 1996 to 2004, and then showed a decrease through 2006. In 2006, the County medically indigent accounted for 4% (46,940) of total inpatient days, 2.8% (57,704) of outpatient visits, and 11.7% (52,941) of emergency department visits. Overall, Medicare patients continuously accounted for the majority of inpatient days, while Medi-Cal and those with private insurance fluctuated between second and third highest utilization; Medi-Cal managed care accounted for a very small share of inpatient days. The private sector accounted for the majority of outpatient visits, followed closely by Medicare patient utilization with a surprisingly lower and shrinking percentage of Medi-Cal utilization. The decline in Medi-Cal managed care share of visits was exceeded by the decline in Medi-Cal fee for service visits. The shares of emergency room visits by the privately insured, county reimbursed and Medi-Cal fee for service all increased while the share of emergency room visits by Medi-Cal managed care patients fell from 2002 to 2006. The decline in ER utilization by Medi-Cal managed care beneficiaries may have been linked to Healthy San Diego health plans effectively shifting patient care from episodic and emergency room based to coordinated primary and preventive serve utilization.



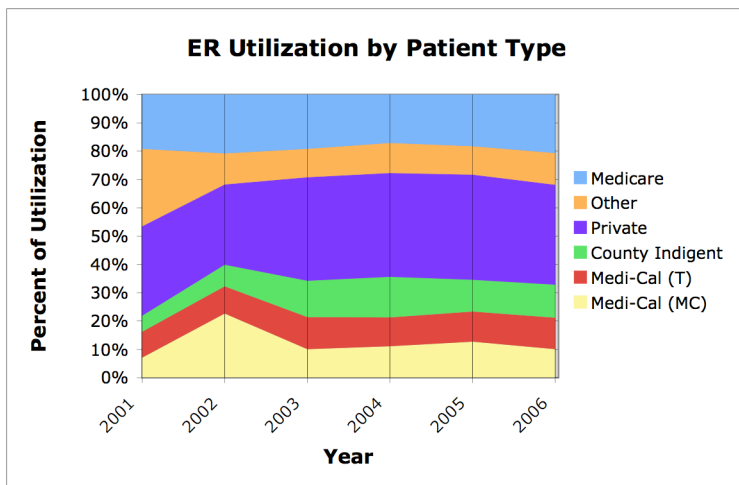
Inpatient Utilization by Payer (2006)		
Payer	Inpatient Days	
	Total	% of Total
Medicare	456,323	39.6%
Medi-Cal	307,627	26.7%
County Indigent	46,940	4.0%
Private	302,491	26.2%
Other	40,272	3.5%
Total	1,153,653	100.0%

Source: Office of Statewide Health Planning and Development, "Hospital Annual Financial Selected Data: CY 2006."



Outpatient Utilization by Payer (2006)		
Payer	Outpatient Days	
	Total	% of Total
Medicare	751,223	35.6%
Medi-Cal	278,558	13.2%
County Indigent	57,704	2.8%
Private	865,812	41.0%
Other	158,043	7.5%
Total	2,111,340	100.0%

Source: Office of Statewide Health Planning and Development, "Hospital Annual Financial Selected Data: CY 2006."



Emergency Room Utilization by Payer (2006)		
Payer	ER	
	Total	% of Total
Medicare	93,614	20.6%
Medi-Cal	96,262	21.2%
County Indigent	52,941	11.7%
Private	159,984	35.3%
Other	50,819	11.2%
Total	453,620	100.0%

Source: Office of Statewide Health Planning and Development, "Hospital Annual Financial Selected Data: CY 2006."

