

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

VALLEJO
Northern 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-Vallejo service area demographic profile

Total population:	281,811
American Indian/Alaska Native	0.4%
Asian	16.1%
Black	10.5%
Hispanic	29.0%
Multiracial	4.0%
Native Hawaiian/other Pacific Islander	0.6%
Other race/ethnicity	0.2%
White	39.2%
Under age 18	20.7%
Age 65 and over	17.4%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Vallejo service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Vallejo service area includes communities in Napa and Solano counties. The communities are Benicia and Vallejo in Solano County and American Canyon, Calistoga, Napa, Oakville, Rutherford, St. Helena, and Yountville in Napa County. The service area is further defined by Highway 29 leading from Vallejo to Napa and Interstate 80 in Solano County.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Vallejo 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). (<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 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. In the Vallejo service area, there is an urgent need for more linguistically and culturally responsive care to address the significant disparities in access to care. There are disparities such as unequal access to a usual source of care for Pacific Islander and Black residents compared to white residents. Interviewed community leaders shared that there are insufficient specialty care options, too few providers for Medi-Cal and uninsured populations, and health services which have limited hours of operation and are inaccessible via public transportation. They also identified strategies to address access to care such as supporting vulnerable communities in accessing care; enhancing training for providers on cultural and linguistically responsive care; expanding access to specialty care providers across hospital systems; and strengthening cross-sector collaboration and coordination to integrate and improve care for individuals across providers.
2. **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 Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the Vallejo service area, rates of death due to suicide, alcohol related disease, and drug overdoses per 100,000 are higher than state averages. There are disparities such as disproportionate suicide attempts among LGBTQ+ students compared to straight students and stigma related to mental health concerns among Black, Latinx, and Native American communities. The interviewed community leaders shared that there are insufficient mental health services to meet the needs of the community, including moderate mental health needs, on-site services, specialty care, and mental health services for underinsured people. They expressed an urgent need for linguistically and culturally responsive services and identified strategies to address mental and behavioral health such as applying place-based and community specific strategies; hiring mental health providers who are culturally- and linguistically responsive to the communities they serve; and expanding the use of peers and trusted messengers in delivering care.
3. **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 Vallejo service area, an increasing cost of living amid stagnant wages has put pressure on low-income workers, who often must choose whether to prioritize housing, food, or health care. There are disparities such as high rates of child poverty in the City of Vallejo and significant disparities in per capita income for Black and Latinx residents. Interviewed community leaders shared that frontline workers such as migrant seasonal farm workers and those in the hospitality industry have been disproportionately impacted by economic insecurity. They also identified strategies to address income and employment such as paying nonprofit workers a living wage; subsidies to ease economic pressures for low-income families; and addressing the root of economic insecurity issues through advocacy and systems change efforts.

4. **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 Vallejo service area, high rental costs and the destruction of recent wildfires have led to a lack of affordable housing. There are disparities such as a lack of affordable housing options for households with lower incomes, and high-cost burden for Latinx and Black renters. The interviewed community leaders shared that local wages have not kept pace with rising costs of living, leading to the displacement of long-term residents, younger families, and service workers who can no longer able to afford to live and work in the area. They also identified strategies to address housing such as expanding housing stock to include more affordable options, addressing barriers to economic security by increasing local wages, and collaborating across sectors towards advocacy and systems change efforts.

B. Health Needs Not Addressed

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

Reason	Family and social support	Transportation
Community does not prioritize this need over other issues	x	x
Less feasibility to make an impact on this need	x	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
This need is incorporated into other needs selected	x	x
Aspects of this need will be addressed in strategies for other needs	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-Vallejo Community Benefits Provided in 2024** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$23,662,309
Charity care: Medical Financial Assistance Program ²	\$21,339,982
Grants and donations for medical services ³	\$481,553
Subtotal	\$45,483,844
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs ⁵	\$206,114
Grants and donations for community-based programs ⁶	\$997,604
Community Benefit administration and operations ⁷	\$162,536
Subtotal	\$1,366,253
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$9,639
Grants and donations for the broader community ⁸	\$163,905
National Board of Directors fund	\$14,629
Subtotal	\$188,173
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$2,530,503
Non-MD provider education and training programs ¹⁰	\$3,346,618
Health research	\$1,081,596
Subtotal	\$6,958,718
TOTAL COMMUNITY BENEFITS PROVIDED	\$53,996,988

