

Community Benefit Plan FISCAL YEAR



PANORAMA CITY

Southern California Region



KAISER FOUNDATION HOSPITALS IN CALIFORNIA



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I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- · A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.6 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their total health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology 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

Kaiser Permanente is dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety-net partners with integrated clinical and social services.
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets.
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health. For information on the CHNA, please refer to the 2022 Implementation Strategy Report (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 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 Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2022, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,056,168,474 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 Tables A. Note that 'non-quantifiable benefits' will be highlighted in the Year-End Results section of KFH Community Benefit Plan, where applicable.

Table A

2022 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	\$610,762,280
Charity care: Charitable Health Coverage Programs	\$4,076
Charity care: Medical Financial Assistance Program ²	\$187,106,665
Grants and donations for medical services ³	\$24,435,416
Subtotal	\$822,308,437
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,398,981
Educational Outreach Program ⁴	\$839,692
Youth Employment programs ⁵	\$2,901,906
Grants and donations for community-based programs ⁶	\$14,526,431
Community Benefit administration and operations ⁷	\$13,731,405
Subtotal	\$35,398,415
Benefits for the Broader Community	
Community health education and promotion programs	\$1,151,767
Community Giving Campaign administrative expenses	\$667,281
Grants and donations for the broader community ⁸	\$14,672,431
National Board of Directors fund	\$742,694
Subtotal	\$17,234,173
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$113,244,627
Non-MD provider education and training programs ¹⁰	\$31,918,517
Grants and donations for the education of health care professionals ¹¹	\$1,024,087
Health research	\$35,040,218
Subtotal	\$181,227,448
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,056,168,474

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 22 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 is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy to low-income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular Health Plan membership card and have access to the same services and providers as other health plan individual and family plan members. Charitable Health Coverage Program members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) 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. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need.

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, innercity 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 Employment Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved diverse 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, enhancing the future diversity of 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.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Celebrating over 35 years of service, Kaiser Permanente Educational Theatre has inspired and empowered millions of students and adults in communities across the United States to make healthy choices. Educational Theatre offers a wide range of award-winning theatrical productions and interactive workshops to schools throughout the Kaiser Permanente footprint.

Using the power of theatre and storytelling, our programs directly connect with students and adults through relatable characters and real-life situations. Audiences see themselves represented onstage in our culturally and ethnically diverse casts allowing them to connect with the narrative and educational messages in a meaningful way. Our team builds on this connection, inspiring students, and adults alike to make healthy choices and build stronger communities. Currently, there are 3 programs available in every Kaiser Permanente region.

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. The program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. 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 education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. 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 under-represented communities and diverse backgrounds 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 to become health care professionals.

III. Community Served

A. Kaiser Permanente's Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of Community Served

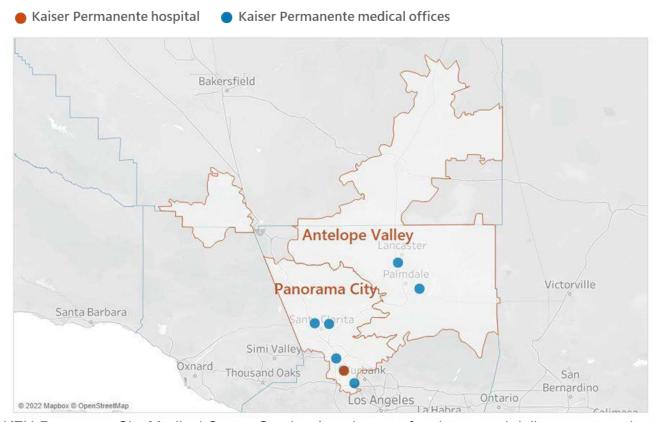
KFH-Panorama City and Antelope Valley service areas demographic profile

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

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Panorama City and Antelope Valley service areas



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

IV. Description of Community Health Needs Addressed

KFH-Panorama City and Antelope Valley are addressing the following health needs during the 2020-2022 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 2019 CHNA Report and the 2020-2022 Implementation Strategy Report (http://www.kp.org/chna).

