Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

MORENO VALLEY

Southern California Region

Submitted to the California Department of Health Care Access and Information in compliance with Senate Bill 697, California Health and Safety Code Section 127350

KAISER PERMANENTE®

Kaiser Foundation Hospitals (KFH)
Table of Contents

I. Introduction and Background

A. About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For more than 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high- quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.4 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technological advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It is also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy is not just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

For information on the CHNA, refer to the 2022 Community Health Needs Assessments and Implementation Strategies (http://www.kp.org/chna).

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) have annually submitted to the California Department of Health Care Access and Information (HCAI) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the annual year-end community benefit reporting regulations under the California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2024, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of $**1,817,728,928** in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Table A. Note that ‘non-quantifiable benefits’ will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

2024 Community Benefits Provided by Kaiser Foundation Hospitals in California (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$713,469,866
Charity care: Medical Financial Assistance Program[2]	$775,417,176
Grants and donations for medical services[3]	$32,093,429
Subtotal	***$1,520,980,471***
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[4]	$4,405,591
Educational Outreach Program[4]	$805,369
Youth Internship and Education programs[5]	$5,909,392
Grants and donations for community-based programs[6]	$44,509,093
Community Benefit administration and operations[7]	$10,303,073
Subtotal	***$65,932,518***
Benefits for the Broader Community	
Community health education and promotion programs	$1,405,096
Community Giving Campaign administrative expenses	$461,693
Grants and donations for the broader community[8]	$9,385,626
National Board of Directors fund	$742,602
Subtotal	***$11,995,017***
Health Research, Education, and Training	
Graduate Medical Education[9]	$131,903,855
Non-MD provider education and training programs[10]	$42,155,356
Grants and donations for the education of health care professionals[11]	$4,163,885
Health research	$40,597,825
Subtotal	***$218,820,921***
TOTAL COMMUNITY BENEFITS PROVIDED	**$1,817,728,928**

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 32 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

Charitable Health Coverage

The Charitable Health Coverage program provides health care coverage to low-income individuals and families who do not have access to other public or private health coverage. CHC programs work by enrolling qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHC, members' monthly premiums are subsidized, and members do not have to pay copays or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHC, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the "front door" of the health delivery system.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente's mission. Our MFA program helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services, and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Internship and Education Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, addressing workforce shortages and enhancing cultural competency within the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community-based organizations, and schools.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy, and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from underserved communities with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy

and practice to facilitate the use of evidence-based care. Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and emergency department settings.

