

Consolidated Community Benefit Plan
FISCAL YEAR 2024
Kaiser Foundation Hospitals in California

SAN MARCOS
Southern California Region



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) (<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- San Marcos service area demographic profile

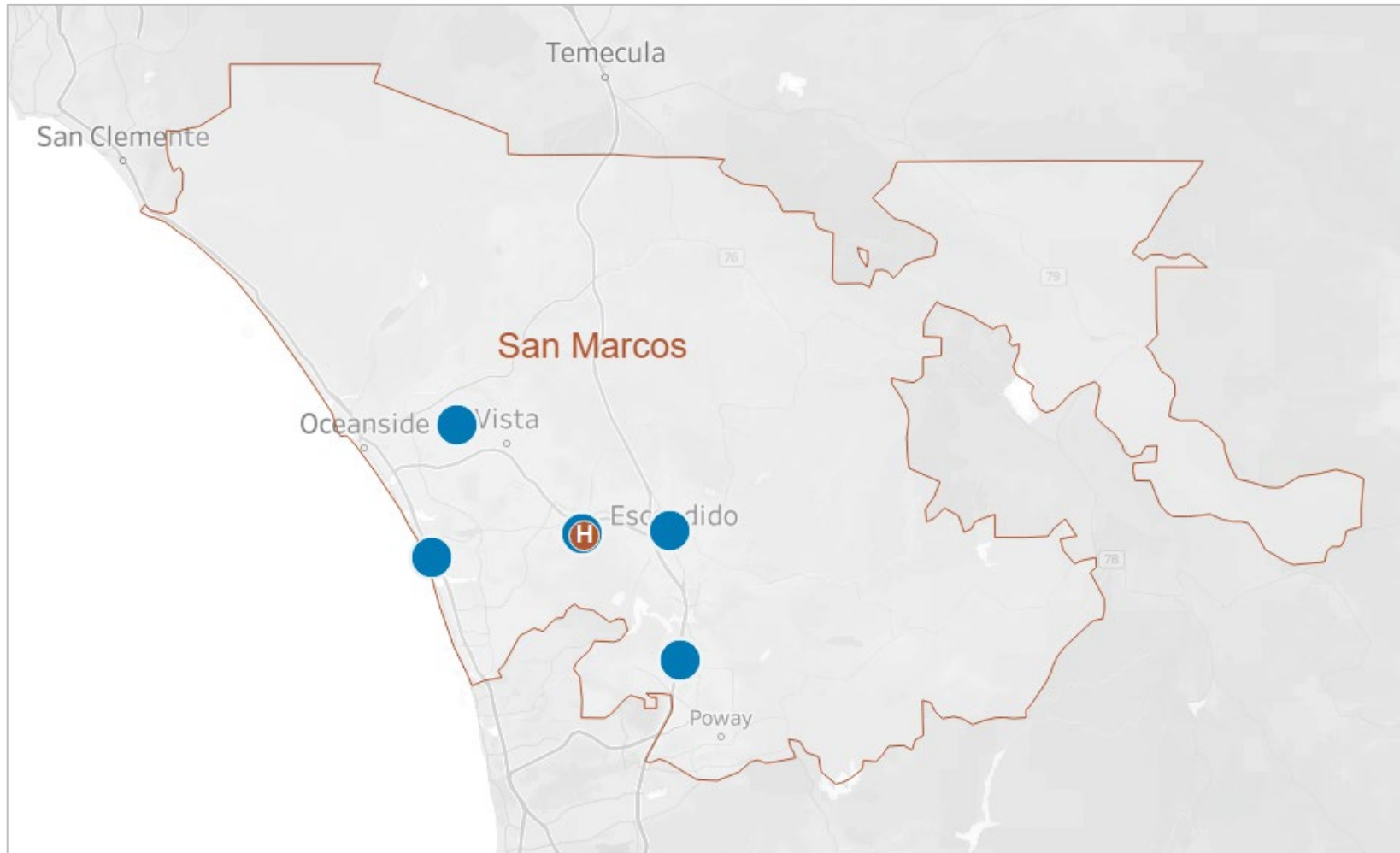
Total population:	1,074,541
American Indian/Alaska Native	0.5%
Asian	8.5%
Black	2.4%
Hispanic	32.8%
Multiracial	3.4%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.2%
White	51.8%
Under age 18	23.1%
Age 65 and over	15.0%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH- San Marcos service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-San Marcos service area includes Bonsall, Cardiff by the Sea, Carlsbad, Encinitas, Escondido, Fallbrook, Leucadia, Oceanside, Olivenhain, Pala, Palomar Mountain, Pauma Valley, Poway, Rainbow, Ramona, Rancho Bernardo, Rancho Santa Fe, San Diego, San Luis Rey, San Marcos, Santa Ysabel, Valley Center, Vista, and Warner Springs

