Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

ROSEVILLE

Northern 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

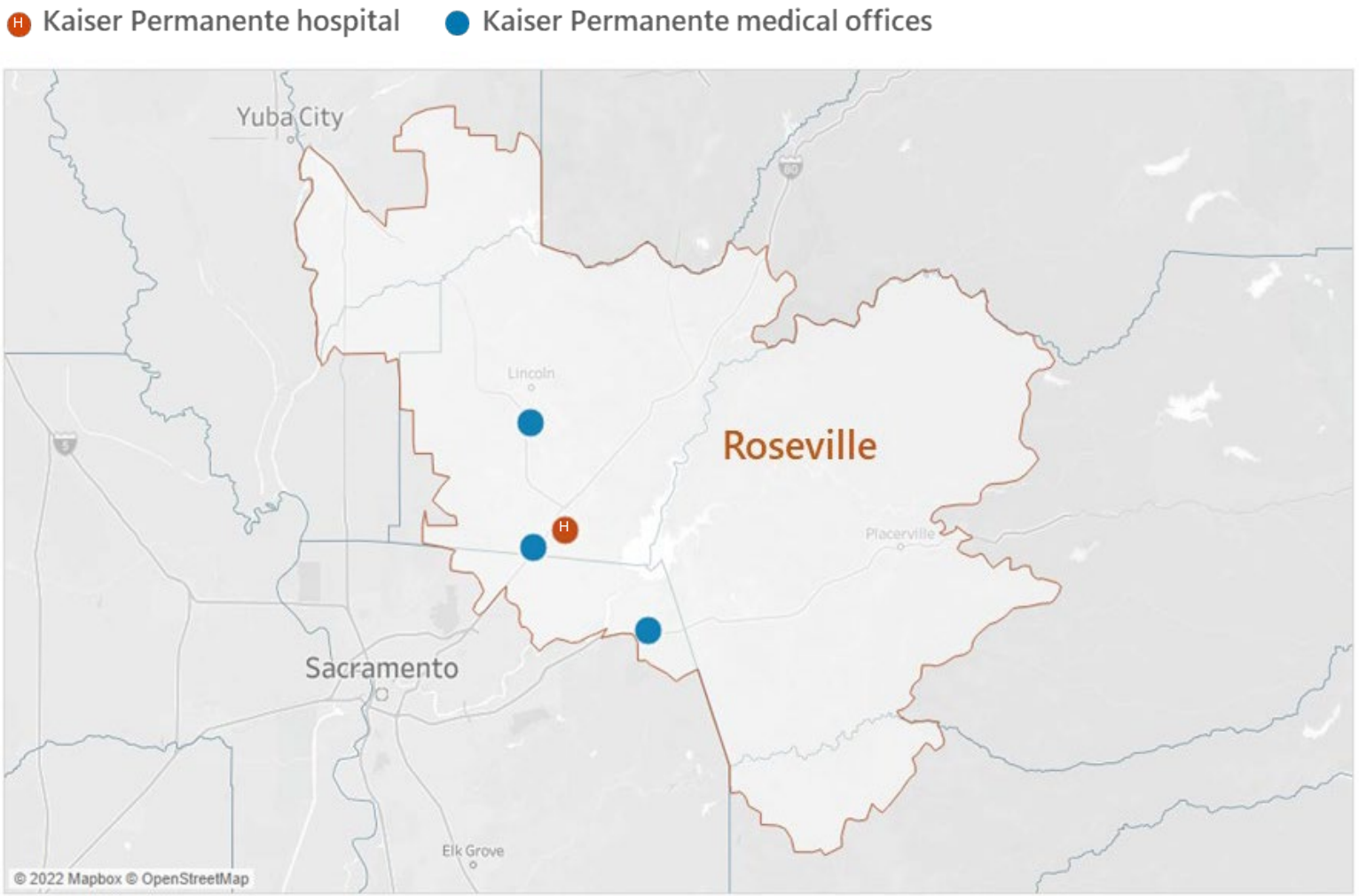
KFH-Roseville service area demographic profile

Total population:	**879,889**
American Indian/Alaska Native	0.6%
Asian	8.1%
Black	3.0%
Hispanic	15.6%
Multiracial	4.3%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	67.9%
Under age 18	23.0%
Age 65 and over	17.2%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Roseville service area