III. Community Served

A. Kaiser Permanente's Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of Community Served

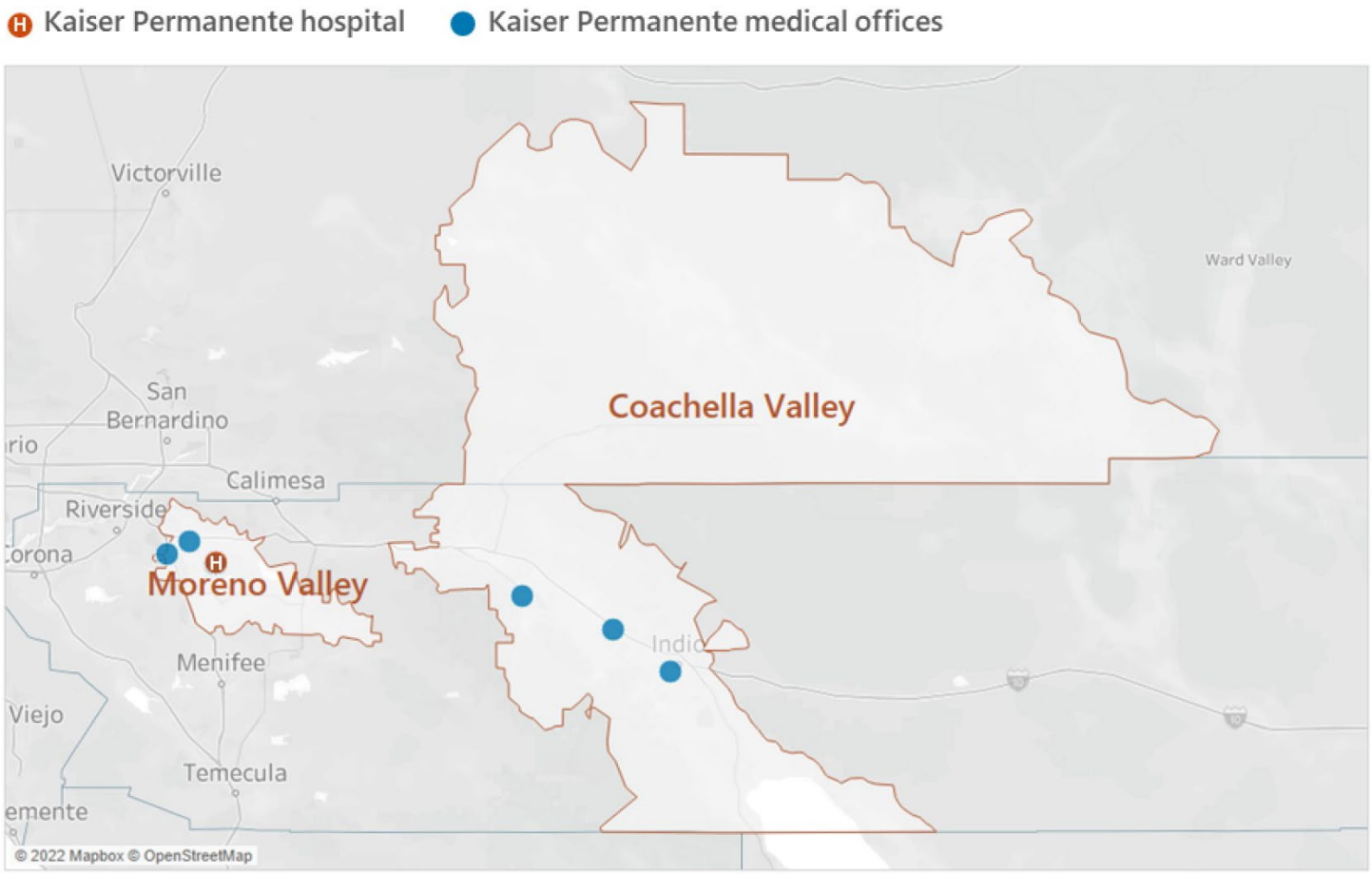
KFH-Moreno Valley and Coachella Valley service areas demographic profile

	Moreno Valley	Coachella Valley
Total population:	**328,320**	**538,393**
American Indian/Alaska Native	0.3%	0.5%
Asian	5.1%	2.9%
Black	13.8%	2.6%
Hispanic	61.0%	51.6%
Multiracial	2.6%	1.7%
Native Hawaiian/other Pacific Islander	0.4%	0.2%
Other race/ethnicity	0.2%	0.1%
White	16.6%	40.3%
Under age 18	29.0%	19.9%
Age 65 and over	9.0%	23.1%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH- Moreno Valley and Coachella Valley service areas



The KFH-Moreno Valley and Coachella Valley service area includes Cabazon, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, Joshua Tree, La Quinta, March Air Reserve Base, Mecca, Moreno Valley, Morongo Valley, Nuevo, Palm Springs, Palm Desert, Perris, Rancho Mirage, Salton City, San Jacinto, Thermal, Thousand Palms, Twentynine Palms, Whitewater and Yucca Valley.

IV. Description of Community Health Needs Addressed

KFH- Moreno Valley and Coachella Valley are addressing the following health needs during the 2023-2025 Implementation Strategy period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2022 CHNA Report and the 2023-2025 Implementation Strategy Report. (http://www.kp.org/chna).