IV. Description of Community Health Needs Addressed

KFH- San Marcos 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). (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Access to care:** In the San Marcos service area, a smaller percent of the population is enrolled in Medicaid or public insurance compared to the state and there is a slightly higher percentage of uninsured children than the state average. There are also geographical and racial disparities in access to care. There are several communities in the San Marcos service area where over half the population is people of color and uninsurance rates are comparatively high. Community representatives share that many residents may delay or avoid accessing care because of high costs or for fear of having to disclose their immigration status. Given the proximity of San Diego County to Mexico, individuals often seek more affordable care across the border.
2. **Income & employment:** In the San Marcos service area, the unemployment rate in 2020 was 14 percent, which was higher than the national average. Black residents of San Diego County report the lowest percentage of employment at 53 percent compared to white, and Latino/a communities at 63 percent. The median income in the San Marcos service area is \$87,367, which is higher than the state average, yet Black and American Indian residents in the county earn \$22,000 less than their white peers. Interviewed community representatives also emphasized the impact of the COVID-19 pandemic. Many people lost their main sources of income through company shutdowns or layoffs. Previous layoffs have now lent themselves to staffing shortages as businesses begin to reopen.
3. **Housing:** Access to affordable housing is a widespread issue across San Diego County. The average monthly cost of rent in San Diego County is \$1,822, higher than the average cost of rent in the state (\$1,689). The housing cost burden is also significantly greater for Latino/a and Black residents with nearly 60 percent of both populations experiencing high rent cost burden. Furthermore, interviewed community representatives shared that housing is becoming an even larger issue as there is a visible increase in the number of people experiencing homelessness in north San Diego County. Community representatives also expressed that the COVID-19 pandemic has exacerbated housing concerns. Individuals have less income to pay rent, there is an increase in the number of individuals experiencing homelessness. Young adults in particular struggle with accessing housing as many do not have sufficient credit history, credit score, or rental history needed to obtain housing. Community representatives shared the importance of coordination among community-based organizations to support individuals who are housing insecure.
4. **Food insecurity:** Many people do not have enough resources to meet their basic needs, including enough food to eat to lead an active and healthy life. In San Diego County, around 10 percent of residents experience food insecurity. According to a San Diego Community Information Exchange survey, one in three clients is concerned about not having enough to eat in the future, which is a 23 percent increase from 2020. Furthermore, underserved communities are disproportionately food insecure. The

onset of the COVID-19 pandemic exacerbated food insecurity for many communities despite an increase in food donations. Interviewed community leaders shared that donated food boxes are often a one-size-fits-all package that can lack utensils to support food preparation, which is a gap as nearly a quarter of low-income kitchens lack basic cooking equipment. Interviewed community leaders shared that the process for residents to obtain food donations is cumbersome as there are long lines and limited guidance on where to find support.

