



SACRAMENTO

KAISER FOUNDATION HOSPITAL NORTHERN CALIFORNIA REGION



2020 COMMUNITY BENEFIT YEAR-END REPORT AND 2020-2022 COMMUNITY BENEFIT PLAN

Community

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

Kaiser Foundation Hospital (KFH)-Sacramento

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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 12.2 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

For 75 years, Kaiser Permanente has been 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. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. 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.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) 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 2020 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 2020, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,294,404,117 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 and B. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided in 2020 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$692,686,921
Charity care: Charitable Health Coverage Programs ²	\$94,951
Charity care: Medical Financial Assistance Program ³	\$292,212,296
Grants and donations for medical services ⁴	\$32,762,341
Subtotal	\$1,017,756,509
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$3,159,122
Educational Outreach Program	\$996,423
Youth Employment programs ⁶	\$692,228
Grants and donations for community-based programs ⁷	\$85,399,347
Community Benefit administration and operations ⁸	\$12,241,501
Subtotal	\$102,488,621
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$1,091,019
Kaiser Permanente Educational Theatre	\$5,784,348
Facility, supplies, and equipment (in-kind)	\$3,609,800
Community Giving Campaign administrative expenses	\$681,817
Grants and donations for the broader community ¹⁰	\$6,607,309
National Board of Directors fund	\$742,769
Subtotal	\$18,517,062
Health Research, Education, and Training	
Graduate Medical Education	\$98,995,981
Non-MD provider education and training programs ¹¹	\$27,487,338
Grants and donations for the education of health care professionals ¹²	\$2,315,284
Health research	\$26,843,322
Subtotal	\$155,641,925
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,294,404,117

TABLE A 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 hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- ³ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- ⁴ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁵ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁶ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment Programs participants hired.
- ⁷ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or Health Education programs.
- ¹⁰ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹¹ Amount reflects the net expenditures after scholarships for health professional education and training programs.

¹² Figures reported in this section for grants and donations for the education of health care professionals 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 such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B
KAISER FOUNDATION HOSPITALS IN CALIFORNIA
Community Benefits Provided by Hospital Service Area in 2020

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$32,884,734	Anaheim	\$38,125,925
Fremont	\$11,870,189	Baldwin Park	\$31,073,319
Fresno	\$17,121,944	Downey	\$46,435,644
Manteca	\$30,479,883	Fontana	\$70,060,474
Modesto	\$16,601,850	Irvine	\$16,259,901
Oakland	\$68,247,808	Los Angeles	\$61,151,477
Redwood City	\$17,113,356	Moreno Valley	\$13,907,228
Richmond	\$45,313,562	Ontario	\$19,946,787
Roseville	\$46,614,984	Panorama City	\$39,931,373
Sacramento	\$87,732,815	Riverside	\$36,807,300
San Francisco	\$37,776,000	San Diego	\$60,564,848
San Jose	\$29,971,995	South Bay	\$34,209,359
San Leandro	\$40,190,288	West Los Angeles	\$41,447,010
San Rafael	\$18,618,231	Woodland Hills	\$24,655,944
Santa Clara	\$43,328,256		
Santa Rosa	\$34,940,812		
South Sacramento	\$71,905,940		
South San Francisco	\$14,140,089		
Vacaville	\$26,348,833		
Vallejo	\$44,781,858		
Walnut Creek	\$23,844,101		
Northern California Total	\$759,827,528	Southern California Total	\$534,576,588

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs 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 groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials - including workbooks, parent and teacher guides, and student wallet cards - to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication, and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

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 conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-Sacramento Community Served