A. Health Needs Addressed

1. **Income & employment:** Income and employment are a major issue of concern in the Moreno Valley service area. For those who do have jobs, household earnings are generally low – particularly when compared to the state as a whole. Not only are there fewer quality jobs, but many people also experience transportation problems (particularly for those who have low income). An additional barrier is the available jobs in an area proximal to one's home. The data on job proximity index — accessibility of a given neighborhood as a function of its distance to all job locations — is alarming at 36 (a higher score corresponds with greater job proximity; state average: 47).
2. **Access to care:** The service area has high rates of both adult and child uninsured populations. 10 percent of adults locally are uninsured, higher than the state average of 8 percent and 4 percent of children locally are uninsured, higher than the state average of 3 percent. Uninsured populations tend to have higher rates of diseases going undiagnosed or untreated. Patients who are uninsured must often rely on a patchwork of free or low-cost resources, such as federally qualified health centers, providers across the border in Mexico, or free clinic events. Such sporadic patterns of accessing care create problems in coordinating a patient's care. Many also struggle with transportation difficulties in accessing care. Additionally, the region has long struggled to recruit and retain enough providers, making it more difficult to find a physician even when health insurance is available.
3. **Housing:** For well over a decade, there has been a chronic shortage of housing (especially affordable housing). The consequence of this is high rates of rent and mortgage-burdened households and overcrowded housing. Residents face rents that are 13 percent higher than the national average, and more than 21 percent of people are experiencing a severe housing burden. When households put more money into housing, there are less resources available for other necessities. Community partners frequently mentioned the grim state of housing in the service area and the shortage of affordable housing.
4. **Mental & behavioral health:** The service area has both a high need for mental health care and a low capacity to meet this need. The rates of deaths of despair (deaths by suicide, drug overdose, and unhealthy alcohol use), for example, are high, yet the number of mental health care providers remains lower than the state average. Additionally, community partners explained that the COVID-19 pandemic exacerbated the very things that cause poor mental health to begin with – namely, stressors such as financial strain and life difficulties. As one key informant shared, "I think the mental health of many

individuals in our communities [has] worsened. The isolation, the economic instability, losing their jobs, losing family members, has all had a profound impact on the psyches of our community – collectively and individually."

5. **Structural inequities:** The service area consists of a "majority-minority"; most of the population is Latino/a. Socio-economic mobility for residents from some racial and ethnic groups remain a challenge, as some historically underrepresented communities (largely corresponding to both racialized and economically exploited populations) have fewer resources and poorer infrastructure than communities that are predominately white, non-Latino/a, and wealthy. Many health need measures are worse in primarily Latino/a or communities of color. For example, the percentage of uninsured people is higher in more racially diverse ZIP codes. Racial/ethnic disparities are also observed in other measures, such as income housing and employment.

B. Health Needs Not Addressed

KFH- Moreno Valley and Coachella Valley are addressing all significant needs identified in the 2022 CHNA implementation strategy.

V. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis, (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

Table B

KFH-Moreno Valley and Coachella Valley Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$7,031,835
Charity care: Medical Financial Assistance Program[2]	$12,176,228
Grants and donations for medical services[3]	$72,500
Subtotal	***$19,280,563***
Other Benefits for Vulnerable Populations	
Youth Internship and Education Programs[5]	$29,808
Grants and donations for community-based programs6	$5,676,280
Community Benefit administration and operations7	$179,926
Subtotal	***$5,886,014***
Benefits for the Broader Community	
Community health education and promotion programs	$45,432
Community Giving Campaign administrative expenses	$5,342
Grants and donations for the broader community[8]	$72,000
National Board of Directors fund	$9,461
Subtotal	***$132,235***
Health Research, Education, and Training	
Non-MD provider education and training programs[10]	$142,904
Grants and donations for the education of health care professionals[11]	$952,413
Health research	$236,931
Subtotal	***$1,332,248***
TOTAL COMMUNITY BENEFIT PROVIDED	**$26,631,059**

B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals planned for and drew on a broad array of resources and strategies to improve the health of our communities. Resources and strategies deployed to address the identified health needs of communities include grantmaking, in-kind resources, and collaborations with community-based organizations such as local health departments and other hospital systems. Kaiser Permanente also leverages internal programs such as Medicaid, charitable health coverage, medical financial assistance, health professional education, and research to address needs prioritized in communities. Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. In addition to contributing financial resources, we leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. The complete 2022 IS report is available at https://www.kp.org/chna.