The KFH-Roseville service area extends into parts of seven counties: Amador, El Dorado, Nevada, Placer, Sacramento, Sutter, and Yuba, with the highest concentration of the population residing in Placer County.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Roseville is addressing 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:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the Roseville service area, 12 percent of adults in Placer County reported delaying or having difficulty accessing health care that they felt they needed. Furthermore, access to regular care varies by population: 90 percent of white, 79 percent of Latinx/o/a, and 67 percent of Black residents have a usual source of health care. Interviewed community leaders shared the lack of culturally responsive providers and those focused on the specific care needs of communities of color, non-English speakers, and LGBTQ+ individuals. They also identified strategies to address access to care such as investing in local community clinics that provide culturally responsive services for low- income residents.
2. **Housing:** Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx/o/a renters are more likely to live in cost-burdened households and face housing instability. In the Roseville service area, the overall housing affordability index is 113.8 compared to 154.5 nationwide, meaning it costs more for a typical resident in the Roseville area to purchase a home than it does in other areas. Additionally, there are disparities related to housing - only 58 percent of Native American, 55 percent of Latinx/o/a, and 52 percent of Black residents in Placer County are homeowners, compared to 79 percent of Asian residents and 74 percent of white residents. Interviewed community leaders shared that the housing crisis is getting worse, and they are seeing an increasing number of people with housing-related needs, noting that the community is fearful of upcoming evictions after the expiration of the eviction moratorium. They also identified strategies to address housing such as investing in affordable housing options, destigmatizing homelessness, and addressing the root causes of the housing crisis.
3. **Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx/o/a Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the Roseville service area, the rates of suicide deaths are higher than the state average (13.5 compared to 10.5), and rates for deaths of despair are similarly worse than the state (38.6 compared to 34.3). Additionally, there are disparities related to mental and behavioral health

such as disproportionate rates of child abuse reports for Native American, Latinx/o/a, and Black children, which is reflective of differential access to social services and supports. Interviewed community leaders spoke about the need to support the mental health of service providers, noting how the COVID-19 pandemic has made it harder to recruit qualified behavioral health specialists. They also identified strategies to address mental and behavioral health such as collaborating with local community-based organizations who have pre-established, strong relationships with the community.

4. **Income & employment:** Economic opportunities provide individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those who do not have enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the Roseville service area, the unemployment rate of 14 percent is slightly higher than the national rate of 13 percent. Further, there are significant disparities, with 73 percent of Asian residents in Placer County and 71 percent of white residents earning a living wage, yet only 55 percent of Latinx/o/a residents earn a living wage. Interviewed community leaders highlighted subpopulations that have been particularly impacted by economic circumstances. For example, women of color face undue financial burden while facing discrimination and greater needs for childcare and family support services. They also identified strategies to address income issues such as creating career pathways, financial literacy training, educating employers about medical leave, and viewing food security as an income supplement.

B. Health Needs Not Addressed

The significant health needs identified in the 2022 CHNA that KFH-Roseville does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

Reason	Climate & environment	Community safety
Community does not prioritize this need over other issues	x	
Less feasibility to make an impact on this need	x	
Less ability for Kaiser Permanente to leverage expertise or assets to address this need	x	x
Less ability to leverage community assets to address this need	x	x
Aspects of this need will be addressed in strategies for other needs		x

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-Roseville Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$31,205,864
Charity care: Medical Financial Assistance Program[2]	$42,207,179
Grants and donations for medical services[3]	$317,131
Subtotal	***$73,730,174***
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs[5]	$193,232
Grants and donations for community-based programs[6]	$773,972
Community Benefit administration and operations[7]	$403,510
Subtotal	***$1,370,713***
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	$23,929
Grants and donations for the broader community[8]	$131,134
National Board of Directors fund	$36,318
Subtotal	***$191,382***
Health Research, Education, and Training	
Graduate Medical Education[9]	$1,516,961
Non-MD provider education and training programs[10]	$1,687,519
Health research	$2,685,161
Subtotal	***$5,889,641***
TOTAL COMMUNITY BENEFITS PROVIDED	**$81,181,909**

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 NCAL provided significant contributions to the East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds, however, are not included in the financial totals for 2024.