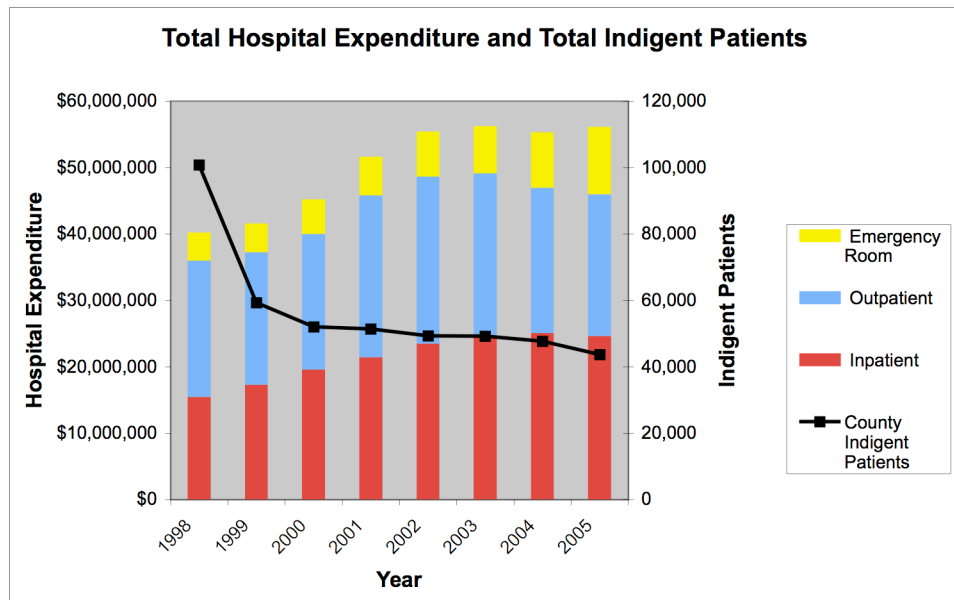
While all hospitals in San Diego County participate in the safety net, three health systems provide the majority of care: Scripps Health, Sharp HealthCare and the University of California, San Diego (UCSD) Medical Center. The University of California San Diego Medical Center is the dominant hospital serving the highest number of uninsured patients annually for both inpatient and outpatient services, at 35.7% and 36.8% of total County reimbursed uninsured visits respectively for 2006.

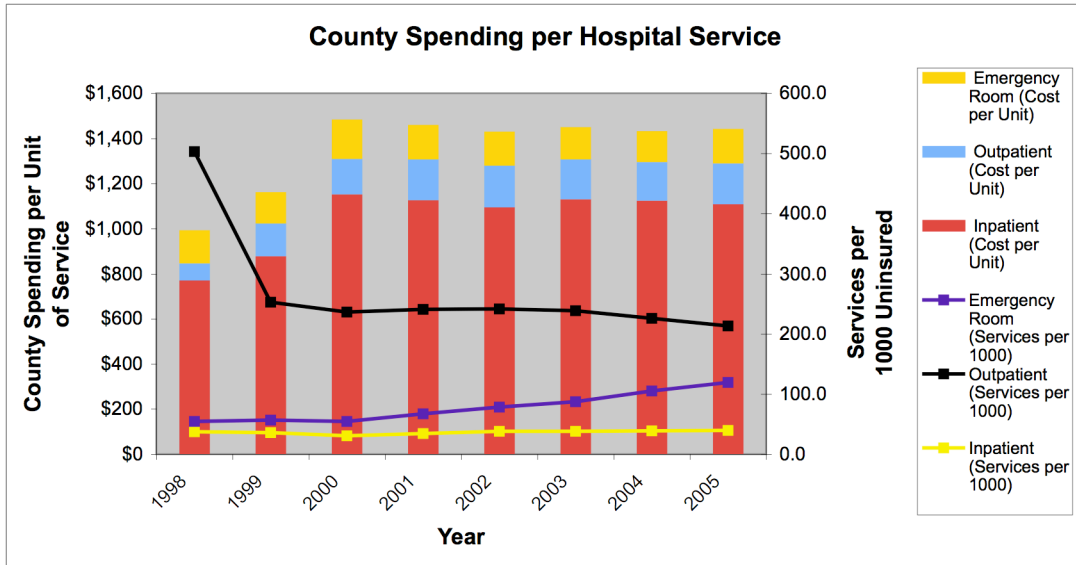
In recent years, UCSD Medical Center implemented *IMPACT-ED*, a shared electronic appointment and referral system with local clinics and community health centers, which helped streamline indigent patient care. When a patient is seen at UCSD, hospital staff members have the ability to electronically access local clinic schedules and create a follow-up appointment for the patient at a clinic or community health center. Once the appointment is set, the clinic or health center staff calls the patient to remind him/her of the visit. Through this system, patients receive coordinated care between hospital visit and clinic follow-up.