A. Health Needs Addressed

- 1. Access to Care: Access to comprehensive quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Limited access to health care can dramatically impact people's health outcomes. Access to certain kinds of care, such as maternal and infant health care, can impact the health outcomes of certain demographics more than others. Additionally, access to preventative care and treatment, such as the prevention and treatment of STIs and HIV, reduces the spread of disease in communities and improves the health status of those throughout the service area. Through the community engagement process, health insurance, transportation, childcare, and awareness of available resources were identified by community members as some of the many mechanisms that would enable people to access necessary care. This health need was selected so that the promising interventions and practices available in the service area would reach all of those in the community and increase overall health outcomes.
- 2. Economic Security: Economic insecurity exists in both the Panorama City and Antelope Valley service areas. The experience of economic insecurity impacts local health needs, including asthma, poor mental health, obesity, diabetes, stroke, and cancer. In the Antelope Valley service area, 22% of the population lives below the poverty level. Some subgroups, such as Latinos, experience higher levels of poverty (24%). The community engagement process revealed that social and economic conditions greatly impact service area residents' ability to maintain a healthful lifestyle and prevent and manage chronic health conditions. For example, economic challenges contribute to lower educational attainment, which impacts health outcomes across the life course and keeps residents at lower income levels. Many residents must commute multiple hours a day to make a livable wage and pay for high living costs. This prevents many residents from having the time to exercise and cook healthy meals at home. Focusing on economic opportunity as a health need helps to draw connections between socioeconomic status, health, and illness and provides opportunities to intervene in areas where lower incomes would otherwise result in worse health outcomes.
- 3. Mental Health and Behavioral Health: Mental health is an important component of a person's overall health and well-being. Mental health issues can result in a 61% reduction in life expectancy. In the Panorama City and Antelope Valley service areas, 12% of residents report experiencing a mental health problem. Available data suggests White residents in the service areas are disproportionally impacted and die from suicide at nearly 70% above the service area average. During the community engagement process, focus groups of community members emphasized the lack of available mental health services, especially for children in the Antelope Valley service area. Focusing on healing trauma and teaching coping skills is an important step for

- healing health issues exacerbated by stress. This health need was selected so that children, youth, adults, and older adults can have their mental and emotional health challenges alleviated and help build their resiliency.
- 4. Obesity, Diabetes, and Stroke: Access to supermarkets that carry affordable and healthful food options, safe outdoor recreational spaces, and preventative health care are important factors for preventing and managing chronic diseases like diabetes and obesity. Through the community engagement process, stakeholders emphasized that many Panorama City and Antelope Valley service area residents do not have access to these resources, especially those in minority communities, which contributes to higher rates of obesity. Challenges with food insecurity prevent community members from getting essential nutrients and instead encourage consumption of calorie dense foods that contribute to metabolic disorders. This is supported by the secondary data which indicates that Black and Latino residents in the Antelope Valley service area are disproportionately impacted, as they are obese at above average rates (31% and 12%, respectively) when compared to other ethnic and racial groups. In the Panorama City service area, Black and Latino residents are similarly impacted by obesity (39% and 25%, respectively). Addressing this health need by enhancing access to healthful foods and exercise is essential for preventing metabolic disorders and reducing multiple disease risk factors.

B. Health Needs Not Addressed

Heart Disease and Stroke, Maternal and Infant Health, and STDs/HIV/AIDS: While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Panorama City to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Panorama City is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). Health needs that were not elevated across these critical criteria were not selected for the implementation strategy plan. Health needs not selected include heart disease and stroke, maternal and infant health, and STDs/HIV/AIDS. These unselected health needs will be addressed through strategies for other selected health needs (such as access to care and food insecurity) that act as drivers for these health outcomes. See Section VIII for a full description of these strategies.

