Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

SANTA ROSA

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

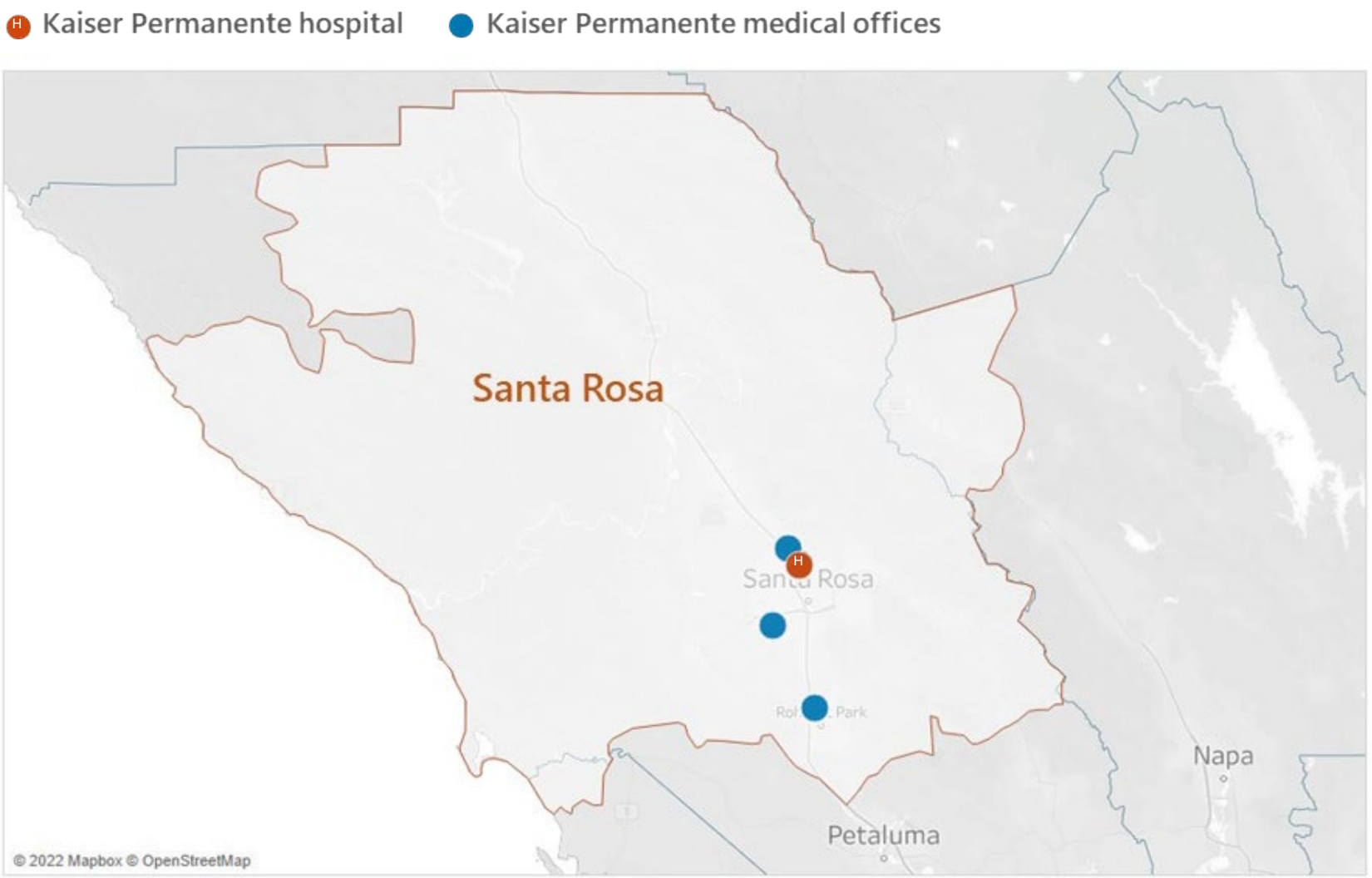
KFH-Santa Rosa service area demographic profile

Total population:	**388,969**
American Indian/Alaska Native	0.8%
Asian	4.4%
Black	1.8%
Hispanic (Latinx)	28.6%
Multiracial	3.1%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	60.8%
Under age 18	19.8%
Age 65 and over	18.5%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Santa Rosa service area