San Diego County funded a number of projects to address coordination of care for the safety net population. A Community Health Improvement Partners (CHIP) project, *Safety Net Connect*, was based on the platform of *IMPACT-ED* and expanded the system to all hospitals and clinics in San Diego County.

County Funding for Hospitals

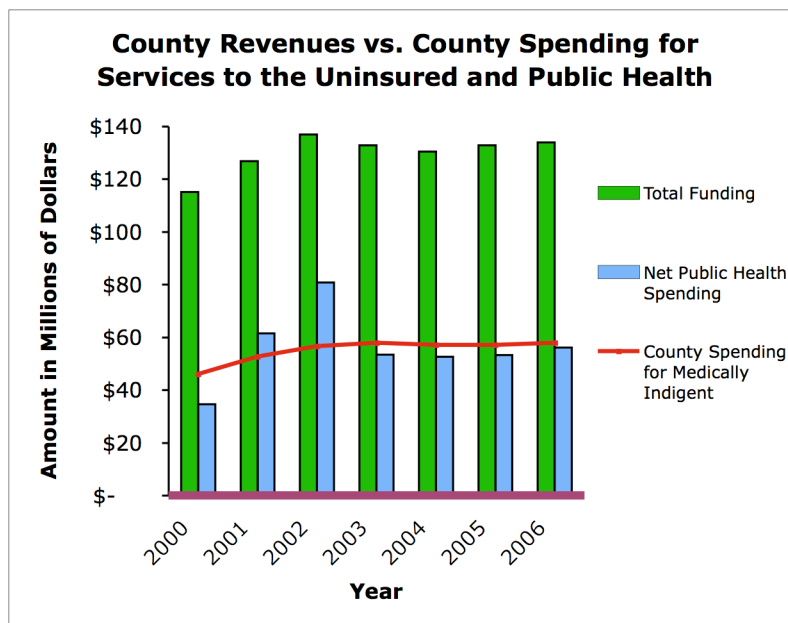
In San Diego County, a County without a county hospital, DSH funds are distributed directly from the state to private hospitals. Total hospital reimbursements from the County rose over the years, as inpatient and ER expenditures gradually increased while the number of uninsured patients reported to be using the County system fell by half and the use of outpatient services by the County's uninsured fell.