For each priority health need in the 2022 Implementation Strategy, examples of stories of impact are described below. Additionally, Kaiser Permanente SCAL provided significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF -managed funds are not included in the financial totals for 2024.

Access to care

KFH-Moreno Valley and Coachella Valley ensure access to care by serving those most in need of health care through Medicaid, medical financial assistance, and charitable health coverage.

Care and coverage programs, KFH-Moreno Valley and Coachella Valley

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$7,031,835	$0	$12,176,228	$19,208,063
2024	**Individuals served**	25,620	2	12,776	38,398

In the Moreno Valley service area, access to comprehensive, quality health care remains a significant challenge, particularly for low-income and immigrant communities. Many residents lack health insurance, face barriers to local care options, and do not have a usual source of care, leading to delayed treatment, reduced preventive care, and poorer health outcomes. Addressing these disparities is essential to ensuring equitable healthcare access for all individuals and families. To tackle this issue, the Health Coverage and Enrollment Grant was created to support organizations in increasing health coverage enrollment and expanding access to healthcare services. This initiative focuses on enrolling as many individuals as possible through Medi-Cal expansion, marketplace transitions, and other coverage programs, such as the Kaiser Permanente Community Health Care Program. One of the selected grants, TODEC Legal Center, is leading efforts to provide enrollment support, prescreening, direct application assistance, outreach, engagement, and education on coverage options and benefits. This initiative will serve 800,000 individuals, primarily targeting low-income and immigrant communities with family incomes up to 300% of the federal poverty level across the Moreno Valley hospital service area. The Health Coverage and Enrollment Grant aimed to ensure that more community members successfully completed health coverage applications, increased their access to essential healthcare services and improved health equity in the region.

Housing

Having a safe and stable place to call home is essential for health and well-being, yet many low-income residents in the Moreno Valley service area face significant housing challenges. Rising eviction rates, housing instability, and legal barriers disproportionately affect communities of color and vulnerable populations, increasing the risk of homelessness and poor health outcomes. Expanding access to legal support and eviction prevention services is critical to helping at-risk tenants remain in their homes. To address these challenges, the Housing-Related Legal Support for At-Risk Tenants Grant was established to strengthen the capacity of legal aid organizations and Medical-Legal Partnership (MLP) programs. Three selected grants, Public Service Law Corporation, Inland Counties Legal Services, and the Legal Aid Society of San Bernardino, work to expand legal services, advocate

for tenant rights, and provide eviction prevention support to 12,859 individuals in low-income communities across the Moreno Valley service area. Through these efforts, tenants receive legal representation, housing navigation assistance, and access to critical housing resolution services. By expanding MLP housing-related legal services and strengthening tenant protections, this effort helped ensure that more residents could maintain stable housing and avoid displacement.

Income and Employment

Many low-income individuals and households in the Moreno Valley service area struggle with financial instability, limiting their ability to build savings, manage debt, and improve credit. These challenges disproportionately impact diverse racial and ethnic communities, contributing to long-term economic and health disparities. To address this issue, the Reducing Financial Hardship and Building Financial Stability Grant was established to expand access to financial coaching, credit-building resources, and tax preparation services. The initiative aimed to help individuals set financial goals, improve credit scores, and develop savings plans while strengthening community-based financial health programs. The City of Moreno Valley is leading efforts to provide one-on-one financial coaching, safe financial products, and financial literacy workshops. Serving 4,045 individuals, the program supports low-income households, particularly those from historically disadvantaged backgrounds, in achieving greater financial security.