F. 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.

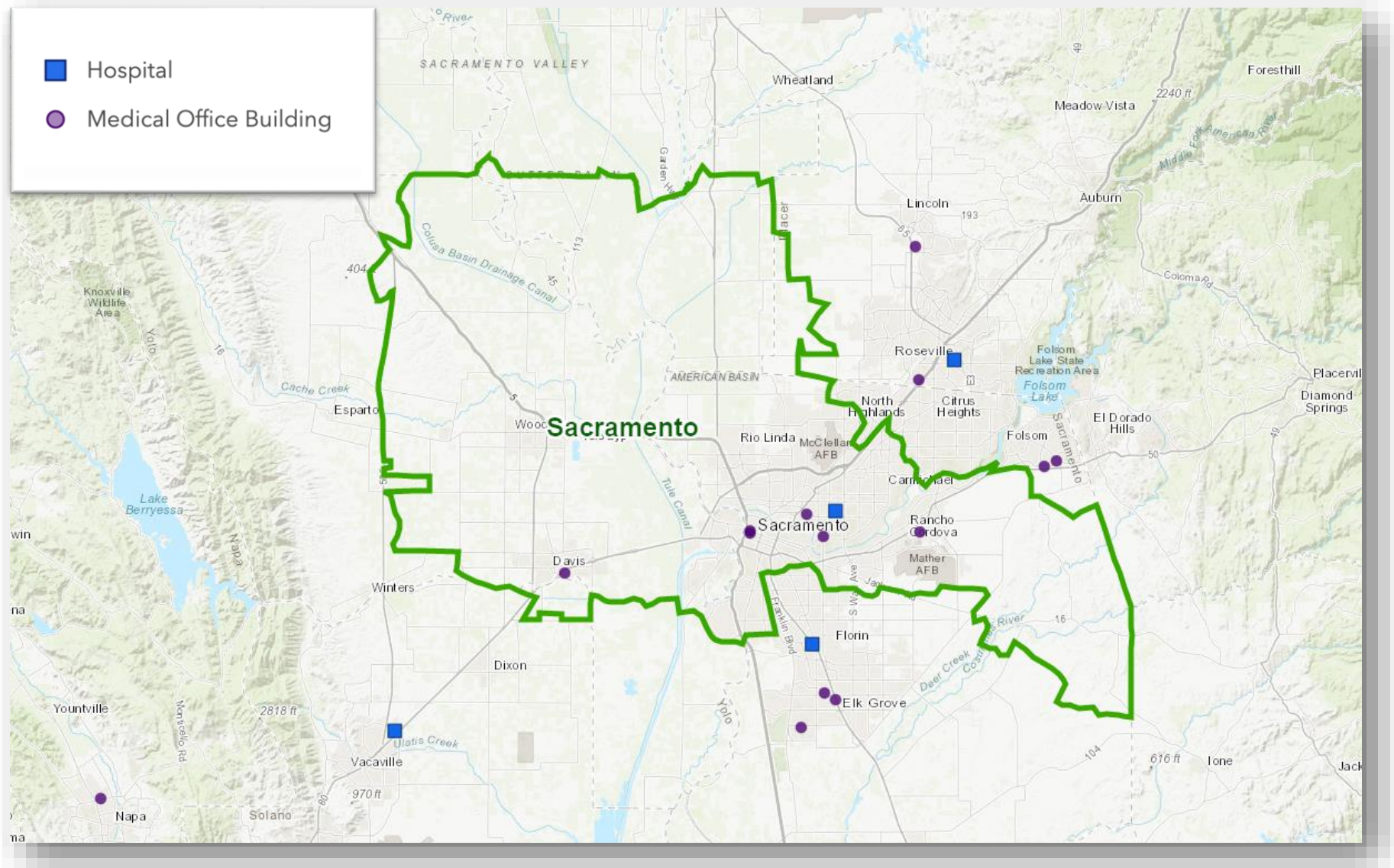
G. Demographic Profile of Community Served by KFH-Sacramento

Total Population	897,528
White	62.5%
Black/African American	8.8%
Asian	12.8%
Native American/ Alaskan Native	0.7%
Pacific Islander/ Native Hawaiian	0.7%
Some Other Race	8.0%

Multiple Races	6.5%
Hispanic/Latino	24.3%
Total Living in Poverty (<100% FPL)	19.4%
Children Living in Poverty	25.1%
Unemployment Rate	3.9%
Uninsured Population	10.2%
Adults with No High School Diploma	12.1%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

H. Map and Description of Community Served by KFH-Sacramento



The KFH-Sacramento service area comprises parts of Sacramento and Yolo counties. Cities in this area include Citrus Heights, Davis, Sacramento, Rancho Cordova, West Sacramento, and Woodland.

IV. Description of Community Health Needs Addressed by KFH-Sacramento

The following are the health needs KFH-Sacramento is addressing 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 at: <http://www.kp.org/chna>.

A. Health Needs Addressed

1. Mental and Behavioral Health

Mental and behavioral health are foundations for healthy living, and encompass rates of mental illness, challenging behaviors (e.g., school suspensions), substance abuse, access to social and emotional support, and access to providers for preventive care and treatment. CHIC members prioritized this issue given the 2019 CHNA data and the recognition that mental and behavioral health are often associated with other health needs, as either contributing or resulting factors. Community members engaged in the CHNA process also identified mental and behavioral health as an increasing need, with a specific focus on culturally and linguistically competent mental health care providers. As noted in both the qualitative and quantitative CHNA data, this need is already met with insufficient providers to address the existing and growing mental health needs within the community. CHIC members discussed the importance of KFH-Sacramento's role in addressing this health need.