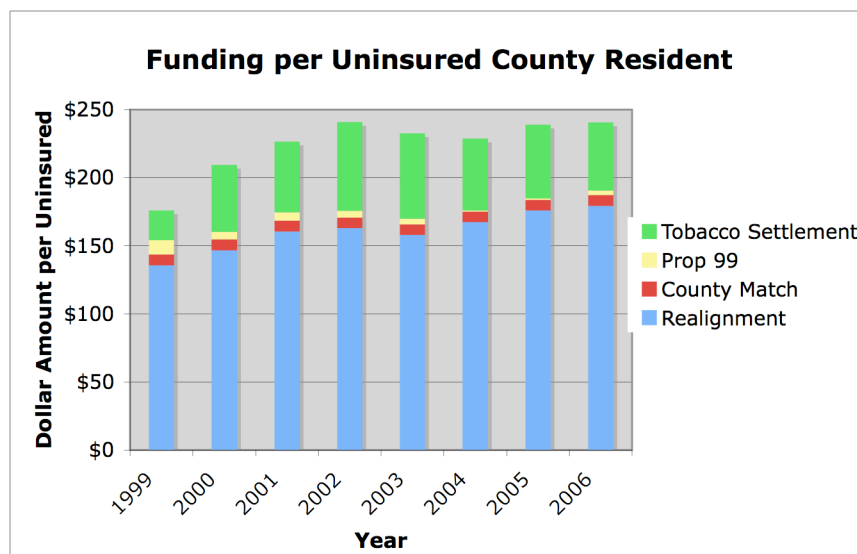
COUNTY FUNDING & EXPENDITURES

San Diego County received \$134M in funding for FY 2006, \$58M of which was spent for the uninsured (43.3% of funds). Over 75% of total County funding came from Realignment. Funding per uninsured resident was \$240.65 in 2006, increasing annually from \$151.77 in 1998. The County of San Diego spent fewer dollars per uninsured resident than any other county studied, and contributed fewer dollars in match than any other county studied. Still, fewer dollars spent per uninsured person may not necessarily correlate with poor service and health outcomes and might be attributed, in part, to system efficiencies. The low level of county match relates to the low county health spending when the match requirements were established.



Funding per County Resident vs. per Uninsured Resident (non-elderly); 2006 & 2000				
Source	2006		2000	
	Co. Resident	Uninsured	Co. Resident	Uninsured
Realignment	\$38.20	\$179.33	\$32.29	\$146.78
County Match	\$1.68	\$7.91	\$1.76	\$8.01
Prop 99	\$0.73	\$3.43	\$1.21	\$5.48
Tobacco Settlement	\$10.65	\$49.98	\$10.82	\$49.16
Net Co DSH	\$0	\$0	\$0	\$0
Total	\$51.26	\$240.65	\$46.07	\$209.43

Source: 1) 2005 UCLA California Health Interview Survey; US Census Bureau. "County Population by Age, Sex, Race and Hispanic Origin; April 1, 2000-July 1, 2005," 2) "FY 2005-06 Final Maintenance of Effort (MOE) Calculation," 3) California Healthcare for Indigents Program (CHIP) Allocation Summary: FY 2005-2006," 4) California Department of Health Care Services: Safety Net Financing Division. "Demonstration Year 2005-06 DSH Payment by Hospital and County." Received March 25, 2008.



HEALTH CARE COVERAGE INITIATIVE (HCCI)

The Health Care Coverage Initiative (HCCI) in San Diego County was designed around the County Medical Services (CMS) program, the local health care safety net system in San Diego County. HCCI acts as a disease management program that focuses on uninsured adults with chronic conditions, specifically those with diabetes and hypertension. The HCCI program builds on the success of an existing program in San Diego County, Project Dulce, which is a diabetes care and education program that addresses the specific needs of underserved, ethnically diverse populations. HCCI aims to improve care coordination for the medically indigent and discourage hospital emergency department use in an effort to contain medical costs.⁶

⁶ California Department of Health Care Services: San Diego County.
<http://www.dhcs.ca.gov/SERVICES/Pages/SanDiegoCounty.aspx>

Through implementation of HCCI, the County was able to strengthen public-private partnerships and build its provider network to boost enrollment. Community application assistors (CAAs) in clinics and hospitals significantly help identify and enroll eligible patients. Out-stationed clinic and hospital Human Services Specialists (HSSs) also enroll patients into HCCI. Currently, the County is collaborating with 2-1-1 San Diego, a nonprofit organization providing free, confidential and multilingual access to a 24-hour information line linking callers to community, health, and disaster services, to inform potential beneficiaries about the HCCI.⁷

As of 8/09, staff enrolled 3,520 beneficiaries in the HCCI, exceeding the target enrollment of 3,260. The program is currently in a re-certification process and will produce an interim report in October 2009 that reviews the program, cohort differentials, cost effectiveness, and improvements in system processes.

Yearly federal allotment = \$13,040,000

⁷ Pizzitola, R. (2008, December). California's coverage initiative: Year one challenges and successes and a forecast for year two. ITUP: Santa Monica, CA.