Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

PANORAMA CITY

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)
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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

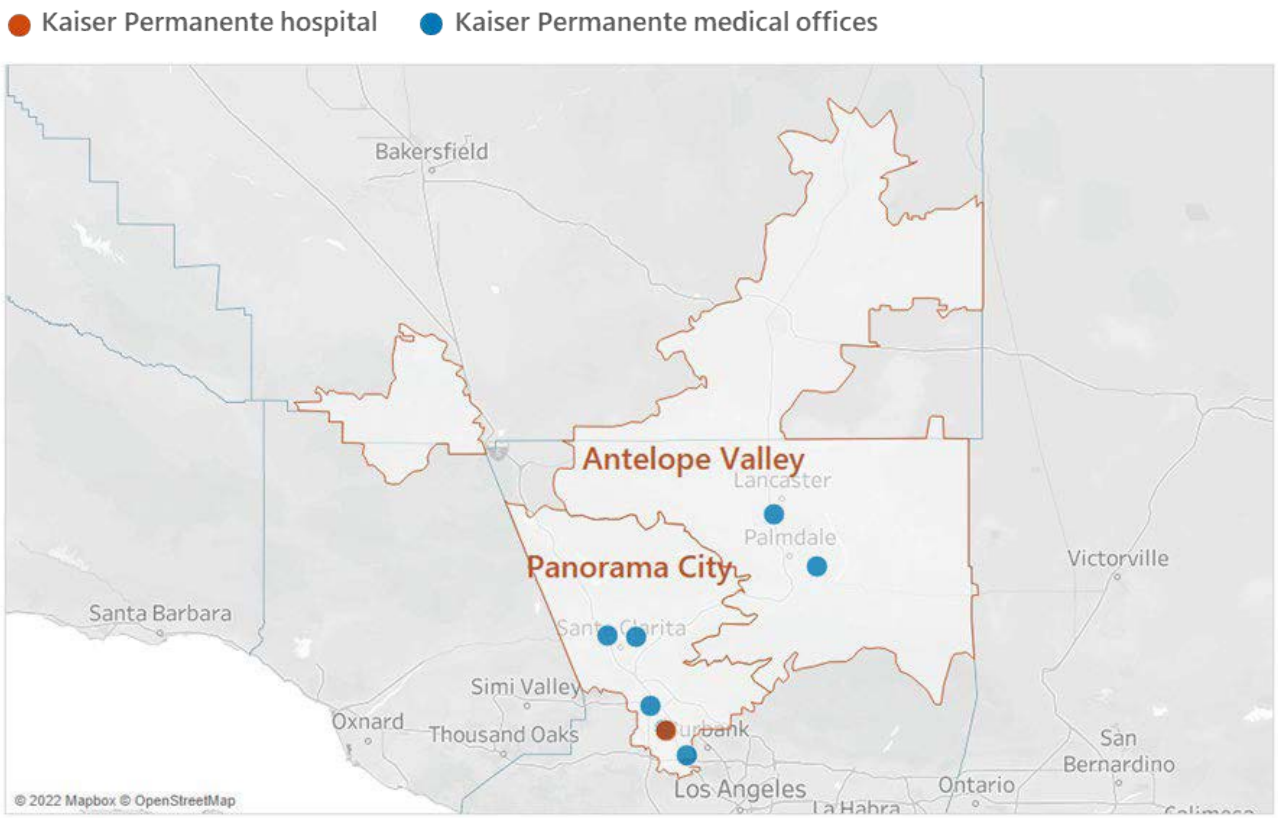
KFH-Panorama City and Antelope Valley service areas demographic profile

	Panorama City	Antelope Valley
Total population:	**1,253,874**	**442,257**
American Indian/Alaska Native	0.2%	0.4%
Asian	9.6%	4.2%
Black	3.5%	13.8%
Hispanic	52.4%	46.9%
Multiracial	2.3%	3.0%
Native Hawaiian/other Pacific Islander	0.1%	0.2%
Other race/ethnicity	0.3%	0.3%
White	31.7%	31.2%
Under age 18	22.7%	27.9%
Age 65 and over	12.1%	10.9%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Panorama City and Antelope Valley service areas



KFH-Panorama City Medical Center Service Area is part of an integrated delivery system that serves the communities of the East San Fernando Valley, Santa Clarita Valley, and Antelope Valley in addition to 4 zip codes in Kern County. For the purposes of this report, the KFH-Panorama City Service Area distinguishes between the two sub-service areas of Panorama City Service Area and the Antelope Valley Service Area. The Panorama City Service Area includes Agua Dulce, Arleta, Canyon Country, Castaic, Frazier Park, Granada Hills, Lake View Terrace, Mission Hills, Newhall, North Hills, North Hollywood, Pacoima, Panorama City, San Fernando, Santa Clarita, Saugus, Sherman Oaks, Stevenson Ranch, Sun Valley, Sunland, Sylmar, Tujunga, Universal City, Valencia, and Van Nuys. The Antelope Valley Service Area includes Acton, California City, Elizabeth Lake, Hi Vista, Juniper Hills, Lake Hughes, Lake Los Angeles, Lancaster, Littlerock, Llano, Mojave, Palmdale, Pear blossom, Quartz Hill, Rosamond, and Valyermo.