5. **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. Across mental and behavioral health indicators such as number of poor mental health days, deaths of despair, and number of mental health providers, San Diego County generally performs better than state and national averages. However, there are continuous barriers to accessing mental and behavioral health services. Interviewed community representatives reported that the mental and behavioral health workforce has dwindled significantly during the COVID-19 pandemic due to staff burnout. Furthermore, underserved communities have limited options to find culturally competent mental health services that have experience addressing the history of discrimination and understand the historical trauma that underserved communities experience. The onset of COVID-19 has been impactful in residents' mental and behavioral health, especially for youth.
6. **Education:** Overall, the San Marcos service area has a greater percentage of people who have attended some college compared to state and national averages. Similarly, there are comparatively more children enrolled in preschool in the San Marcos service area. However, there are gaps in education that are largely related to the demographics of the residents. For example, there is limited racial and ethnic diversity among educational staff in San Diego schools. Furthermore, communities in San Diego County with a higher percentage of underserved communities also have higher dropout rates compared to communities with more white residents. Additionally, COVID-19 has introduced a new challenge with schools shifting classes to online platforms. Students reported competing priorities such as doing homework and caring for siblings that contributed to turning in late assignments and increased stress.

B. Health Needs Not Addressed

KFH- San Marcos is addressing all significant needs identified in the 2023 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-San Marcos Community Benefits Provided in 2024** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$4,374,504
Charity care: Medical Financial Assistance Program ²	\$8,679,514
Grants and donations for medical services ³	\$45,787
Subtotal	\$13,099,805
Other Benefits for Vulnerable Populations	
Grants and donations for community-based programs ⁶	\$503,212
Community Benefit administration and operations ⁷	\$210,691
Subtotal	\$713,902
Benefits for the Broader Community	
Community health education and promotion programs	\$55,826
Community Giving Campaign administrative expenses	\$6,562
Grants and donations for the broader community ⁸	\$12,932
National Board of Directors fund	\$11,625
Subtotal	\$86,945
Health Research, Education, and Training	
Non-MD provider education and training programs ¹⁰	\$186,764
Grants and donations for the education of health care professionals ¹¹	\$45,624
Health research	\$291,133
Subtotal	\$523,521
TOTAL COMMUNITY BENEFITS PROVIDED	\$14,424,173

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, however, are not included in the financial totals for 2024.

Access to care

KFH- San Marcos 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- San Marcos

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	Investment	\$4,374,504	\$0	\$8,679,514	\$13,054,018
2024	Individuals served	20,107	0	9,409	29,516

The San Marcos service area residents experience challenges accessing needed care. Compared to the state average, the San Marcos service area has a slightly higher percentage of uninsured children, and a lower percentage of people enrolled in Medicaid or public insurance. Bonita Family Resource Center assists families and individuals to apply for state-provided programs like Medi-Cal, CalFresh and Covered California. They work hand in hand with UnidosUS to bring resources to families to support a healthier lifestyle. United Women of East Africa Support Team is a San Diego nonprofit providing health services, education, and advocacy for the well-being of the East African community, women, and families. Together, United Women of East Africa and Bonita Family Resource Center will join forces with other community-based organizations across the state to support 800,000 individuals. Locally, they aim to enroll approximately 150 low-income and immigrant individuals with family incomes up to 300% of the federal poverty level into health insurance through Medi-Cal Expansion, transition to marketplace coverage, or other coverage options such as the Kaiser Permanente Community Health Care Program. Organizations will provide a combination of enrollment support, pre-screening, and direct application assistance; outreach, engagement, retention, and education on coverage options and benefits in ways that are tailored to the community. By increasing enrollment in health insurance and health care resources that would facilitate access to comprehensive, quality health care services, Kaiser Permanente aimed to strengthen community health and quality of life.