The KFH-Santa Rosa service area includes most of Sonoma County, except for a small southern portion in KFH-San Rafael's service area that includes the city of Petaluma, the city of Sonoma, and a small section of Napa County. Cities in this area include Cloverdale, Cotati, Healdsburg, Rohnert Park, Santa Rosa, Sebastopol, and Windsor.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Santa Rosa 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. **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 renters are more likely to live in cost-burdened households and face housing instability. In the last 5 years, home prices in the Santa Rosa service area increased by 40 percent. High housing costs, including rent, have been further exacerbated by the 2017 Tubbs Fire, which destroyed 6 percent of the homes in Santa Rosa. Interviewed community leaders shared that previously affordable areas are becoming gentrified and much more expensive. They emphasized that COVID-19 has widened the disparities that exist around housing and homelessness and that multiple families often live in one home to keep costs more manageable. They also emphasized the need for adequate housing for farm workers and affordable housing for the expanding senior population. They discussed the need to address the mental health needs of people experiencing homelessness, stressing the "Housing First" model to ensure people have stable housing.
2. **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 by 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. Despite high levels of insurance coverage and health care providers in the Santa Rosa service area, there are chronic health needs across the area: 14 percent of adults report poor or fair health. Additionally, diabetes is prevalent among 19 percent of the population and heart disease in 13 percent of the population. Additionally, access to regular care varies by population: while 91 percent of white residents reported having a usual source of care, only 77 percent of Latinx and 61 percent of Pacific Islander residents report a usual source of care. Interviewed community leaders shared there is a lack of culturally responsive providers and providers focused on the specific care needs of underserved communities, LGBTQ+ individuals, as well as a lack of understanding of the intersectionality of multiple identities.
3. **Mental and 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 suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In Sonoma County, the age adjusted rate of death due to suicide, alcohol related disease, and drug overdoses per 100,000 residents is only slightly higher than California as a whole (36.6 compared to 34.3 per 100,000). However, the age adjusted rate of death due to intentional self-

harm in Sonoma County is higher (13.3 compared to 10.5 per 100,000 statewide). The premature death rate for suicide significantly increased by 32 percent from 2011-2013 to 2015-2017. Additionally, there are disparities related to mental and behavioral health. For example, males had over twice the percentage of total years of potential life lost due to suicide (9 percent) compared to females (4 percent). The percentage of years of potential life lost due to suicide is highest in Santa Rosa (8 percent), followed by Petaluma and Sonoma Valley (7 percent). Additionally, 46 percent of students who are gay, lesbian, or bisexual reported seriously considered attempting suicide compared to 14 percent of students who are straight. Interviewed community leaders noted the long-term mental health impacts of trauma, particularly as Sonoma County residents navigate the impacts of regional wildfires and home losses as well as the COVID-19 pandemic.

4. **Education:** The link between education and health is well known. Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Most residents in the Santa Rosa service area have a high school diploma; 88 percent compared to 82 percent in California. Additionally, 25 percent of adults have some college education, which is higher than the state average of 21 percent. However, there are significant disparities in degree attainment across geographies. In Sea Ranch/Timber Cove, 6 in 10 adults 25 years and older hold bachelor's degrees, whereas in Roseland just over 1 in 10 do. Only 64 percent of Latinx residents hold a high school diploma in Sonoma County as opposed to 96 percent of white residents. First generation Latinx students may face barriers to obtaining a degree and Latinx immigrants may have had limited opportunities to progress or complete their education in their home countries, creating barriers to obtaining continuing education in Sonoma County. Interviewed community leaders talked about learning loss during COVID-19, particularly as students had to take on additional responsibilities for their families. They noted that student engagement and school readiness is low and that students are becoming less inclined to graduate high school. They recommended integrating more health workers with the school system to break down siloes and dedicating resources to hiring and retaining mental health professionals with school expertise, particularly those with cultural expertise and bilingual skills.

