



Community Benefit Plan FISCAL YEAR 2022



SOUTH BAY

Southern California Region

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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 Foundation Hospitals (KFH)

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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 [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](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 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, 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 KFHP-Downey, KFHP-South Bay and KFHP-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 KFHP-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-South Bay service areas demographic profile

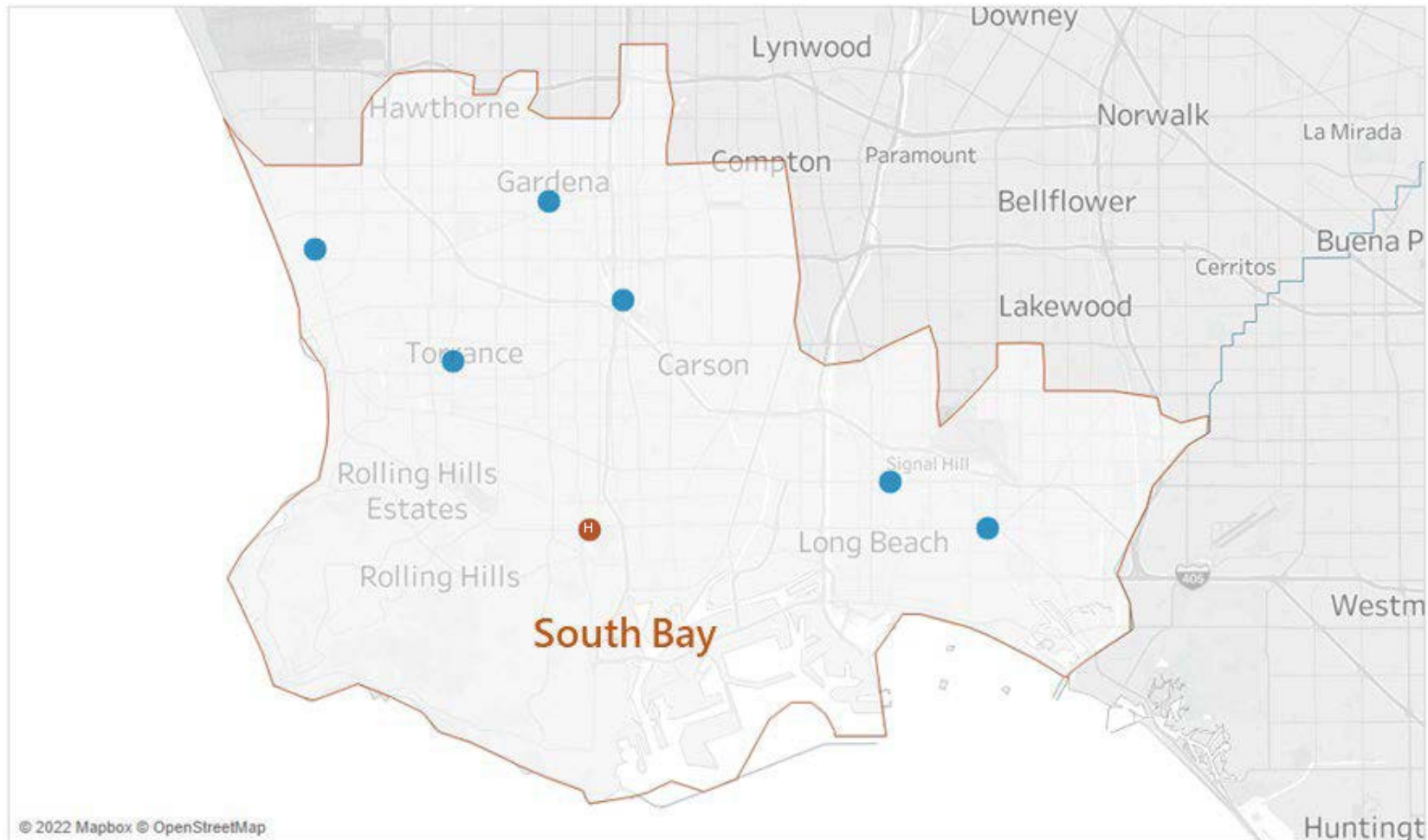
Total population:	1,354,087
American Indian/Alaska Native	0.2%
Asian	17.2%
Black	11.2%
Hispanic	38.9%
Multiracial	3.2%
Native Hawaiian/other Pacific Islander	0.7%
Other race/ethnicity	0.3%
White	28.3%
Under age 18	22.2%
Age 65 and over	14.1%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-South Bay service areas

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-South Bay service area includes (formerly KFH-Harbor City) service area includes: Carson, Catalina Island, Compton, El Segundo, Gardena, Harbor City/Harbor Gateway, Hawthorne, Hermosa Beach, Lawndale, Lomita, Long Beach, Manhattan Beach, Palos Verdes Peninsula, Rancho Palos Verdes, Redondo Beach, San Pedro, Signal Hill, Torrance, Willowbrook, and Wilmington.