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 Permanentesubsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included. Resource allocations are reported, as follows:
- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

Table B

KFH-Panorama City and Antelope Valley Community Benefits Provided in 2022 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$22,292,987
Charity care: Medical Financial Assistance Program ²	\$4,621,263
Grants and donations for medical services ³	\$181,512
Subtotal	\$27,095,762
Other Benefits for Vulnerable Populations	
Youth Employment programs ⁵	\$50,889
Grants and donations for community-based programs ⁶	\$680,897
Community Benefit administration and operations ⁷	\$545,221
Subtotal	\$1,277,007
Benefits for the Broader Community	
Community health education and promotion programs	\$105,442
Community Giving Campaign administrative expenses	\$11,933
Grants and donations for the broader community ⁸	\$244,585
National Board of Directors fund	\$26,795
Subtotal	\$388,755
Health Research, Education, and Training	
Non-MD provider education and training programs ¹⁰	\$808,799
Grants and donations for the education of health care professionals ¹¹	\$95,982
Health research	\$654,773
Subtotal	\$1,559,554
TOTAL COMMUNITY BENEFITS PROVIDED	\$30,321,078

B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the 2019 CHNA Report and the 2020-2022 Implementation Strategy Report (http://www.kp.org/chna).

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of Kaiser Permanente volunteers. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Panorama City and Antelope Valley. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Panorama City and Antelope Valley service area and may also serve other KFH service areas. In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California (SCAL) provided the following services:

- Educational Theater provided 131 events in KFH-Panorama City communities, reaching 12,667 youth and 1,114 adults across 24 locations.
- Educational Theater provided 11 events in KP-Antelope Valley communities, reaching 1,492 youth and 195 adults across 3 locations.

In addition to the highlights outlined in the tables below to address specific health needs, Kaiser Permanente SCAL funded 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 2022.

Need	Examples of most impactful efforts	
Access to Care	Medi-Cal and Charity Care: In 2022, KFH-Panorama City and Antelope Valley provided access to care to 62,041 Medi-Cal members and provided financial assistance to 5,158 people through the Medical Financial Assistance (MFA) program.	
	Core Support for the California Health Care Safety Net Institute (SNI): SNI's mission is to support California's public health care systems by shaping statewide health policy, providing performance measurement and reporting expertise, and accelerating decision-making and learning within and across member systems. SNI will work with California's public health care systems by designing and implementing programming that improves access to care and system capacity to deliver higher quality, more equitable, and efficient health care. (This impacts 15 service areas across SCAL)	
	Core Support for California Primary Care Association (CPCA): The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education, and services as key players in the health care delivery system to improve the health status of their communities. CPCA's core services include training, technical assistance, convenings, conferences, and peer networks. This will also support outreach activities to strengthen and engage membership and education of policymakers. (This impacts 15 service areas across SCAL)	
Economic Security	Technical Assistance for Homekey 2.0 Applicants and Grantees: The mission of Enterprise Community Partners, Inc. is to make home and community places of pride, power, belonging, and platforms for resilience and upward mobility for all. Enterprise Community Partners, Inc. was awarded \$750,000 over 1 year. Homekey is a statewide effort to sustain and rapidly expand housing for persons experiencing homelessness or at risk of homelessness. Enterprise Community Partners will provide technical assistance to Homekey applicants, including state, regional, and local public entities, to ensure successful applications and implementation of supportive housing. This grant is expected to provide 1,400 housing units. (This grant impacts 15 service areas across SCAL)	

Need	Examples of most impactful efforts	
	Inner City Capital Connections (ICCC): Initiative for a Competitive Inner City (ICIC) drives inclusive economic prosperity in under-resourced communities through innovative research and programs to create jobs, income, and wealth for residents. ICIC was awarded \$180,000 over 1.75 years. ICCC helps Black, Indigenous, and people of color- and woman-owned businesses from under-resourced communities build capacity for sustainable growth in revenue, profitability, and employment. ICIC provides a comprehensive 40-hour curriculum combining executive education, mentorship and coaching, connections to business networks and contracting opportunities, and access to debt and equity capital. The grant is expected to serve 750 individuals. (This grant impacts 15 service areas across SCAL)	
	Chrysalis Employment Program: San Fernando Valley: The mission of the Chrysalis Center is to serve people navigating barriers to the workforce by offering a job-readiness program, individualized supportive services, and paid transitional employment. Chrysalis provides employment services for individuals on probation or parole at centers in Downtown Los Angeles, Santa Monica, Pacoima, Anaheim, and South LA. Chrysalis Center was awarded \$20,000 over 1 year for the Chrysalis Employment Program: Fernando Valley. This grant is expected to service to 50 clients in the San Fernando Valley.	
Mental and Behavioral Health	Achieving a Healthier Generation Through Thriving Schools: The mission of the Alliance for a Healthier Generation, Inc. is to promote healthy environments so that young people can achieve lifelong good health. Alliance for a Healthier Generation, Inc. was awarded \$825,000 over 3 years for the project, Achieving a Healthier Generation with Thriving Schools. This will support school districts in under-resourced communities with implementing policies, systems, and environmental changes that will improve the health and well-being of students, staff, teachers, and families. This grant is expected to serve 854,135 students and teachers. (This grant impacts 15 service areas across SCAL)	
	Supporting California Children's Behavioral Health: The mission of Children Now is to find common ground among influential opinion leaders, interest groups, and policymakers to develop and drive socially innovative win-win approaches to helping all children achieve their full potential. Children Now was awarded \$300,000 over 2 years to build on and coordinate the State's recent significant investments in school mental health. This work will help ensure all students and young people in California, especially those exposed to poverty, racism, or other adverse childhood experiences, have access to the behavioral health supports they need to thrive. (This grant impacts 15 service areas across SCAL)	