Access to Care

KFH-Roseville 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-Roseville

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$31,205,864	$0	$42,207,179	$73,413,043
2024	**Individuals served**	44,665	4	28,157	72,826

Medicaid and public insurance enrollment are crucial for improving health care access for low-income residents in the Roseville service area. However, uninsured rates remain particularly high in communities with large Hispanic or Latino populations. To address these disparities, the California Immigrant Policy Center working to ensure health care coverage for all by educating individuals across California about available health care options including Medi-Cal for eligible individuals based on income. In partnership with Kaiser Permanente's Community Health Care Program, over 150 Health4All coalition members, and 46 Health4All expansion implementation partners, this initiative provided outreach, education, and enrollment assistance to low-income individuals and families. Engaging approximately 84,400 individuals – 51,700 digitally, 20,800 through one-on-one interactions, and 11,700 in-person – the California Immigrant Policy Center empowers underserved and under-resourced communities with essential health care resources. Furthermore, clients served by Health4All also gained access to information about alternative health care programs for those who do not qualify for Medi-Cal due to income restrictions.

Housing

One in five residents in the Roseville service area spend more than 30% of their income on housing, higher than the national average. Interviewed community leaders shared that the housing crisis in the Roseville service area continues to worsen, with a growing number of individuals facing evictions following the end of the COVID-19 pandemic eviction moratorium. To help address these issues, Volunteers of America provides rapid rehousing services, including mental health support and housing subsidies to veterans in Placer County. Since 2021, the organization has successfully placed 94 formerly homeless veterans into long-term housing through a combination of case management services and rental subsidies, contributing to a 60% decrease in veteran homelessness countywide. Volunteers of America engaged landlords to raise awareness of the need for veteran housing, assisted unemployed veterans in their job search, and connected them with Veteran's Assistance Disability and local employment programs. Additionally, the program collaborated with community providers, such as the Supportive Services for Veteran Families (SSVF) program, to offer even more comprehensive support. Through grant funding this initiative was expected

to serve 10 homeless veteran households per month, secure 2-3 new landlords during the grant period, and connect veterans with SSVF for essential services like utility and food assistance, as well as other resources.

Income and Employment

In the Roseville service area, individuals lacking access to essential resources such as safe housing and sufficient food experience heightened stress, negatively impacting their health and reducing life expectancy. Key informants reported a marked increase in food insecurity and reliance on food banks or food stamps since the start of the COVID-19 pandemic. The Placer Food Bank (PFB) is actively working to combat food insecurity in Placer County by expanding access to the Supplemental Nutrition Assistance Program (SNAP) Nutrition Security Program. Through grant support the Placer Food Bank will assist 350 individuals with applications and enroll 225 eligible participants, with a focus on seniors, individuals with disabilities, and families with children. To ensure accessibility, the initiative provided customized outreach materials and tailored assistance to meet the specific needs of each population. To achieve these goals, the Placer Food Bank hosted outreach events with partner schools, and community organizations while leveraging their ten mobile food distribution events that allowed them to connect with eligible families and individuals monthly. Their partnerships with county outreach workers in remote areas helped them provide on-the-spot application appointments during mobile food distribution events. In addition, the organization implemented targeted communication strategies – including eNews, social media, and digital advertising – to enhance enrollment and retention efforts. The initiative aimed to increase awareness and enrollment in CalFresh, reaching over 27,500 individuals through in-person and remote outreach. Expected outcomes included assisting 350 households with applications, providing 254,361 meals through CalFresh enrollment, and generating an estimated $1.4 million in local economic impact.

Mental and Behavioral Health

In the Roseville service area, suicide and deaths of despair (causes of death related to drugs, alcohol, and suicide) occur at higher rates than the state average. Key informants pointed out that disparities in mental and behavioral health persist, as American Indian and Alaska Native, Hispanic or Latino, and Black children experience disproportionately high rates of child abuse and LGBTQ+ students in the Roseville area experience increasing mental health concerns. To address these challenges, the Roseville Joint Union High School District implemented universal mental health screenings for 90% of all 9th-grade students – approximately 2,400 students – across school sites within the first three months of enrollment. Students identified through screening as needing support received prevention, early intervention, and mental health services. School staff worked closely with families to communicate risks and ensure students received appropriate care. The district's wellness centers played a critical role in serving high-risk student populations, including youth experiencing homelessness, foster youth, students on probation, and students from low-socioeconomic backgrounds. Each wellness center provided a range of services, including Social and Emotional Learning (SEL) classroom education, early intervention and prevention efforts, a calming wellness space for stress management and mindfulness activities, and direct mental health treatment at no cost to families. Through this grant, the district served students through continued universal screening of incoming 9th-grade students, streamlined access to mental health services, and supported the expansion of a robust training program for wellness center staff to ensure high-quality,

trauma-informed care was available for students in need. Mental health staff also provided regular classroom presentations to address universal needs identified through screening, promoted social-emotional skills, and raised awareness of available resources.

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.