IV. Description of Community Health Needs Addressed

KFH-South Bay is 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) (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Access to Care:** Access to health care greatly impacts one's physical, mental, and social health and overall quality of life. This issue of access is comprised of many factors, including but not limited to affordability, treatment by health care professionals, ability to navigate the system, and availability of services. Indicators such as rates of uninsured and utilization of various types of care help to gauge the accessibility of health care within communities. In the KFH-South Bay service area, low-income and Hispanic/Latino residents are more likely to be uninsured. Community input sessions shed light on challenges people from marginalized groups face when accessing health care in the KFH-South Bay service area including experiencing judgment and discrimination in health care settings and being fearful of sharing information given the current political climate around immigration. Access to care was selected to be addressed in the Implementation Strategy because secondary data and community engagement revealed that it is a priority health need and KFH-South Bay has existing resources, partnerships, and potential opportunities to address this need.
2. **Economic Security:** Economic security encompasses education and employment, food, and housing needs. Education and employment are interrelated and together impact one's socioeconomic status. A growing body of evidence demonstrates the advantages afforded those with more education and better employment, such as more resources to support healthy habits, reduced stress, stronger social and psychological skills, and larger social networks. Conversely, individuals with less education and employment are more likely to have less access to food, health care, and other community resources. They also have fewer choices when it comes to their environment, often not being able to choose safer neighborhoods or neighborhoods with less exposure to environmental toxins. Using high school graduation rates as an indicator, Hispanic/Latino and Native American/Alaska Native residents in KFH-South Bay disproportionately experience higher rates of no high school diploma, compared to White residents (38% and 42% vs. 4%, respectively). These findings were underscored by themes from community input sessions, which highlighted racial bias in the academic environment.
Food is an integral part of one's health. Low-income communities struggle with having enough to eat as well as accessing healthy food options. Research has shown that individuals experiencing food insecurity have an increased risk for obesity and higher rates of chronic disease. In the KFH-South Bay service area, people living in poverty, African Americans, Hispanics/Latinos, and seniors experience higher rates of food insecurity. During community input sessions, participants highlighted barriers to accessing nutritious food. For example, benefits programs (e.g., Cal Fresh and WIC) are a big help but

can be challenging to navigate and are not available to everyone. In addition, social stigma and shame prevent people from accessing benefits and services.

The cost of housing continues to be a large financial burden, particularly for low-income families. In Los Angeles County, it has been estimated that renters need to earn \$46.15/hour to afford the median monthly rent. This is more than 4 times the local minimum wage. Low-income renters can spend up to 71% of their income on rent, leaving little left for health care bills, food, and transportation. The current demand for affordable housing exceeds the existing inventory, with a gap of 500,000 homes. The KFH-South Bay service area has more than 4,000 homeless individuals, 80% of which are unsheltered. African Americans are disproportionately impacted by homelessness. They make up 34% of the homeless population in South Bay and only 10% of the overall population. Community engagement sessions with local service providers identified factors that play a role in homelessness including low wages and increased cost of living, lack of treatment and support for people with mental illness, and resident opposition to housing development in many communities.

Economic security (education and employment, food, and housing) is a social predictor that greatly impacts one's ability to lead a healthy life. If not addressed in the Implementation Strategy this can exacerbate existing poor health outcomes in the community.

3. **Mental and Behavioral Health:** Poor mental health is a leading cause of disability in many developed countries, and greatly impacts one's physical health. A growing body of evidence demonstrates a strong association between poor mental health and chronic conditions, such as cardiovascular disease, diabetes, asthma, and some cancers. Within the KFH-South Bay service area, residents experience four poor mental health days per month on average. Under-resourced communities within the KFH-South Bay service area experience higher rates of poor mental health. Community input session participants shared stories about the stresses that come with poverty, especially violence at home, which impacts mental health. They also discussed difficulties faced when trying to access mental health services including a severe lack of providers and reluctance to address mental health issues because of the associated stigma. This health need was selected to be addressed in the Implementation Strategy because of the urgency of the need and the existing efforts already being conducted around this issue in the service area.
4. **Structural Racism and Marginalization:** Historic and present-day public and institutional policies and practices impact the places we live, learn, and work. However, such policies and practices have not provided everyone with the necessary financial resources, investments, and opportunities to live a long healthy life, and have pushed many groups to the edge of society by not allowing them an active voice and place in it. This has resulted in significant health and economic disparities based on race, ethnicity, gender, sexual identity, or mental capacity. In South Bay, there are many indicators of health disparities. African Americans, for example, experience higher rates of diabetes, high blood pressure, stroke, and infant deaths as compared to other racial/ethnic groups. Participants in community input sessions provided insights into how residents from marginalized groups experience these inequities including struggling to access care and being disproportionately impacted by upstream

factors that affect health such as lack of employment, poor education, and violence in the community. This health need was selected to be addressed because of its deep overlap with and impact on all other health needs. In addition, KFH- South Bay has existing resources, partnerships, and potential opportunities to address this need.