IV. Description of Community Health Needs Addressed

KFH-Panorama City and Antelope 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. **Access to care:** Panorama City service area residents are more likely to be uninsured than the state and national averages. In addition, geographic disparities in the percent of insured residents within both Antelope Valley and Panorama City service areas are associated with race: ZIP codes that have a higher percent of people of color tend to have a greater proportion of the population uninsured. In addition, infant mortality rates near Lancaster and Lake Los Angeles are relatively high, and infant mortality rates among Black residents are very high. In addition to insurance coverage, additional reported barriers to care included lack of transportation, inability to take time off work, and unfamiliarity with technology.
2. **Income & employment:** The poverty rate and unemployment rate within the Antelope Valley service area are much higher than the national average. In addition, the median household income is lower. The poverty rate for children in the Antelope Valley service area is even higher than for adults. Additionally, across both Antelope Valley and Panorama City service areas, higher poverty rates and lower household incomes tend to be more severe in ZIP codes with a higher percent of people of color. Expanding employment opportunities that provide a livable wage, though such as job development programs, was identified as an important opportunity for intervention.
3. **Mental & behavioral health:** A higher percentage of individuals across Acton, Palmdale, Lancaster, Rosamond, and California City reported experiencing serious psychological distress within the past year, compared to the state average. In addition, Antelope Valley is designated as a Mental Health Provider shortage area. Mental health needs in Panorama City and Antelope Valley service areas were identified as closely related to other needs and escalated since the COVID-19 pandemic started.
4. **Housing:** The median rental cost within the Panorama City service area is roughly $1,700, which is much higher than the national average. Residents in this area also spend a higher percentage of their income on mortgages and have a lower homeownership rate compared to the national average. Within both the Antelope Valley and Panorama City service areas, overcrowded housing tends to be more prevalent in areas with a higher percent of people of color. Concerns about homelessness and stress related to losing housing were identified as among the most important health needs, and a barrier to improved health outcomes.
5. **Education:** Antelope Valley service area residents are less likely to have a high school diploma compared to the national average. In addition, on-time high school graduation rates are lower, performance of 4th grade students on state exams is much lower, and pre-school enrollment is much lower than the national average. Additional geographic disparities across

both Antelope Valley and Panorama City service areas are associated with race: areas with a higher percent of people of color tend to have lower high school graduation rates. Targeted investments in education to increase representation in the health care industry was identified as a key strategy to reduce disparities. In addition, improved community education on health issues and strategies was recommended.

6. **Family & social support:** Within Panorama City, regions that have a higher percent of people of color tend to have a greater proportion of single parent households, more people aged 75+ with a disability, and more adults 65+ living alone. Stakeholders in Panorama City also identified geriatric care as among the most important needs in this area. Within Antelope Valley, prenatal health and infant mortality were identified as areas of concern, and a need for additional childcare and home visitation services was highlighted.

B. Health Needs Not Addressed

KFH-Panorama City and Antelope 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-Panorama City and Antelope Valley Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$23,395,795
Charity care: Medical Financial Assistance Program[2]	$16,997,592
Grants and donations for medical services[3]	$255,135
Subtotal	***$40,648,522***
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs[5]	$119,157
Grants and donations for community-based programs[6]	$445,669
Community Benefit administration and operations[7]	$491,180
Subtotal	***$1,056,006***
Benefits for the Broader Community	
Community health education and promotion programs	$130,897
Community Giving Campaign administrative expenses	$15,390
Grants and donations for the broader community[8]	$279,906
National Board of Directors fund	$27,258
Subtotal	***$453,451***
Health Research, Education, and Training	
Non-MD provider education and training programs[10]	$1,169,178
Grants and donations for the education of health care professionals[11]	$27,759
Health research	$682,634
Subtotal	***$1,879,571***
TOTAL COMMUNITY BENEFIT PROVIDED	**$44,037,549**

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-Panorama City and Antelope Valley ensures 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-Panorama City and Antelope Valley

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$23,395,795	$0	$16,997,592	$40,393,387
2024	**Individuals served**	73,016	19	19,274	92,309

Within the Panorama City service area, residents are more likely to be uninsured than state and national averages. ZIP codes with higher percentages of people of color often have greater proportions of uninsured individuals, creating barriers to timely and affordable care. The Health Coverage and Enrollment Grant Cohort was established to support organizations working to expand access to affordable health coverage and services. The grantees include the Maternal and Child Health Access Project, Los Angeles Unified School District, and Antelope Valley Partners for Health. Collectively, these programs will serve 800,00 residents, prioritizing low-income and immigrant communities with family income of up to 300% of the federal poverty level in the Panorama City region. The Health Coverage and Enrollment Grant Cohort aims to reduce the number of uninsured individuals, improve access to preventative and primary care, and promote long-term health equity. The goal is to create sustainable pathways to coverage, ensuring that all individuals—regardless of background or income—can access the care they need to thrive.