Need	Examples of most impactful efforts	
	Mental and Behavioral Health Advocacy Program: The mission of CASA of Los Angeles (Court Appointed Special Advocates; CASA/LA) is show up for children and families in the County's child welfare and juvenile justice systems. CASA/LA recruits, trains, and organizes community volunteers to provide strengths-based individualized, life-affirming, and culturally responsive advocacy and systems navigation services. CASA/LA was awarded \$15,000 over 1 year. The Mental and Behavioral Health Advocacy Program is expected to serve 110 children ages 6-21.	
Obesity, Diabetes, and Stroke	Fair Access to Food: Nourish California is a statewide policy and advocacy organization with a mission of improving the health and well-being of low-income Californians by increasing their access to nutritious, affordable food. Nourish California was awarded \$212,500 over 2 years to foster fair access to food, amplifying stories, developing policies, and advancing systems change to help all Californians live the lives they want to lead. This policy change embedded in this project are expected to serve low-income older adults, low-income students during school and out of school, pregnant women and young families, households affected by climate-driven disasters, and licensed childcare providers. (This grant impacts 15 service areas across SCAL)	
	Pathways to Wellness: The mission of Meet Each Need with Dignity (MEND) is to meet the immediate needs of individuals and families and increase their access to opportunities that strengthen their capacity to thrive. MEND was awarded \$20,000 over 1 year. The Pathways to Wellness program addresses the complex needs of community members experiencing barriers to managing their chronic health conditions through regular access to nutritious food and one-on-one case management. This grant is expected to support 200 low-income, majority Latino participants.	

VI. Appendix

Appendix A 2022 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Antioch	\$26,979,813
Fremont	\$10,775,834
Fresno	\$16,122,555
Manteca	\$35,447,298
Modesto	\$19,217,602
Oakland	\$57,855,966
Redwood City	\$17,607,838
Richmond	\$38,236,498
Roseville	\$41,485,857
Sacramento	\$78,593,064
San Francisco	\$37,437,762
San Jose	\$35,086,101
San Leandro	\$34,010,384
San Rafael	\$13,812,578
Santa Clara	\$46,557,864
Santa Rosa	\$26,553,430
South Sacramento	\$53,235,083
South San Francisco	\$13,500,189
Vacaville	\$18,910,992
Vallejo	\$31,618,729
Walnut Creek	\$20,114,925
Northern California Total	\$673,160,362

SOUTHERN CALIFORNIA HOSPITALS		
Hospital	Amount	
Anaheim	\$21,601,870	
Baldwin Park	\$24,037,175	
Downey	\$36,123,611	
Fontana	\$49,456,960	
Irvine	\$8,249,194	
Los Angeles	\$51,258,150	
Moreno Valley	\$10,967,852	
Ontario	\$13,561,310	
Panorama City	\$30,321,078	
Riverside	\$25,836,843	
San Diego (2 hospitals)	\$32,583,411	
South Bay	\$25,857,573	
West Los Angeles	\$34,885,308	
Woodland Hills	\$18,267,776	
Southern California Total	\$383,008,112	

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 employment 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.