B. Health Needs Not Addressed

The implementation strategy planning process requires KFH-South Bay to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-South Bay can meaningfully address the need. KFH-South Bay has selected and intends to address all needs identified in the Community Health Needs Assessment. Given the alignment of strategies meant to address economic security, the following health needs will be addressed alongside each other: education and employment, food insecurity, and housing/homelessness. In addition, structural racism and marginalization will be addressed by incorporating an equity lens throughout planning, implementation, and execution of all the selected 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 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-South Bay Community Benefits Provided in 2022 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$17,877,253
Charity care: Medical Financial Assistance Program ²	\$4,173,789
Grants and donations for medical services ³	\$150,232
Subtotal	\$22,201,274
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$1,132,994
Youth Employment programs ⁵	\$29,287
Grants and donations for community-based programs ⁶	\$452,959
Community Benefit administration and operations ⁷	\$333,403
Subtotal	\$1,948,643
Benefits for the Broader Community	
Community health education and promotion programs	\$65,107
Community Giving Campaign administrative expenses	\$7,368
Grants and donations for the broader community ⁸	\$153,540
National Board of Directors fund	\$16,545
Subtotal	\$242,560
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$351,428
Non-MD provider education and training programs ¹⁰	\$639,362
Grants and donations for the education of health care professionals ¹¹	\$70,005
Health research	\$404,301
Subtotal	\$1,465,096
TOTAL COMMUNITY BENEFITS PROVIDED	\$25,857,573

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) (<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-South Bay. 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-South Bay 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 provided the following services:

- Educational Theatre provided 29 events, reaching 2,944 youth and 267 adults across 7 locations.
- Watts Counseling and Learning Center provided services to 509 individuals (predominantly African American 34.5% and Latino 63% descent), reaching 164 children, 155 teens and young adults, and 190 adults.

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	<p>Medi-Cal and Charity Care: In 2022, KFH-South Bay provided access to care to 27,995 Medi-Cal members and provided financial assistance to 3,829 people through the Medical Financial Assistance (MFA) program.</p>
	<p>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)</p>
	<p>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)</p>
Economic Security	<p>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)</p>

Need	Examples of most impactful efforts
	<p>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)</p> <p>Housing Services Program: The mission of Home Ownership for Personal Empowerment, Inc. (HOPE) is to create stable, affordable housing options for people with intellectual or developmental disabilities (I/DD). HOPE was awarded \$20,000 over 1 year to expand the Housing Services Program's capacity to address the increased demand for affordable housing units for people with I/DD who are either homeless, at risk of homelessness, or are at imminent risk of being displaced from their housing units. This grant is expected to serve 80 adults with I/DD.</p>
Mental and Behavioral Health	<p>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)</p> <p>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)</p>

Need	Examples of most impactful efforts
	<p>LGBTQ Mental Health Services:</p> <p>The mission of One in Long Beach, Inc. (The LGBTQ Center of Long Beach) is to advance equity for LGBTQ people through culturally responsive advocacy, education, programs, and services. The Center was awarded \$20,000 over 1 year. The Center, the largest LGBTQ direct-service provider in the South Bay Region, will train mental health service providers and expand teletherapy, increasing community capacity to deliver culturally affirming care to LGBTQ individuals, couples, and families. This grant is expected to serve 100 providers.</p>

VI. Appendix

Appendix A

2022 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount	Hospital	Amount
Antioch	\$26,979,813	Anaheim	\$21,601,870
Fremont	\$10,775,834	Baldwin Park	\$24,037,175
Fresno	\$16,122,555	Downey	\$36,123,611
Manteca	\$35,447,298	Fontana	\$49,456,960
Modesto	\$19,217,602	Irvine	\$8,249,194
Oakland	\$57,855,966	Los Angeles	\$51,258,150
Redwood City	\$17,607,838	Moreno Valley	\$10,967,852
Richmond	\$38,236,498	Ontario	\$13,561,310
Roseville	\$41,485,857	Panorama City	\$30,321,078
Sacramento	\$78,593,064	Riverside	\$25,836,843
San Francisco	\$37,437,762	San Diego (2 hospitals)	\$32,583,411
San Jose	\$35,086,101	South Bay	\$25,857,573
San Leandro	\$34,010,384	West Los Angeles	\$34,885,308
San Rafael	\$13,812,578	Woodland Hills	\$18,267,776
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 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.