Education

As identified in the CHNA, the Antelope Valley service area, residents are less likely to have a high school diploma than state and national averages. Limited educational attainment affected employment opportunities, economic stability, and well-being. The Safe, Healthy, and Supportive Learning Environments Grant Cohort was established to promote educational attainment and create nurturing school climates. As part of this effort, Saugus Union School District (SUSD) is implementing Beyond Wellness—Helping Staff Thrive, a project that provides dedicated spaces at all 15 school sites for teachers, paraeducators, and support staff to engage in relaxation, calming, and self-care activities. By prioritizing staff well-being, the program aimed to enhance school environments and positively impact student learning. This initiative directly supports all school staff and indirectly benefits the district’s 9,100 students by fostering a culture of wellness and improving staff retention, student engagement, and academic success.

Family & social support

In Panorama City, neighborhoods with high levels of poverty and unemployment also experience greater food insecurity and a lack of essential social support services. To address these issues, the All People Have Consistent Access to Affordable and Nutritious Food Grant Cohort was established to support organizations that distribute food and expanded access to essential resources. This initiative aims to strengthen food distribution networks, increase outreach, and ensure that families in underserved communities have reliable access to healthy meals. North Valley Caring Services focused on distributing nutritious food to vulnerable populations while providing wraparound support services such as nutrition education and resource navigation. This program serves 344,000 individuals across the Panorama City hospital service area during the grant period, ensuring that families in high-need areas receive both immediate assistance and long-term solutions to food insecurity. The All People Have Consistent Access to Affordable and Nutritious Food Grant Cohort sought to reduce food insecurity, improve overall community well-being, and create a more equitable and sustainable food system for Panorama City residents.

Housing

The Panorama City service area faces a severe housing crisis, with median rental costs exceeding affordability for many low-income residents. Without adequate legal support and tenant protections, many at-risk families struggled to maintain stable housing, exacerbating existing inequities. To address these challenges, the Housing-Related Legal Support for At-Risk Tenants Grant Cohort was established to expand tenant protections and provide critical legal assistance to residents facing eviction. The cohort includes multiple grants that focus on offering legal aid, eviction prevention services, and tenant education programs across the Panorama City hospital service area. These programs helped 12,859 low-income families, seniors, and other vulnerable groups remain in their homes and navigate the complex housing system with greater stability. The Housing-Related Legal Support for At-Risk Tenants Grant Cohort aimed to reduce eviction rates, prevent homelessness, and improve housing security for Panorama City residents. The long-term impact of these grants contributed to a more equitable housing landscape, ensuring that at-risk individuals and families could remain in their communities.

Income and employment

The Panorama City service area experiences high poverty and unemployment rates, disproportionately affecting Black, Hispanic, and other communities of color. Many residents face barriers to stable employment, living wages, and financial security, which limits economic mobility and contributes to long-term disparities. Without adequate job opportunities and financial literacy resources, families struggle to achieve financial stability and escape cycles of poverty. The Reducing Financial Hardship and Building Financial Stability Grant Cohort was established to improve individual financial health by supporting workforce development, financial literacy programs, and employment training. The cohort included multiple grants that focus on job training, small business support, and financial education for 4,045 low-income residents, particularly targeting youth, immigrants, and marginalized communities within the Panorama City hospital service area. The Reducing Financial Hardship and Building Financial Stability Grant Cohort aimed to

increase employment rates, enhance financial literacy, create sustainable economic opportunities for vulnerable populations and reduce poverty in the region.

Mental and behavioral health

In the Antelope Valley and Panorama City service areas, a higher percentage of residents experience poor mental health compared to state averages, with particularly high rates among youth and communities of color. Limited access to mental health services, stigma, and a shortage of providers create barriers to care, disproportionately affecting low-income families and historically underserved populations. These challenges contribute to increased stress, untreated mental health conditions, and a greater risk of long-term negative health outcomes. To address these pressing issues, the Youth Mental Health Capacity Development Grant Cohort was established to support improved access and connection to mental health services for young people. The cohort focuses on building the capacity of schools and community-based organizations to provide mental health support, with an emphasis on early intervention, training, and service expansion in high-need areas. One of the selected grants, New Directions for Youth, Inc., was dedicated to expanding youth mental health programs by providing training for educators, increasing access to counseling services, and implementing peer support initiatives. This initiative served 2,996 diverse youth ages 13-18 across the Panorama City services areas, ensuring that more young people received the mental health support they needed at critical stages of their development. Through this initiative, the Youth Mental Health Capacity Development Grant Cohort aimed to increase youth access to mental health care, improve early detection of mental health conditions, and enhance the overall well-being of young people.

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.