2. Economic Security

Economic security means having the financial resources, public supports, career and educational opportunities, and housing accommodations necessary to live one's fullest life. This is the first year that Economic Security was identified as a priority health need for the KFH-Sacramento service area. This health need was prioritized by the CHIC given the large disparities and inequity in the community around economic security and recognition that these disparities continue to grow. For example, increasing numbers of homeless individuals and the lack of job pathways for marginalized communities (e.g., youth, formerly incarcerated) were highlighted in the CHNA qualitative and quantitative data. The CHIC identified opportunities for KFH-Sacramento to engage in efforts to improve economic security in the community, including increasing purchasing and hiring from local businesses as new Kaiser Permanente infrastructure is built in the community. CHIC members also discussed the importance of a collaborative approach to addressing this health need and partnering with other stakeholders to address this need.

3. Access to Care

This health need includes access to quality health care, such as affordable health insurance and utilization of preventive care, with the goal of reducing the risk of unnecessary disability and premature death. In addition, this health need includes increasing health literacy and community awareness of health care resources. The CHIC prioritized this health need because of identifying access to care at the core of Kaiser Permanente's work and the opportunity to leverage organizational assets to address this need in the community. As a result of data reflected in the 2019 CHNA, the CHIC identified the importance of training current and future health care providers in cultural competency and to hire a more diverse workforce.

4. Community and Family Safety

This health need was referred to as Violence and Injury Prevention in the 2019 KFH-Sacramento CHNA report. It includes, direct and indirect exposure to violence and injury, such as domestic and community violence, which have significant effects on well-being and health. The CHIC prioritized this health need as it emerged as a top health need within the quantitative and qualitative data in the 2019 CHNA report. Violence experienced by women and children emerged as a specific concern. As a result, Community and Family Safety aims to support women and children as a target population. The CHNA process also identified the need for safe and violence-free spaces was identified as an emerging need by the community. The CHIC discussed the communities' insight and acknowledged the importance of increasing access to safe spaces to help improve community and individual wellbeing.

B. Health Needs Not Addressed

Several of the health needs prioritized in the 2019 KFH-Sacramento CHNA report will not be addressed with the 2020-2022 Implementation Strategy: Environmental Health, Healthy Eating and Active Living, and Women and Children's Well-being. Sacramento CHIC members ranked these lowest among the health needs as part of the Implementation Strategies prioritization process. However, although not selected as priority health needs, goals and strategies in health needs that were selected do reflect core components of Healthy Eating and Active Living and Women and Children's Well-being. For example, KFH-Sacramento and the Sacramento CHIC members decided that based on the 2019 CHNA data, there was ample evidence to indicate that women and children should be a focal population within each of the prioritized health needs. Similarly, strategies to address core components of Healthy Eating and Active Living were integrated into other health needs, including access to CalFresh into Economic Development, and increasing access to healthy lifestyle resources into Access to Care. Environmental Health did not rise to the top in the CHIS prioritization process as the CHIC members felt there were fewer organizational assets that could be leveraged to make an impact in this domain. From a strategic point of

view, the CHIC members wanted to ensure organization assets were used in ways that would be most beneficial to the community.

V. 2020 Year-End Results for KFH-Sacramento

A. 2020 Community Benefit Financial Resources Provided by KFH-Sacramento

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- 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 were not available by hospital service area, then regional expenses were allocated proportionally based on KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Youth Employment participants employed within each hospital area's community at large.

Table C

KFH-Sacramento

Community Benefits Provided in 2020 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$62,954,565
Charity care: Medical Financial Assistance Program ²	13,672,825
Grants and donations for medical services ³	491,745
Subtotal	\$77,119,135
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$12,289
Grants and donations for community-based programs ⁵	4,560,100
Community Benefit administration and operations ⁶	548,789
Subtotal	\$5,121,178
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$207
Community Giving Campaign administrative expenses	49,058
Grants and donations for the broader community ⁸	663,343
National Board of Directors fund	33,678
Subtotal	\$746,287
Health Research, Education, and Training	
Graduate Medical Education	\$3,105,402
Non-MD provider education and training programs ⁹	522,492
Grants and donations for the education of health care professionals ¹⁰	11,666
Health research	1,106,655
Subtotal	\$4,746,215
Total Community Benefits Provided	\$87,732,815

TABLE C 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 at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
3. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
4. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment programs participants hired.
5. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
6. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
7. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on related denominators such as the number of health education programs.
8. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
9. Amount reflects the net expenditures for health professional education and training programs.
10. Figures reported in this section for grants and donations for the education of health care professionals 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. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. Examples of KFH-Sacramento's 2020 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 KFH-Sacramento Community Benefit Plan/Implementation Strategy Report posted on the internet at <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-Sacramento. 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 paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Sacramento service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple KFH service areas. Grant examples denoted with (*) were distributed from Kaiser Permanente Northern California Community Benefit's donor advised fund (DAF), which is administered by the East Bay Community Foundation; accordingly, DAF grant amounts were not included in the community benefit totals for 2020 (Tables B and C).