Mental and Behavioral Health

Residents of the Moreno Valley–Coachella Valley service area experience poorer mental health outcomes in comparison to the state, particularly in the areas of deaths by suicide, deaths of despair, and poor mental health days. Many youths in the Moreno Valley service area lack access to adequate mental health support and stigma around mental health services remains a significant barrier. The Youth Mental Health Capacity Development initiative was established to strengthen organizational capacity, expand mental health resources, and reduce stigma among youth. This initiative aims to equip mentors, staff, and community leaders with tools to support youth mental well-being while fostering emotional resilience and positive relationships. A selected grant, Rising Star Business Academy, is implementing a mentorship-based mental health program, contracting with mental health professionals to provide training and ongoing support for mentors. Through trauma-informed care training, mental health assessments, and group sessions for both mentors and mentees, the initiative served 2,996 individuals, including youth ages 13-18, parents, caregivers, staff, and volunteers in the Moreno Valley service area. The Youth Mental Health Capacity Development program aimed to increase awareness and utilization of mental health services, enhance leadership skills, and improve emotional resilience among youth.

Structural Inequities

Structural inequities disproportionately impacted communities of color, limiting access to resources, opportunities, and services that contribute to overall well-being. Addressing these disparities required strengthening the capacity of organizations that served under-resourced communities. The Leadership Development and Practice of Diversity, Equity, and Inclusion initiative was established to equip nonprofit leaders with the skills and knowledge needed to enhance service delivery, promote inclusion, and better support their communities. This initiative provides executive directors and key staff with leadership training focused on understanding, sensitivity, and principles of inclusion. The selected grant, Regional Access Project Foundation, Inc., deliveres leadership training for

nonprofit organizations in Moreno Valley. The program reached up to 1,500 nonprofit executive directors and staff across 15 nonprofit organizations, strengthening their ability to serve under-resourced communities in Riverside County. Through this leadership capacity-building initiative, nonprofit leaders gained essential management skills, developed innovative solutions to challenges, and built collaborations to enhance service delivery and advance health equity and inclusion.

VI. Appendix

Appendix A
2024 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	**Amount**
Antioch	$47,720,034
Fremont	$22,970,664
Fresno	$34,586,158
Manteca	$71,760,342
Modesto	$36,893,159
Oakland	$99,321,992
Redwood City	$26,948,137
Richmond	$47,225,724
Roseville	$81,181,909
Sacramento	$124,225,099
San Francisco	$50,536,977
San Jose	$54,457,366
San Leandro	$53,802,209
San Rafael	$20,297,900
Santa Clara	$77,243,071
Santa Rosa	$40,236,328
South Sacramento	$106,133,891
South San Francisco	$22,693,794
Vacaville	$38,961,577
Vallejo	$53,996,988
Walnut Creek	$41,424,543
Northern California Total	**$1,152,617,863**

SOUTHERN CALIFORNIA HOSPITALS	
Hospital	**Amount**
Anaheim	$30,956,879
Baldwin Park	$40,954,828
Downey	$61,000,446
Fontana	$95,164,025
Irvine	$18,244,549
Los Angeles	$83,781,616
Moreno Valley	$26,631,059
Ontario	$11,541,841
Panorama City	$44,037,549
Riverside	$47,736,423
San Diego (2 hospitals)	$65,670,970
San Marcos	$14,424,173
South Bay	$39,041,738
West Los Angeles	$59,341,185
Woodland Hills	$26,583,785
Southern California Total	**$665,111,065**

Appendix B
Endnotes

[1] Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.

[2] Amount includes unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.

[3] Figures reported in this section for grants and donations consist of charitable contributions to community clinics and other safety-net providers and support access to care.

[4] Applicable to only SCAL - Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles. Educational Outreach Program service expenses are only applicable to KFH-Baldwin Park.

[5] Figures reported in this section are expenses for youth internship and education programs for under-represented populations.

[6] Figures reported in this section for grants and donations consist of charitable contributions to community-based organizations that address the nonmedical needs of vulnerable populations.

[7] The amount reflects the costs of the community benefit department and related operational expenses.

[8] Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.

[9] Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.

[10] Amount reflects the net expenditures for health professional education and training programs.

[11] Figures reported in this section for grants and donations consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals.