



**Annual Report and Plan for Community Benefit  
Community Health System**

**Community Regional Medical Center (CRMC)  
Hospital ID: 106100717**

**Clovis Community Medical Center (CCMC)  
Hospital ID: 106100005**

**Fiscal Year 2025 (September 1, 2024 - August 31, 2025)**

Submitted to:

Department of Health Care Access and Information  
Accounting and Reporting Systems Section  
Sacramento, California

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## Contact Information

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Craig A. Wagoner

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Roger Sturdevant

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### **Location**

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## **About Community Health System**

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### **Community Health System**

Community Health System (CHS) is a locally owned, nonprofit healthcare system based in Fresno, California. Established in 1897, CHS is the region's largest healthcare provider and employer. With over 11,000 team members and 2,500 affiliated physicians, CHS serves a 15,000-square-mile area that includes Fresno, Kings, Madera and Tulare counties in California's Central Valley. CHS is made up of Community Medical Centers (hospitals and outpatient centers), Community Provider Network (affiliated physicians) and Community Care Health (health plan). For over 125 years, Community Health System has been investing in this region — growing a successful healthcare system that supports the community and serves Central Valley residents.

Community Medical Centers (CMC) operates its facilities under two hospital licenses: Community Regional Medical Center (CRMC) and Clovis Community Medical Center (CCMC). Fresno Heart & Surgical Hospital (FHSH) and Community Behavioral Health Center (CBHC) operate under the CRMC license. CMC also operates a cancer institute and several long-term care, outpatient and other healthcare facilities. While Community's system of care works collaboratively to address the region's health needs, CRMC and CCMC activities and financial contributions for community benefit are reported separately in this report.

### **Community Regional Medical Center (CRMC)**

CRMC has 685 licensed beds and offers Central California's highest level of medical care. CRMC is a leader in comprehensive cardiovascular services, has a Level 3 NICU (neonatal intensive care unit) and a full-service 58,000-square-foot Emergency Department. CRMC is home to the only Level I Trauma Center and Comprehensive Burn Center between Los Angeles and Sacramento, and serves as the area's "safety net" provider, caring for the region's most vulnerable populations.

### **Fresno Heart & Surgical Hospital (FHSH)**

FHSH is a specialty hospital in Central California with 57 licensed beds. FHSH is known for its excellent patient experience and exemplary cardiac, vascular and bariatric surgery services.

### **Community Behavioral Health Center (CBHC)**

CBHC operates 73 beds and is the only inpatient mental health facility in Fresno County for those in need of acute psychiatric care. CBHC provides 24-hour care to patients based on their level of need. The center accepts voluntary admittance and non-ambulatory patients capable of transferring themselves.

### **Clovis Community Medical Center (CCMC)**

CCMC has 352 licensed beds. It includes an Emergency Department (ED) and provides specialty care for patients, including comprehensive cardiac care, women's services and labor and delivery. CCMC is home to Community Cancer Institute (CCI) and the Marjorie E. Radin Breast Care Center, part of Central California's premier comprehensive cancer care program, which offers a multi-disciplinary care team clinic, screenings and diagnostics, as well as cancer treatments using the most advanced technology available.

### **Community Health System**

Community Medical Centers

Community Provider Network including Community Health Partners, a medical foundation

Community Care Health

### **Outpatient Centers**

Advanced Medical Imaging – Clovis

Advanced Medical Imaging – Magnolia

Advanced Medical Imaging – Northpointe

California Imaging Institute

Community Cancer Institute

Deran Koligian Ambulatory Care Center

Marjorie E. Radin Breast Care Center

### **Long-Term Care Center**

Community Subacute & Transitional Care Center

### **Hospitality Home**

Terry's House

### **Specialty Centers**

Advanced Comprehensive Stroke Center

John C. Harris Wound Healing Center

Leon S. Peters Burn Center

Leon S. Peters Rehabilitation Center

Marjorie E. Radin Breast Care Center

Primary Stroke Center

Table Mountain Rancheria Trauma Center

## **Clinics**

Advanced Laparoscopic Surgery Associates, A Member of Community Health Partners  
California Urology North Fresno, A Member of Community Health Partners  
Community Breast Specialists  
Community Diabetes & Endocrine Specialists  
Community Ear, Nose & Throat Specialists  
Community Gynecologic Oncology Specialists  
Community Lung Nodule Program  
Community Physician Hospitalist Group  
Community Maternal Fetal Medicine – Subhashini Ladella, M.D., FACOG  
Community Maternal Fetal Medicine – Visalia  
Community Medical Anesthesiology Consultants  
Community Medical Oncology Specialists  
Community Neurosciences Institute – Clovis  
Community Neurosciences Institute – Downtown  
Community Neurosciences Institute – Fresno  
Community Neurosciences Institute – Hospital Based  
Community Neurosciences Institute – River Park  
Community Neurosciences Institute – Visalia  
Community Obstetrics and Gynecology Care – Lura Reddington, M.D.  
Community Orthopedic Specialists  
Community Pediatric Care  
Community Pediatric Care – Halifax  
Community Pediatric Specialists – Clovis  
Community Perinatology  
Community Psychiatry and Rehab  
Community Primary Care – Ahmad Emami, MD  
Community Primary Care – Ali M. Fayed, MD  
Community Primary Care – Alluvial  
Community Primary Care – Bullard  
Community Primary Care – Clovis 106  
Community Primary Care – Copeland Medical  
Community Primary Care – Fir South  
Community Primary Care – Halifax  
Community Primary Care – Herndon  
Community Primary Care – Herndon Pod C  
Community Primary Care – Milburn  
Community Primary Care – Shaw

Community Primary Care – Sussex Way  
Community Radiation Oncology Specialists  
Community Rheumatology Specialists  
Community Specialty Surgery Associates  
Community Urgent Care  
Community Urology Specialists  
Dizon Medicine Copper, A Member of Community Health Partners  
Dizon Medicine Urgent Care, A Member of Community Health Partners  
Dizon Pediatrics Copper, A Member of Community Health Partners  
Dizon Pediatric Urgent Care Copper, A Member of Community Health Partners  
Fowler Packing Health & Wellness – A Member of Community Health Partners  
M2 Oncology, A Member of Community Health Partners  
Sierra Endocrine Associates  
Valley Surgical Specialists

### **Affiliations**

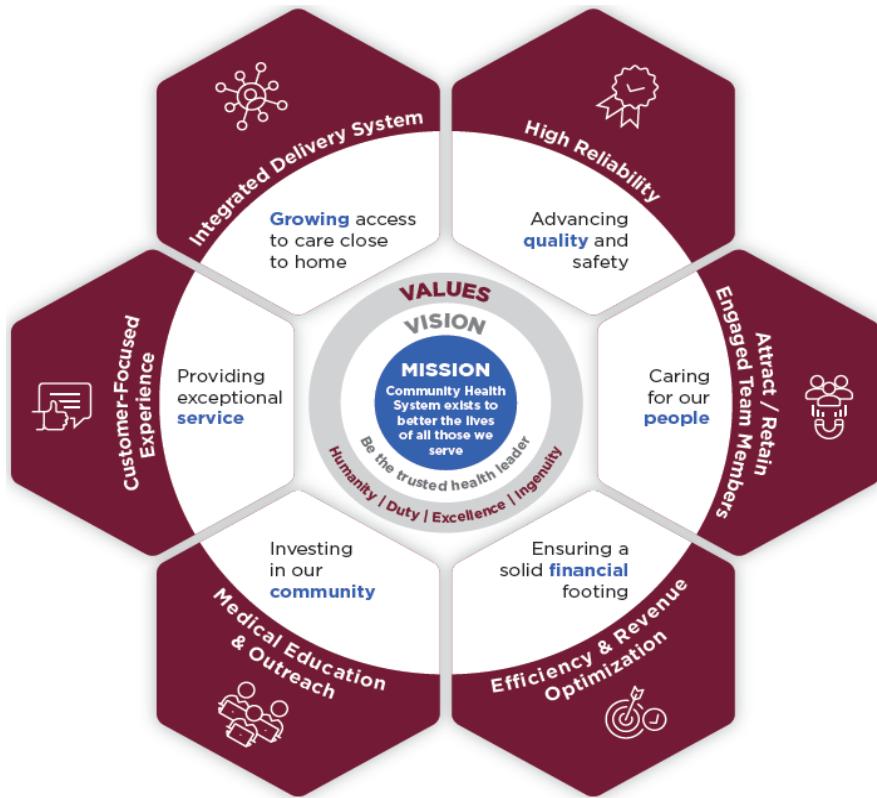
California Health Sciences University  
California State University, Fresno  
Central California Faculty Medical Group  
Clovis Adult Education  
Family Healthcare Network  
Fresno Adult School  
Fresno City College  
Grand Canyon University  
Gurnick Academy of Medical Arts  
Institute of Technology  
Madera Community College  
National University  
Samuel Merritt College  
San Joaquin Valley College, Visalia  
Unitek College  
University of California, San Francisco, School of Medicine  
University of the Pacific  
West Hills College Lemoore

### **Accreditation**

Every three years, The Joint Commission inspects participating hospitals to gauge the quality of care. CHS hospitals are fully accredited.

## Mission, Vision and Values

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### Mission

Community Health System exists to better the lives of all those we serve.

### Vision

We will be the trusted health leader, opening new doors to educate, innovate and expand our care and services across the Valley.

### Values

Humanity: to do right by all people

Duty: to care, teach and serve is our calling

Excellence: to reach beyond expectations in all we do

Ingenuity: to fearlessly forge new paths forward

### Commitment to Diversity

As a locally owned and operated healthcare network, CHS respects and celebrates the Central Valley's rich and diverse heritage. Our commitment to diversity and inclusion is a cornerstone of

our patient care and work culture. All are welcome as valued members of our community whether employee, physician, student or visitor.

CHS prides itself on being a diverse healthcare provider. This is reflected in our clinical and non-clinical workforce with 40% identifying as Latino, 24% as Asian, 4% as Black or African American, and 4% who are two or more races. 72% of our workforce represents ethnicities other than white and 75% of our workforce identifies as female. 68% of our directors and senior leadership are women and 52% of our leaders represent an ethnicity other than white.



## **Governance**

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CHS is governed by a volunteer Board of Trustees comprised of civic leaders and physicians. The Trustees set the vision and policy direction for the organization and approve the organization's strategic, business and financial plans. The Board of Trustees reviews and adopts the Community Health Needs Assessment, the annual community benefit report and our impact on the areas of greatest need. The Board was consulted on the development of the community benefit plan.

Senior management encourages initiatives that expand access to healthcare services in our community and is committed to investing in and partnering with local, nonprofit organizations working in socioeconomically disadvantaged neighborhoods and rural populations. Community benefit and community service are at the heart of our healthcare system.

### **FY25 CHS Board of Trustees**

***(CHS Board of Trustees who served from September 1, 2024 through August 31, 2025)***

Roger Sturdevant, *Chair*

Greg Estep, *Chair-Elect*

Karen McCaffrey, *Secretary*

Susan Abundis

Lori Bennett, EdD

Keith Boone, MD

Mark Coelho

Gregory Copeland, DO

Nicholas Dugan

Fabiola González

Gerardo Hernandez

Wagih Ibrahim, MD

Leland Parnagian

Chandrasekar Venugopal, MD

Craig A. Wagoner, President & Chief Executive Officer

## **Commitment to the Community**

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We recognize our responsibilities go beyond simply providing facilities where people can heal. Community's hospitals provide financial assistance to those in the community who cannot afford services, or whose health insurance does not cover all services provided. We also invest in the community in other ways to increase access to healthcare services and improve health. This report demonstrates tangible ways we fulfill our mission to better the lives of all those we serve through humanity and ingenuity.

### **Service Area**

Our hospital facilities are in the heart of California's San Joaquin Valley near major highways and three popular national parks. The hospitals share a primary service area of Fresno, Kings, Madera and Tulare counties.

- Community Regional Medical Center is located at 2823 Fresno St., Fresno, CA 93721
- Clovis Community Medical Center is located at 2755 Herndon Ave., Clovis, CA 93611
- Fresno Heart & Surgical Hospital is located at 15 E. Audubon Dr., Fresno, CA 93720
- Community Behavioral Health Center is located at 7171 N. Cedar Ave., Fresno, CA 93720

### **Community Health System's Service Area**

*(Based on the FY25 Community Health Needs Assessment)*

#### Population

Community Health System's hospitals primarily serve Fresno, Kings, Madera and Tulare counties. Fresno County is the most populous, with 1,022,707 residents, while Kings County is the least populous, with 153,158. Madera County has 160,140 residents, and Tulare County has 480,702.

#### Age and Sex

In Fresno, Kings, Madera and Tulare counties, most residents are between 25 and 64 years old. The overall sex distribution for all four counties reflects a slight male majority, largely influenced by the higher male percentage in Kings County.

#### Race and Ethnicity

All four counties have a significantly higher percentage of residents who identify as Hispanic or Latino compared to both the state (40.9%) and the nation (18.4%): Fresno at 55.9%, Kings at 60%, Madera at 62.3% and Tulare at 68.5%.

#### Languages

More than a third of residents in Fresno County (34.8%), Kings County (37.1%) and Madera County

(42%) speak Spanish at home, with nearly half of Tulare County residents (47.2%) doing the same. All four counties have a higher percentage of Spanish speakers at home compared to California (28.6%) and the nation (13.2%).

## **Vulnerable Populations**

### Poverty

Overall, 19.5% of families in Fresno County, 16.2% in Kings County, 20.1% in Madera County and 18.5% in Tulare County live below the poverty level. These rates are higher than both the state average of 12.1% and the national average of 12.6%.

### Homelessness

- In Fresno, Madera and Tulare counties, 25% or more of the population has severe housing problems, indicating at least one of the following problems: overcrowding, high housing costs, lack of kitchen or plumbing facilities.
- In Kings County, 20% of the population has severe housing problems, which is lower than the state of California at 25.7%.
- A closer look at housing in the Central Valley reveals that Fresno County has both the highest percentage of severe housing problems and the greatest number of households spending 30% or more of their income on rent, compared to other counties and the state overall.
- According to the U.S. Department of Housing and Urban Development, California had a total of 187,084 unhoused individuals in 2024. Of these, 40,547 were in emergency shelters, 7,755 in transitional housing, and 112,482 were unsheltered. More than 25,000 homeless families include children. The unhoused population includes 59,703 individuals who identify as white, 43,203 as Hispanic/Latino and 41,696 as Black or African American.

### Lack of Health Insurance

The percentage of adults without health insurance exceeds the national average (10.8%) in all four counties:

- Fresno County: 12.0%
- Kings County: 15.9%
- Madera County: 17.8%
- Tulare County: 19.3%

### Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need correlated with poor health outcomes. For community benefit purposes, California defines vulnerable populations living in areas with inadequate access to clean air and safe drinking water, as defined by an

environmental HPI score of 50% or lower. The service area counties have an HPI score for clean environment below the 50% measure:

- Fresno: 3.6%
- Kings: 8.9%
- Madera: 12.5%
- Tulare: 1.8%

## Community Health Needs Assessment

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CRMC and CCMC completed a joint Community Health Needs Assessment (CHNA) in FY25 as required by state and federal law. The CHNA is the primary tool used by hospital facilities to determine their community benefit plans, which outline how they will give back to the community in the form of healthcare and other community services to address unmet community health needs. The assessment incorporated components of primary data collection and secondary data analysis that focused on the health and social needs of the service area.

Targeted interviews, listening sessions, focus groups and a community survey were used to gather information and opinions from people who represent the broad interests of the community served by the hospitals.

Between October and November 2024, a total of 40 focus groups were held across Fresno, Kings, Madera and Tulare counties. These included 23 English-language groups, 12 Spanish-language groups, one bilingual (English/Spanish) group, three Punjabi-language groups, and one group conducted with Afghan community members. Sessions were held both in-person and virtually to accommodate participants from all four counties. In total, 323 individuals participated in the focus groups.

Community input was collected through an online survey available in English, Spanish, Hmong and Punjabi from August 19, 2024, through October 18, 2024. A total of 1,227 responses were collected.

An online survey targeting key community stakeholders was used to gather quantitative data on health-related factors in Fresno, Kings, Madera and Tulare counties. Following the survey, a virtual listening session was facilitated to collect qualitative insights and obtain feedback from participants. A total of 50 partners participated in the virtual session. Participants represented a broad range of sectors, including education, nonprofit organizations, philanthropy, state and local government, for-profit businesses, healthcare and justice/law enforcement.

### Significant Health Needs

Secondary data collection resulted in identifying community health needs to further assess in primary data collection — key informant interviews, focus groups, listening sessions and a community-wide survey. The identified significant needs included (in alphabetical order):

- Access to affordable healthcare
- Chronic diseases (including diabetes and hypertension)

- Economy
- Environmental health (including water and air quality)
- Food insecurity/access to healthy foods
- Lack of affordable housing
- Mental health and mental disorders
- Substance misuse
- Transportation
- Weight status

Community respondents were asked to rank the health outcomes and social determinants of health that contribute to disease in the region. The results of the responses from the priority ranking were compared to the secondary data collected for each health need and the primary data collected. As a result, the prioritized health needs were identified:

1. Access to healthcare
2. Chronic diseases
3. Mental health and mental disorders
4. Substance misuse
5. Weight status
6. Economy
7. Food insecurity/access to healthy foods
8. Lack of affordable housing
9. Transportation
10. Environmental health

The complete CHNA report can be accessed at: [www.communitymedical.org/about-us/our-impact](http://www.communitymedical.org/about-us/our-impact). We welcome feedback on the CHNA and Implementation Strategy. Please send your feedback to Chelsea Aivazian, Project Manager, Community Benefit at [communications@communitymedical.org](mailto:communications@communitymedical.org).

## **Addressing Priority Health Needs – Community Regional Medical Center**

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In FY25, CRMC engaged in activities and programs that addressed the priority health needs identified in the FY23-FY25 Implementation Strategy. CRMC committed to community benefit efforts that addressed access to healthcare, chronic diseases, economic stability, maternal and child health and mental health. Activities and programs that highlight CRMC's commitment to the community are detailed below.

### **Access to Healthcare**

#### ***Response to Need***

##### **Assistance with Insurance Coverage**

In partnership with Fresno's County Department of Social Services, CRMC provided enrollment for 526 uninsured people who presumptively qualified for Medi-Cal.

##### **Community Support**

Cash donations were provided to community organizations to increase access to healthcare and provide preventive care services.

- Support was provided to California CareForce's San Joaquin Valley Clinic, a temporary, free medical, dental and vision clinic hosted at the Fresno Fairgrounds.
- The hospital contributed to the Fresno County Office of Education's Health Youth Corps Conference, hosted by the Fresno County Superintendent of Schools – Health Services Department. The conference focused on empowering students from the Central Valley to play an active role in promoting community health, both now and as future leaders. This event welcomed students from Fresno, Madera, Mariposa and Tulare counties, giving them a platform to explore how they can influence the region's health outcomes and deepen their understanding of health equity.
- The hospital supported the health outreach initiatives of Reading and Beyond, which provides services for low-income children and families in Fresno.

##### **Financial Assistance**

Community Regional provided financial assistance through free and discounted care for healthcare services, consistent with CHS's financial assistance policy.

##### **Fresno Medical Respite Center**

CRMC is a founding hospital partner in the Fresno Medical Respite Center, allowing for safe discharge for persons experiencing homelessness to continue their recovery. The Center provides eight beds for men and four beds for women at the Fresno Rescue Mission in downtown Fresno.

### Ryan White HIV/AIDS Program

CHS provides vital and timely healthcare and case management for patients with HIV/AIDS and their families through the campus's Special Services Clinic under the federal Ryan White grant.

### Sexual Assault Forensic Exam Program (SAFE)

CRMC's Emergency Department provided Fresno County's only in-hospital testing and examination for sexual assault and rape victims. Specially trained nurses collected, preserved and securely stored evidence collected from adult and child victims, and from suspects under police custody. Program nurses helped gather evidence of sexual violence and ensured patients were safely discharged. Nurses also provided follow-up evaluations for child victims of sexual abuse and helped connect victims and their families to counseling services. In FY25, 115 people were served.

### Trauma Prevention Program

CRMC provides the only Level I Trauma Center and comprehensive burn center in the area. An injury prevention specialist provided extensive injury prevention outreach in schools and other community-based venues, including car seat safety checks and education on topics like gun safety, fall prevention, bicycle and pedestrian safety, the dangers of distracted driving for teens, and smarter driving tips for older adults.

## Chronic Diseases

### *Response to Need*

#### Community Support

Cash donations were provided to the following community organizations to improve chronic disease management:

- Poverello House to provide medically tailored meals to vulnerable residents with chronic diseases.
- The West Fresno Healthcare Coalition's Project Food Box, providing diabetes education, nutrition classes and food resources to those with a chronic disease diagnosis.

#### Diabetes Care Center

The Diabetes Care Center provided a Diabetes Self-Management Education and Support program in English and Spanish.

#### Dialysis

CRMC has an outpatient dialysis unit with 41 dialysis stations for three shifts of adult patients, six days a week. The hospital offered a peritoneal dialysis home training program for patients who can do home treatment. The outpatient dialysis unit has on-site dietitians and social workers.

## MedWatch Today

In partnership with Nexstar Media Group, Community produces a weekly television show, MedWatch Today, which provides 22 minutes of quality, health-focused video content to the public on local CBS and NBC channels. In FY25, topics included cancer prevention, substance use disorder, nutrition, art therapy and cardiac care.

## Economic Stability

### *Response to Need*

#### **Community Support**

Cash donations were provided to the following community organizations to support economic stability:

- Fresno Mission to support the Community Care Program. Community Care connects individuals in crisis to essential resources and support including a warm bed at night, case management to help guide them to personal goals and housing navigation.
- Central California Women's Conference Food Insecurity Grants Initiative.
- Housing supplies for unhoused young adults, including many exiting the foster care system.
- Assemblymember Soria's Backpack Giveaway and Health Fair, and Councilman Esparza's Beat the Heat community event.
- Central California Food Bank's Backpack program at Yokomi Elementary in downtown Fresno.

#### **Transportation Support**

Transportation vouchers were made available to patients and families having difficulty accessing care and services because of transportation barriers.

## Maternal and Child Health

### *Response to Need*

#### **Community Support**

Cash donations were provided to the following community organizations to support maternal and child health:

- The BLACK Wellness and Prosperity Center to support maternal and child health and establish pregnancy and postpartum support groups, which strive to improve maternal outcomes for Black and minority mothers and their babies.
- Lighthouse for Children to distribute safe sleep cribettes.
- Fresno Council on Child Abuse Prevention for training materials about the impact of parental substance use on children, especially during pregnancy and postpartum.

## Mother's Resource Center

The Mother's Resource Center offered a variety of breastfeeding and parent education classes to new parents, regardless of where they delivered their babies. Classes included preparation for childbirth, breastfeeding support and Mommies Making Milk, a postpartum resource and support network for all breastfeeding moms. Classes were offered in English and Spanish.

## Mental Health

### *Response to Need*

#### Bridge Program

CRMC provided medications to individuals to suppress cravings and withdrawal symptoms from opioid use. The treatment provided patients with immediate attention in the hospital setting, rather than being referred to a rehabilitation center, which may take weeks or months.

Additionally, the Bridge Program provided educational information to the greater community about substance use.

#### Community Behavioral Health Center

CBHC is the largest psychiatric care facility in Fresno County, providing 24-hour adult, inpatient psychiatric care. There are four separate units with levels of care appropriate to the functional levels of the patients. The services provided include psychiatric assessments, forensic (custody) services, recreation therapy, group and individual therapy, adult care, medication management, milieu management and other treatment modalities.

#### Community Support

Cash donations were provided to the following community organizations to support mental health care services:

- Marjaree Mason Center to support their Counseling Support program.
- The Foundation for Fresno Unified Schools to support Peer-Led Support Groups.
- Vision y Compromiso to develop a mental health program for promotoras in the Central Valley.

## Other Community Benefit Services – CRMC

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CRMC provided additional community benefit services to programs that focused on addressing priority health needs.

### **Health Professional Education**

*Definition: Education programs for physicians, nurses, nursing students and other health professionals.<sup>1</sup>*

#### Graduate Medical Education

CRMC trained over 320 residents and fellows in partnership with University of California, San Francisco (UCSF) Fresno, including Emergency Medicine and Orthopaedic Surgery Physician Assistant residents. In addition, third- and fourth-year medical students were trained on a rotating basis. Rotating medical students included those in UCSF's San Joaquin Valley Program in Medical Education (SJV PRIME), which trains local students to provide culturally competent, accessible care in the San Joaquin Valley. 40% of UCSF Fresno's graduating residents stay in the Central Valley to practice medicine, making this program critical to addressing the region's lack of access to care.

Through an agreement with California Health Sciences University (CHSU), a private institution offering doctoral degrees through its College of Osteopathic Medicine, over 180 CHSU medical students rotated through Community's clinics as part of their training.

FHSH supported the training of 3 fellows as part of the Advanced GI MIS/Bariatrics Fellowship program, in partnership with Advanced Laparoscopic Surgical Associates.

#### Nursing

CRMC had 1,527 nursing students participate in precepted hospital clinical rotations.

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<sup>1</sup> Community benefit category definitions source: Catholic Health Association (2020) *A Guide for Planning and Reporting Community Benefit*. <https://www.chausa.org/communitybenefit/a-guide-for-planning-and-reporting-community-benefit>

## Other Health Professional Education

### **Clinical Pastoral Education of Community Health System**

The Clinical Pastoral Education (CPE) Program at CRMC provided professional training for spiritual care providers. The CPE program is a multi-faith and inter-faith environment that respects diversity.

The program is fully accredited by the Association of Clinical Pastoral Education and in FY25, trained four chaplains and three summer interns to work with underserved, rural populations – including farmworkers – providing spiritual and emotional support.

### **Pharmacy Residency Program**

The Post Graduate Year 1 (PGY1) Pharmacy Residency Program was established in 2002 at CRMC. The program is accredited through the American Society of Health-System Pharmacists (ASHP). In FY25, CRMC filled three pharmacy residency positions.

### **Sonography Programs**

Two sonography programs were offered at CRMC to help address the healthcare provider shortage throughout the region: the Diagnostic Medical Sonography Program and the Advanced Cardiac Sonography Program. The 18-month Diagnostic Medical Sonography Program is one of California's few hospital-based sonography programs and is the Central Valley's only multidisciplinary Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited sonography program. The Advanced Cardiac Sonography Program is an 18-month hybrid program designed to create a career track for sonographers practicing at an advanced level in the echocardiography laboratory by providing a CAAHEP-accredited educational pathway for clinical and administrative advancement. In FY25, 25 students participated in the program.

### **Cash Donations**

*Definition: Funds and in-kind services donated to community groups and nonprofit organizations.*

Funds were donated to nonprofit community groups and local organizations. The support of these organizations furthered the health system's mission and addressed the community health needs identified through the CHNA.

### **Community Benefit Operations**

*Definition: Direct and indirect costs associated with assigned staff, community health needs assessments, community benefit planning, tracking, reporting, evaluating and operations.*

Community benefit operations included community benefit staff salary, benefits and expenses, administrative support for community benefit, community benefit consultants, Community

Benefit Inventory for Social Accountability (CBISA) software subscription fees, and the Community Health Needs Assessment.

### **Community Building Activities**

*Definition: Activities that support community assets by offering the expertise and resources of the hospital organization. These activities may address the root causes of health problems or the determinants of health, such as education, homelessness, poverty and the environment.*

#### Workforce Development

- Project SEARCH is a dedicated program focused on providing education and training to young adults with intellectual and developmental disabilities. Since 2017, CRMC has served as a vocational training site for adults through Project SEARCH. Participants receive experience necessary to find and maintain employment. In FY25, 12 students worked alongside hospital staff in clinical and nonclinical areas including NICU, antepartum, postpartum, environmental services, materials management, kitchen and plant operations at CRMC and CCMC.
- Hospital tours were provided for 30 low-income high school students in the medical pathways program.
- The hospital provided support for the Birney Elementary School Future Healthcare Leaders event.

## **Addressing Priority Health Needs – Clovis Community Medical Center**

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In FY25, CCMC engaged in activities and programs that addressed the priority health needs identified in the FY23-FY25 Implementation Strategy. CCMC committed to community benefit efforts that addressed access to healthcare, chronic diseases, economic stability, maternal and child health and mental health. Activities and programs that highlight CCMC's commitment to the community are detailed below.

### **Access to Care**

#### ***Response to Need***

##### **Assistance with Insurance Coverage**

In partnership with Fresno County's Department of Social Services, CCMC provided enrollment for 522 uninsured people who presumptively qualified for Medi-Cal.

##### **Community Support**

Cash donations were provided to the following community organizations to increase access to healthcare and provide preventive care services:

- California CareForce's San Joaquin Valley Clinic, a temporary, free medical, dental and vision clinic hosted at the Fresno Fairgrounds.
- Fresno County Office of Education's Health Youth Corps Conference, hosted by the Fresno County Superintendent of Schools – Health Services Department. The conference focused on empowering students from the Central Valley to play an active role in promoting community health, both now and as future leaders. This event welcomed students from Fresno, Madera, Mariposa and Tulare counties, giving them a platform to explore how they can influence the region's health outcomes and to deepen their understanding of health equity.

##### **Financial Assistance**

The hospital provided financial assistance through free and discounted care for healthcare services, consistent with CHS's financial assistance policy.

### **Chronic Disease**

#### ***Response to Need***

##### **Community Cancer Institute**

Community Cancer Institute (CCI) hosted support groups and classes for 605 cancer survivors and their families. The support groups, held in English and Spanish, were open to all persons touched

by cancer, regardless of where they received cancer care. The support groups included: breast cancer, gynecology cancer, head and neck cancers, nutrition, ostomy and Hope Matters.

### **Community Support**

Cash donations were provided to the following community organizations to prevent and manage chronic diseases:

- The Fresno Center's chronic disease outreach and education series.
- American Heart Association to purchase and distribute CPR kits to schools.

### **HealthQuest Seminars**

- In-person education seminars featured health professionals discussing topics related to identified health needs including sexual health and HIV prevention, stroke, Parkinson's disease, colorectal cancer, heart health and healthy habits. These seminars reached 531 community members.

## **Economic Stability**

### ***Response to Need***

#### **Community Support**

Cash donations were provided to the following community organizations to support economic stability:

- Central California Women's Conference Food Insecurity Grants Initiative.
- The Kings Partnership for Prevention to provide Kings County residents with domestic and sexual violence education and resources.
- Black and Asian high school students received scholarships to further their education through partnerships with Delta Sigma Theta and the Central CA Asian Pacific Women organizations.

#### **Transportation Services**

Transportation vouchers were made available to patients and families having difficulty accessing care because of transportation challenges.

## **Maternal and Infant Health**

### ***Response to Need***

#### **Community Support**

A cash donation was provided to the Fresno Council on Child Abuse Prevention for training materials about the impact of parental substance use on children, especially during pregnancy and postpartum.

## **Mental Health**

### ***Response to Need***

#### **Bridge Program**

CCMC provided medications to individuals to suppress cravings and withdrawal symptoms from opioid use. The treatment provided patients with immediate attention in the hospital setting rather than being referred to a rehabilitation center, which may take weeks or months.

Additionally, the Bridge Program provided educational information to the greater community about substance use.

#### **Community Support**

A cash donation was provided to Clovis Unified School District to support access to mental health and suicide prevention services.

#### **HealthQuest Seminar**

HealthQuest offered a special in-person seminar discussing pediatric mental health that reached 45 community residents.

## Other Community Benefit Services – CCMC

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CCMC provided additional community benefit services to programs that focused on addressing priority health needs.

### **Health Professional Education**

*Definition: Education programs for physicians, nurses, nursing students and other health professionals.<sup>2</sup>*

#### Graduate Medical Education

Through an agreement with California Health Sciences University (CHSU), a private institution offering doctoral degrees through its College of Osteopathic Medicine, over 180 CHSU medical students rotated through Community's clinics as part of their training.

#### Nursing

CCMC had 583 nursing students participate in precepted hospital clinical rotations.

Through a partnership with the Emergency Nurses Association, CCMC's Emergency Nurse Residency program provided newly graduated and licensed Registered Nurses with hands-on training to best care for patients in the Emergency Department. In FY25, 22 residents participated in the program.

#### Other Health Professional Education

The Post Graduate Year 1 (PGY1) Pharmacy Residency Program was established in 2016 at CCMC. The program is accredited through the American Society of Health-System Pharmacists (ASHP). In FY25, CCMC filled one pharmacy residency position.

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<sup>2</sup> Community benefit category definitions source: Catholic Health Association (2020) *A Guide for Planning and Reporting Community Benefit*. <https://www.chausa.org/communitybenefit/a-guide-for-planning-and-reporting-community-benefit>

## **Cash Donations**

*Definition: Funds and in-kind services donated to community groups and nonprofit organizations.*

Funds were donated to nonprofit community groups and local organizations. The support of these organizations furthered the health system's mission and addressed the community health needs identified through the CHNA.

## **Community Benefit Operations**

*Definition: Direct and indirect costs associated with assigned staff, community health needs assessments, community benefit planning, tracking, reporting, evaluating and operations.*

Community benefit operations included community benefit staff salary, benefits and expenses, administrative support for community benefit, community benefit consultants, Community Benefit Inventory for Social Accountability (CBISA) software subscription fees and the Community Health Needs Assessment.

## **Community Building Activities**

*Definition: Activities that support community assets by offering the expertise and resources of the hospital organization. These activities may address the root causes of health problems or the determinants of health, such as education, homelessness, poverty and the environment.*

## Workforce Development

- Project SEARCH is a dedicated program focused on providing education and training to young adults with intellectual and developmental disabilities. Since 2017, CCMC has served as a vocational training site for adults through Project SEARCH. Participants receive experience necessary to find and maintain employment. In FY25, 12 students worked alongside hospital staff in clinical and nonclinical areas including NICU, antepartum, postpartum, environmental services, materials management, kitchen and plant operations at CRMC and CCMC.

## Financial Summary of Community Benefit – CRMC

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The CRMC financial summary of community benefit for FY25 (September 1, 2024 to August 31, 2025) is summarized in the table below. The community benefit costs comply with Internal Revenue Service instructions for Form 990 Schedule H. The methodology for calculating shortfalls in Medi-Cal is based on the allowable cost-to-charge ratio. Appendix 1 lists the community benefit programs by category.

| <b>Financial Assistance and Means-Tested Government Programs</b>     | <b>Vulnerable Populations</b> | <b>Broader Community</b> | <b>Total</b>         |
|--|-------------------------------|--------------------------|----------------------|
| Traditional Charity Care   | \$12,677,000                  | \$0                      | \$12,677,000         |
| Medi-Cal Shortfall   | \$157,501,000                 | \$0                      | \$157,501,000        |
| Other Means-Tested Government Programs (Indigent Care)               | \$0                           | \$0                      | \$0                  |
| <b>Sum Financial Assistance and Means-Tested Government Programs</b> | <b>\$170,178,000</b>          | <b>\$0</b>               | <b>\$170,178,000</b> |
| <b>Other Benefits</b>  |                               |                          |                      |
| Community Health Improvement Services                                | \$410,371                     | \$0                      | \$410,371            |
| Community Benefit Operations   | \$0                           | \$21,142                 | \$21,142             |
| Health Professions Education   | \$0                           | \$40,485,764             | \$40,485,764         |
| Subsidized Health Services   | \$0                           | \$0                      | \$0                  |
| Research   | \$0                           | \$0                      | \$0                  |
| Cash and In-Kind Contributions                                       | \$84,334                      | \$0                      | \$84,334             |
| Other Community Benefit  | \$0                           | \$0                      | \$0                  |
| <b>Total Other Benefits</b>  | <b>\$494,705</b>              | <b>\$40,506,906</b>      | <b>\$41,001,611</b>  |
| <b>Community Benefit Spending</b>                                    |                               |                          |                      |
| <b>Total Community Benefit*</b>                                      | <b>\$170,672,705</b>          | <b>\$40,506,906</b>      | <b>\$211,179,611</b> |
| Medicare (non-IRS)   | \$0                           | \$0                      | \$0                  |
| <b>Total Community Benefit with Medicare</b>                         | <b>\$170,672,705</b>          | <b>\$40,506,906</b>      | <b>\$211,179,611</b> |

\*Sum of Financial Assistance, Means-Tested Government Programs and Other Benefits

## Financial Summary of Community Benefit – CCMC

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The CCMC financial summary of community benefit for FY25 (September 1, 2024 to August 31, 2025) is summarized in the table below. The community benefit costs comply with Internal Revenue Service instructions for Form 990 Schedule H. The methodology for calculating shortfalls in Medi-Cal is based on the allowable cost-to-charge ratio. Appendix 2 lists the community benefit programs by category.

| <b>Financial Assistance and Means-Tested Government Programs</b>     | <b>Vulnerable Populations</b> | <b>Broader Community</b> | <b>Total</b>        |
|--|-------------------------------|--------------------------|---------------------|
| Traditional Charity Care   | \$5,310,000                   | \$0                      | \$5,310,000         |
| Medi-Cal Shortfall   | \$54,596,000                  | \$0                      | \$54,596,000        |
| Other Means-Tested Government Programs (Indigent Care)               | \$0                           | \$0                      | \$0                 |
| <b>Sum Financial Assistance and Means-Tested Government Programs</b> | <b>\$59,906,000</b>           | <b>\$0</b>               | <b>\$59,906,000</b> |
| <hr/>  |                               |                          |                     |
| <b>Other Benefits</b>  |                               |                          |                     |
| Community Health Improvement Services                                | \$170,273                     | \$0                      | \$170,273           |
| Community Benefit Operations   | \$0                           | \$21,142                 | \$21,142            |
| Health Professions Education   | \$0                           | \$1,241,258              | \$1,241,258         |
| Subsidized Health Services   | \$0                           | \$0                      | \$0                 |
| Research   | \$0                           | \$0                      | \$0                 |
| Cash and In-Kind Contributions                                       | \$53,750                      | \$0                      | \$53,750            |
| Other Community Benefit  | \$0                           | \$0                      | \$0                 |
| <b>Total Other Benefits</b>  | <b>\$224,023</b>              | <b>\$1,262,400</b>       | <b>\$1,486,423</b>  |
| <hr/>  |                               |                          |                     |
| <b>Community Benefit Spending</b>                                    |                               |                          |                     |
| <b>Total Community Benefit*</b>                                      | <b>\$60,130,023</b>           | <b>\$1,262,400</b>       | <b>\$61,392,423</b> |
| Medicare (non-IRS)   | \$15,601,000                  | \$0                      | \$15,601,000        |
| <b>Total Community Benefit with Medicare</b>                         | <b>\$75,731,023</b>           | <b>\$1,262,400</b>       | <b>\$76,993,423</b> |

\*Sum of Financial Assistance, Means-Tested Government Programs and Other Benefits

## Financial Summary of Community Benefit – Consolidated CHS

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The consolidated CHS financial summary of community benefit for FY25 (September 1, 2024 to August 31, 2025) is summarized in the table below.

| <b>Financial Assistance and Means-Tested Government Programs</b>     | <b>Vulnerable Populations</b> | <b>Broader Community</b> | <b>Total</b>         |
|--|-------------------------------|--------------------------|----------------------|
| Traditional Charity Care   | \$17,889,000                  | \$0                      | \$17,889,000         |
| Medi-Cal Shortfall   | \$212,479,000                 | \$0                      | \$212,479,000        |
| Other Means-Tested Government Programs (Indigent Care)               | \$252,000                     | \$0                      | \$252,000            |
| <b>Sum Financial Assistance and Means-Tested Government Programs</b> | <b>\$230,620,000</b>          | <b>\$0</b>               | <b>\$230,620,000</b> |
| <hr/>  |                               |                          |                      |
| <b>Other Benefits</b>  |                               |                          |                      |
| Community Health Improvement Services                                | \$580,644                     | \$0                      | \$580,644            |
| Community Benefit Operations   | \$0                           | \$42,284                 | \$42,284             |
| Health Professions Education   | \$0                           | \$41,727,022             | \$41,727,022         |
| Subsidized Health Services   | \$0                           | \$0                      | \$0                  |
| Research   | \$0                           | \$0                      | \$0                  |
| Cash and In-Kind Contributions                                       | \$138,084                     | \$0                      | \$138,084            |
| Other Community Benefit  | \$0                           | \$0                      | \$0                  |
| <b>Total Other Benefits</b>  | <b>\$718,728</b>              | <b>\$41,769,306</b>      | <b>\$42,488,034</b>  |
| <hr/>  |                               |                          |                      |
| <b>Community Benefit Spending</b>                                    |                               |                          |                      |
| <b>Total Community Benefit*</b>                                      | <b>\$231,086,728</b>          | <b>\$41,769,306</b>      | <b>\$273,108,034</b> |
| Medicare (non-IRS)   | \$18,141,000                  | \$0                      | \$18,141,000         |
| <b>Total Community Benefit with Medicare</b>                         | <b>\$249,227,728</b>          | <b>\$41,769,306</b>      | <b>\$291,249,034</b> |

\*Sum of Financial Assistance, Means-Tested Government Programs and Other Benefits

## **Joint Community Benefit Plan FY26**

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### **Significant Needs the Hospitals Intend to Address**

CRMC and CCMC will take actions to address the following health needs identified in the FY25 CHNA and detailed in the joint FY26-FY28 Implementation Strategy:

- Access to healthcare, including maternal healthcare
- Chronic diseases, including weight status
- Economic stability, focusing on food insecurity and homelessness
- Mental health and disorders, including substance use disorder

### **Access to Healthcare, including Maternal Healthcare**

**Goal:** Increase access to healthcare services, including maternal healthcare.

#### **Strategies**

- Provide health insurance enrollment assistance for people who are uninsured or underinsured.
- Provide transportation support to increase access to healthcare services.
- Administer the federal Ryan White HIV/AIDS Program and provide healthcare and case management services for patients and their families.
- Provide in-hospital testing and examinations for those who have experienced sexual assault and rape through the Sexual Assault Forensic Examiners (SAFE) Program.
- Offer education and environmental modifications to reduce the incidence of injury, disability and death due to trauma through the Trauma Prevention Program.
- Support breastfeeding and parenting initiatives through the Mother's Resource Center.
- Provide educational and training support to students pursuing a career in healthcare through partnerships with University of California San Francisco (UCSF) Fresno and other higher education providers.
- Work in collaboration with community agencies to increase access to healthcare services, including primary care, specialty care, maternity care and mental health services.
- Provide cash and in-kind support to nonprofit community organizations that provide programs and services to expand healthcare access and education.

### **Chronic Diseases, including Weight Status**

**Goal:** Reduce the impact of chronic diseases on health and increase the focus on chronic disease prevention and treatment education, including through healthy nutrition and physical health.

## Strategies

- Provide diabetes self-management education through the Community Diabetes Education (CDE) program.
- Host the Sweet Success program, which supports women diagnosed with diabetes during pregnancy.
- Facilitate health education workshops and presentations on chronic disease prevention, treatment and management, including physical activity, exercise and nutrition.
- Participate in health and wellness fairs and offer preventive health screenings.
- Provide support groups to assist those with chronic diseases.
- Work in collaboration with community agencies to address the causes and management of chronic diseases.
- Provide cash and in-kind support to nonprofit community organizations that provide chronic disease-focused programs, services and education.

## Economic Stability, Focused on Food Insecurity and Homelessness

**Goal:** Increase access to resources to address homelessness, violence prevention, and food insecurity.

## Strategies

- Connect residents to linguistically and culturally appropriate services, prioritizing housing resources and food availability.
- Facilitate violence prevention and family stabilization initiatives.
- Work in collaboration with community organizations and agencies to address the impact that economic stability has on health and wellness.
- Provide cash and in-kind support to nonprofit community organizations that provide programs and services that address food insecurity, homelessness and economic stability.

## Mental Health and Disorders, including Substance Use Disorder

**Goal:** Increase access to mental health services and substance use in the community.

## Strategies

- Help individuals and families connect to needed resources (food, housing, navigating parenting, relationships, etc.) to reduce mental health crises.
- Provide appropriate medications in the emergency departments to support patients experiencing withdrawal symptoms from substance use disorder through the Bridge Program.

- Increase access to mental health education and screening, including suicide risk screening.
- Work in collaboration with community agencies to increase access to mental healthcare services, address trauma and build resilience.
- Provide cash and in-kind support to nonprofit community organizations that provide mental health services, programs and resources.

### **Evaluation of Impact**

Community stakeholders provided input on community health needs impacting the community, prioritization of the needs, and resources to address the needs. Appendix 3 identifies the community groups and local officials that were consulted.

CRMC and CCMC are committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Community Benefit Plan. We collect, document and track measures, such as the number of people reached or served, and collaborative efforts to address health needs. An evaluation of the impact of hospital actions to address these significant health needs will be reported in the next scheduled CHNA in 2028.

### **Other Health Needs Identified in the CHNA Not Primarily Addressed**

CRMC and CCMC are dedicated to ensuring the region's identified health needs are addressed whenever possible. Taking into consideration our existing health system and community resources, the hospitals will not primarily address the other significant health needs identified in the CHNA including the economy, environmental health and transportation. The hospitals will strive to impact the other identified health needs as they fall within our areas of focus and expertise and as resources allow. We will continue to look for opportunities to partner with other organizations that are addressing these needs where we can make a meaningful contribution.

## Appendix 1: Categorization of Community Benefit Programs – CRMC

| <b>Medical Care Services</b>                            |
|---|
| Charity care/financial assistance                       |
| Medi-Cal shortfall                                      |
| Medicare shortfall (non-IRS)                            |
| <b>Other Benefits for Vulnerable Populations</b>        |
| Assistance with insurance coverage                      |
| Bridge Program  |
| Community Behavioral Health Center                      |
| Community support                                       |
| Diabetes Care Center                                    |
| Dialysis  |
| Financial assistance                                    |
| Fresno Medical Respite Center                           |
| Mother's Resource Center                                |
| Ryan White HIV/AIDS Program                             |
| Sexual Assault Forensic Exam Program (SAFE)             |
| Transportation support                                  |
| Trauma Prevention Program                               |
| <b>Other Benefits for the Broader Community</b>         |
| Community benefit operations                            |
| <b>Health Research, Education and Training Programs</b> |
| Clinical Pastoral Education                             |
| Graduate Medical Education                              |
| Nursing precepting                                      |
| Pharmacy Residency Program                              |
| Sonography programs                                     |
| <b>Nonquantifiable Benefits</b>                         |
| Workforce Development                                   |

## Appendix 2: Categorization of Community Benefit Programs – CCMC

| <b>Medical Care Services</b>                            |
|---|
| Charity care/financial assistance                       |
| Medi-Cal shortfall                                      |
| Medicare shortfall (non-IRS)                            |
| <b>Other Benefits for Vulnerable Populations</b>        |
| Assistance with insurance coverage                      |
| Bridge Program  |
| Community support                                       |
| Community Cancer Institute support groups and education |
| Financial assistance                                    |
| HealthQuest seminars                                    |
| Transportation support                                  |
| <b>Other Benefits for the Broader Community</b>         |
| Community benefit operations                            |
| <b>Health Research, Education and Training Programs</b> |
| Graduate Medical Education                              |
| Nursing precepting                                      |
| Pharmacy Residency Program                              |
| <b>Nonquantifiable Benefits</b>                         |
| Workforce Development                                   |

## Appendix 3: Community Stakeholders

### Focus Groups

#### *Fresno County*

- Adults with Disabilities/Caretakers of Adults with Disabilities
- Asian/Pacific Islander
- Black/African American
- Farmworkers (Spanish) - 2
- First Generation Residents
- Formerly Incarcerated
- Hispanic
- LGBTQ+ Community
- Low Socioeconomic Status Residents
- Native American/American Indian Populations
- Parents of Children (0-5)
- Pregnant/Postpartum Moms (including doulas) – Asian/Pacific Islander
- Pregnant/Postpartum Moms (including doulas) – Black
- Pregnant/Postpartum Moms (including doulas) – Hispanic
- Refugee and Immigrant Communities
- Residence Council (Spanish)
- Rural Fresno County
- South Asian – Sikh, Punjabi
- Unhoused
- Urban/Downtown Fresno
- Young Adults (18-25)

#### *Kings County*

- LGBTQ+
- Parents of Children Under 5 Years Old (Spanish)
- Parents with Children At-Risk or Diagnosis of Disabilities or Delays (Bilingual)

#### *Madera County*

- Black/African American
- Chowchilla Residents
- East Madera
- Farmworkers (Spanish)
- LGBTQ+ Community
- Native American – North Fork Rancheria/Oakhurst
- Parents & Caretakers (Spanish)
- Punjabi

#### *Tulare County*

- Farmworkers (Oaxaca)
- Farmworkers (Spanish)
- Individuals with Diabetes
- Parents with Children 0-5
- Parents with Children with Special Needs
- Unhoused
- Young Adults

### Focus Group Partners

#### *Fresno County*

- Best Buddies
- BLACK Wellness and Prosperity Center
- California State University, Fresno – First-Generation Affinity Group
- Central Valley Community Foundation
- Cultiva La Salud
- Downtown Fresno Partnership
- First 5 Fresno County
- Fresno American Indian Health Project
- Fresno Area Hispanic Foundation
- Fresno Housing Authority
- Fresno Interdenominational Refugee Ministries
- Fresno Mission
- Fresno Rainbow Pride
- Hall Management
- Hope Now
- Jakara Movement
- Reading and Beyond
- St. Rest Baptist Church
- The Fresno Center
- Youth Leadership Institute

*Kings County*

- First 5 Kings County
- The Source
- United Cerebral Palsy

*Madera County*

- Central Valley Opportunity Center
- First 5 Madera County
- Hope House Oakhurst
- Madera County Department of Public Health
- NAACP Branch 1084
- North Fork Elementary

*Tulare County*

- Central Valley Empowerment Alliance
- Dinuba/Visalia Parenting Network
- Kaweah Health Support Groups
- Lindsay Family Resource Center
- Self-Help Enterprises
- The Warehouse
- Unidad Popular Benito Juarez

## **Key Informant Interviews and Listening Sessions**

*Fresno County*

- Cal Viva Health Net
- California State University, Fresno – School of Nursing
- Central Valley Community Foundation
- Central Valley Health Policy Institute
- Centro La Familia
- Cradle to Career Fresno County
- Downtown Fresno Partnership
- Exception Parents Unlimited
- First 5 Fresno County
- Fresno County Department of Behavioral Health
- Fresno County Department of Public Health
- Fresno County Health Improvement Partnership
- Fresno Interdenominational Refugee Ministries
- Fresno Unified School District
- Fresno-Madera Agency on Aging
- Kings View Behavioral Health
- Reading and Beyond
- United Health Centers
- United Way Fresno and Madera Counties
- University of California, San Francisco – Fresno

*Kings County*

- Anthem Blue Cross
- California State Senate Office
- City of Hanford
- Equity in Black
- Kings County Department of Public Health
- Kings Partnership for Prosperity, Progress, and Prevention
- Kings United Way
- Reestablishing Stratford

*Madera County*

- Anthem Blue Cross
- California Farmworkers Foundation
- California Health Collaborative
- Central Environmental Justice Network
- Centro Binacional para el Desarrollo Indígena Oaxaqueño
- Community Action Partnership of Madera County, Inc.
- First 5 Madera County
- Jakara Movement
- Latinos Madera Club
- Madera Coalition for Community Justice
- Madera County Food Bank
- Madera County Public Health Department
- Madera United Methodist Church
- Mount Zion Missionary Baptist Church
- United Way Fresno and Madera Counties
- Valley Children's Healthcare
- Valley Children's Healthcare Guilds Center for Community Health
- Youth Leadership Institute

*Tulare County*

- Central Valley Empowerment Alliance
- First 5 of Tulare County
- Kaweah Health Community Outreach
- Lindsay Family Resource Center
- Pixley Union School District
- Tulare County Department of Public Health