Education

Virtual learning, used heavily during the pandemic, was a challenge for many families in the San Marcos service area. As schools transitioned to online learning, inequities in virtual learning emerged from a variety of sources. Some families struggled to support their children with at-home learning, while others did not have access to stable internet. Interviews with community representatives also highlighted that many students were trying to learn in overcrowded housing and spaces that made it difficult to concentrate. This was particularly common among lower-income families. Kaiser Permanente's Thriving Schools initiative includes "The Password," a program designed to enhance social emotional health for students in grades 3 to 5. It taught skills such as emotion regulation, empathy, and help-seeking through in-person and virtual components, addressing challenges from distance learning and

social isolation. “The Password” is a theater performance that tells the story of a group of elementary school students struggling to adjust to life changes at home and school. When their teacher’s computer project went awry, the students must work together to fix it, and in the process, learned about empathy, supported each other, and they learned the benefits of asking for help. The program was performed on March 18, 2024, at Rock Springs Elementary in Escondido, CA, and attended by 518 students, most of whom were from socioeconomically disadvantaged backgrounds, a third of students were English learners, and less than one percent were youth in foster care.

Food insecurity

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. There are disparities in food security and access to food in the San Marcos service area. In 2019, a quarter of the population in San Diego County, where San Marcos is located, was nutrition insecure. Food Forward is a nonprofit organization that brings fresh surplus fruits and vegetables to people experiencing food insecurity. They will support organizations that can obtain and equitably distribute healthy and culturally relevant food, including fruit and vegetables. They achieve this through recovering high volumes of fresh fruits and vegetables to distribute to its hunger relief partners and strengthening community feedback and analysis for data-driven distribution that will ensure healthy food reaches the populations most affected by issues of health equity. They aim to reach 3,900 food-insecure individuals by increasing the total amount of fruits and vegetables they could distribute.

Housing

Residents of several San Marcos service area communities spends more than 30% of their income on housing. This is further amplified when residents experience employment challenges. Together, these factors contribute to an increase in the number of families experiencing or at-risk for homelessness as well as families and individuals living in overcrowded housing. A cohort made up of four organizations – Dreams for Change, People Assisting the Homeless, San Diego Youth Services, YMCA of San Diego County – aims to support transitions out of homelessness and promote efforts that prevent new individuals from entering the homeless response system by strengthening organizational performance and improving workforce capacity. They aim to serve 925 homeless response system organizations and served people experiencing homelessness, and built each organization’s capacity by expanding employment pipelines, recruitment, and retention strategies. Their collective work strengthened the capacity and diversification of the housing and homeless provider sector’s workforce and increased the stability and quality of homeless and housing services and programs throughout the area.

Income & employment

Economic opportunities provide individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. Civic Community Partners (CCP) is a nonprofit organization that offers lending and investment services designed to provide products and services to organizations and businesses with limited access to traditional capital or financing mechanisms. A total of 120 diverse entrepreneurs participated in facilitated group education workshops, one-on-one business advising sessions, financial coaching, and were connected with resources and new procurement opportunities. They also gained

access to grants or loans, and safe financial products. Through these opportunities, CCP aims to support diverse entrepreneurs to launch, stabilize, and grow diverse-owned businesses that sustain quality jobs by increasing access to capital, technical assistance, and contracting opportunities. These opportunities will reduce barriers to diverse business growth through supporting diverse-led business support organizations to strengthen business technical assistance, advancing community development projects, policy education, and increasing diverse business procurement within anchor institutions.

Mental & behavioral health

Interviewed community representatives noted the extreme impact that the COVID-19 pandemic has had on the mental/behavioral health across San Diego County, where San Marcos is situated, with a particular focus on the heightened impact on the mental health needs of teens. North County Lifeline aims to build self-reliance among youth, adults, and families through high-quality, community-based services. They aim to strengthen organizational capacity to provide effective youth mental health support, expand access to mental health resources and reduce stigma among youth, and foster emotional resilience and positive relationships among youth. They will conduct leadership development of staff at varying levels (i.e., directors, managers, frontline staff) through the University of San Diego's Conscious Leadership Academy, to improve team dynamics, job satisfaction, staff performance, and productivity. Staff, mentors, and volunteers will be better equipped with the skills and knowledge to support youth mental health and wellbeing. A total of 2,996 youth between the ages of 13 to 18 will improve emotional resilience, leadership skills, and positive social connections, and gain increased awareness and utilization of mental health services and 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.