B. Health Needs Not Addressed

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

Reason	Income and employment	Substance use	Climate and environment	Food insecurity	Community safety
Less feasibility to make an impact on this need			X		
Significant Kaiser Permanente investments already have been made to address this need			X		
Aspects of this need will be addressed in strategies for other needs	X	X	X	X	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-Santa Rosa Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$15,773,421
Charity care: Medical Financial Assistance Program[2]	$17,281,876
Grants and donations for medical services[3]	$352,190
Subtotal	***$33,407,487***
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs[5]	$257,642
Grants and donations for community-based programs[6]	$1,035,424
Community Benefit administration and operations[7]	$198,171
Subtotal	***$1,491,237***
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	$11,752
Grants and donations for the broader community[8]	$168,855
National Board of Directors fund	$17,837
Subtotal	***$198,444***
Health Research, Education, and Training	
Graduate Medical Education[9]	$2,453,371
Non-MD provider education and training programs[10]	$1,367,059
Health research	$1,318,730
Subtotal	***$5,139,160***
TOTAL COMMUNITY BENEFITS PROVIDED	**$40,236,328**

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-Santa Rosa 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-Santa Rosa

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$15,773,421	$0	$17,281,876	$33,055,297
2024	**Individuals served**	21,731	2	13,524	35,257

Access to quality health care is one of the key drivers of health equity; it is foundational to maintaining health, preventing disease, and reducing avoidable disability and premature death. Although across all measures, the Santa Rosa service area is doing better than state or national averages, disparities still exist. In Sonoma County, 14% of adults report poor or fair health, diabetes was prevalent among 19% of the population, and heart disease is prevalent in 13% of the population. Across the state, in the Latinx[1] community in particular there is an increasing rate of diabetes compared to other race or ethnicity groups. The Northern California Center for Well-Being grant implements an innovative, upstream program to improve health outcomes for lower income and vulnerable populations in Sonoma County by increasing access to social, non-medical services through community health workers (CHWs). This work continues to elevate the effectiveness of the Social Determinants of Health screening tool, and educates the community on available resources through newsletters, community meetings, and new referral systems and tools. The program expected to assess at least 900 patients for general need, with 400-450 patients screened using a more detailed Social Determinant of Health assessment tool with additional follow up received through tracked referrals.

Education

Education is connected to public health because it shapes professional advancement and the pursuit of a stable life, while equipping residents with the knowledge and cultural capital necessary for navigating complicated health systems. While the data may indicate a relatively low need for education in Sonoma County, there are inequities in how these resources are accessed. Additionally, first generation students face barriers obtaining a degree, and immigrants have limited opportunities to progress or complete their education in their home countries, creating barriers to obtaining continuing education in Sonoma County. To address these inequities, the Radical Imagination Supported through Exploration (RISE) program aims to improve high school attendance, achievement, and graduation specifically for students in low-income areas. The 10-week bilingual program, implemented through La Familia Sana, supports high school students with educational, vocational guidance, and career counseling from experienced career counselors. Students complete outcome focused activities, including imagery exercises, a

Career Quiz, and the Holland Code assessment. This program served 20 students, enhancing their self-awareness, social awareness, and decision-making skills through goal-setting and outcome-focused activities.

Housing

The high cost of living in Sonoma County limits health care access and the affordability of health care, particularly in underserved communities and households with low incomes. In the last five years, Sonoma County home prices have increased by 40%. In Santa Rosa, disparities were prevalent in access to stable housing. The grant addresses housing insecurity for those most in need by providing support to evidence-based housing stabilization assistance in rural West Sonoma County. The West County Integrated Homelessness Prevention project, implemented through West County Community Services, will play a critical role in implementing this strategy by providing housing support to 26 West County families to prevent them from falling into homelessness. Wrap around case management identified families and provided support with budgeting, landlord relations, and matched financial support to client needs. This grant is expected to keep 90% of clients housed within six months of the initial project intervention.

Mental and behavioral health

Mental and behavioral health care is a significant need for many residents of Sonoma County. The demand for mental health providers continue to outweigh the number of available providers within the county. Mental health challenges among youth are of particular concern in Sonoma County. Among 9th grade students, 32% reported depression-related feelings in the last year, and 19% reported seriously considering suicide. This was even higher among 9th grade students who identified as Black (21%), Native Hawaiian or other Pacific Islander (23%), or multiracial (26%). The grant aims to prevent and support healing from toxic stressors, Adverse Childhood Experiences, and intergenerational trauma for K-12 youth in Sonoma County, with a focus on sexual assault education and prevention. To achieve this goal, Verity, Sonoma County's sexual assault prevention, intervention, and healing center, provided education and outreach services throughout Sonoma County's schools with the message of understanding and preventing sexual assault, beginning at a young age. Children engaged with the Child Abuse Prevention Program coloring book and curriculum; youth engaged with the Teen Assault Prevention Program curriculum, and materials were disseminated to bilingual educators to share with other families. Verity expects to reach 4,025 students throughout Sonoma County, teaching younger generations to identify and prevent sexual violence and improve the community's overall well-being.

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.