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-Vallejo 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-Vallejo

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	Investment	\$23,662,309	\$0	\$21,339,982	\$45,002,291
2024	Individuals served	22,432	16	17,541	39,989

In the Vallejo service area 37% of residents are enrolled in Medicaid and other public insurance programs, a rate similar to the state average. Three organizations, the Community Health Initiative Napa County, Inc., La Clinica de La Raza, Inc., and UpValley Family Centers of Napa County are helping to ensure access to coverage for all. The goal of these grants was to assist low-income persons who are uninsured or underinsured to retain Medi-Cal coverage through culturally and linguistically competent outreach, enrollment, navigation, resource referral, and retention activities throughout Napa and Solano counties. These grants focus on providing community education and assistance to complete Medi-Cal renewal paperwork, support those who are “disenrolled” from Medi-Cal into Covered California and other affordable health care solutions, and to increase health care access for populations included in California's Medi-Cal expansion. These three organizations will provide information about insurance coverage options and provide enrollment assistance during 31 community outreach events across Solano and Napa counties. By the end of the grant period, it is estimated that 9,687 individuals will receive information and assistance, and at least 1,738 Medi-Cal applications are expected to be submitted (new and re-enrollment).

Housing

Over a third of households in the Vallejo service area experience moderate or worse housing cost burden, defined as housing costs greater than 30% of income. To help address these challenges Legal Services of Northern California and Bay Area Legal Aid prevents homelessness by providing legal resources to tenants facing eviction and reduction of benefits. These organizations provide free legal services to lower-income (under 200% of the Federal Poverty level) and housing unstable individuals and families in the Vallejo service area to prevent evictions and maintain housing. Grant funding includes a flexible housing funding pool to help negotiate settlement agreements to keep clients housed. Support for these two organizations resulted in referrals to determine the level of legal representation needed (counsel and advice to full court representation) and biweekly training for Kaiser Permanente care coordination and social work staff on the referral process.

Income and employment

There are significant geographic disparities in the Vallejo service area that impact income and employment. Because income and food security are so directly linked, the Food Bank of Contra Costa and Solano addressed food and nutrition insecurity in Solano County by advancing evidence-based Food is Medicine (FIM) strategies. Outreach will focus on populations with historically low participation rates (e.g., seniors and those with earned income), underserved groups, and those with a disability, as these tend to be populations disproportionately impacted by diet-related diseases. They will increase access to the Supplemental Nutrition Assistance Program (SNAP) also known as CalFresh, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and other nutrition security programs by providing application assistance to 2,750 individuals and enrolling at least 660 eligible individuals in Solano County. Programs like CalFresh contribute to the local economy, which help keep local businesses profitable, create jobs, improve community health, and decrease health costs.

Mental and behavioral health

In the Vallejo service area rates of both suicide deaths and deaths of despair (i.e., death due to suicide, alcohol-related disease, and drug overdoses) are higher than the state. In Napa County in 2020 more than one in three Asian, multiracial, and Hispanic or Latino public-school students in grades 7, 9, and 10 felt sad or hopeless almost every day for 2 weeks. To help address these growing challenges the Napa Valley Unified Education Foundation creates safe and welcoming school-based wellness centers at all middle schools in the Napa Valley Unified school district. The majority of students in the district are Hispanic or Latino from low-income families. All wellness centers were recently updated to include lobbies and confidential treatment spaces to expand service efficiency and usage. Through grant support, school staff at four middle schools were trained around Positive Behavioral Interventions and Supports (PBIS), social-emotional learning, trauma-informed classroom management, restorative practices, and wellness center resources. In addition, it was estimated that the school wellness centers would serve 3,389 students per year and youth ambassadors would provide five wellness outreach activities per year per school site.

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.