In addition to the highlights in the below tables that address specific health needs, Kaiser Permanente Northern California Community Benefit implements additional community programs that address multiple health needs, including:

Need	Summary of Impact	Examples of most impactful efforts
<p>Mental and Behavioral Health</p>	<p>In 2020, there were 13 grants totaling \$248,833.43 that addressed Mental and Behavioral Health in the KFH-Sacramento service area.</p>	<p>A \$98,000 grant to Sacramento City Unified School District’s (SCUSD) Student Services Office will support services at John Still Middle School. SCUSD will:</p> <ol style="list-style-type: none"> 1. Provide mental health services and supports for up to 100 students 2. Build teacher capacity to employ trauma-responsive practices and support staff to enhance wellness, coping, and stress reduction through training 3. Implement a back to school plan using best practices for trauma-informed care and COVID response 4. Work with school administration to implement RISE tools and resources <hr/> <p>First Step Communities (FSC) received a \$25,000 grant~ (split between KFH-Sacramento and KFH-South Sacramento) to support its Homelessness Mental Health Clinician program. FSC will provide in-house individual and group mental health services to as many as 118 clients (conservatively estimated) annually in its homeless shelters. Having a clinician on staff will allow FSC to quickly address clients’ frequently urgent needs for professional counseling and support. And timely responses to these pressing needs will facilitate clients’ ability move on to other goals such as stability, employment, and housing. With an in-house clinician, FSC anticipates being able to lower existing mental health barriers to intake and self-exits due to mental health issues, while increasing access to mental health services by 50%.</p> <hr/> <p>My Brother’s Keeper (MBK) Sacramento Collaborative received a \$25,000 grant~ (split between KFH-Sacramento and KFH-South Sacramento) to support its MBK Sacramento Trauma and Healing Project that will engage boys and men of color who have experienced social-emotional trauma to serve as change agents in their community, removing barriers to accessing mental health supports, increasing the cultural responsiveness of mental health services for youth of color, and increasing their ability to navigate systems to get the healthcare they need. Through listening sessions designed to identify barriers to accessing and successfully navigating public and</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>community based mental healthcare systems in Sacramento County, the initiative will engage 15 youth and young adults of color who will help co-design an interactive MBK Youth Mental Health App that enables youth to navigate mental healthcare services.</p> <hr/> <p>Wind Youth Services received a \$25,000 grant~ (split between KFH-Sacramento and KFH-South Sacramento) to support Connections, its mental and behavioral health program that screens runaway and homeless youth to identify mental, physical, and behavioral health needs and then connect participants to an array of supportive services and formalized healthcare systems. Connections will provide educational and employment supports to offer a comprehensive approach that guides young people to improved health and wellness, helping them build healthy relationships.</p>
<p>Economic Security</p>	<p>In 2020, there were 22 grants totaling \$387,084.00 that addressed Economic Security in the KFH-Sacramento service area.</p>	<p>A \$150,000 grant* to Sacramento Steps Forward (SSF) will support the following three initiatives:</p> <ol style="list-style-type: none"> 1. \$100K to support a two-year targeted homeless outreach strategy in River District, focused on 500+ unsheltered, medically vulnerable individuals. Joint funding with City of Sacramento, local Property and Business Improvement Districts, CDC Foundation, and other regional health systems. 2. \$25K in seed funding to transition SSF’s COVID I/Q referral system and shelters into permanent shelter coordination system in the county. SSF would work with Sacramento Housing & Redevelopment Agency, City and County of Sacramento, and other regional health systems to implement. 3. \$25K to fund the PPE needs of local shelters, homeless encampment outreach, and homeless-service providers as needed. <hr/> <p>A \$125,000 grant~ (impacting KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) to Healthy Community Forum for the Greater Sacramento Region (dba Sacramento Covered) will allow the agency to provide housing</p>

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		<p>support for homeless non-member high-utilizers of Kaiser Permanente KFH-Sacramento and KFH-South Sacramento emergency departments, which have some of the highest numbers of homeless non-members who regularly access Kaiser Permanente emergency services in Northern California Region.</p> <hr/> <p>Juma Ventures received a \$25,000 grant to support its YouthConnect program, which combines a positive work experience and job training at Juma’s social enterprises with a corresponding suite of services, including career development, financial capability, and education services offered through individual and group coaching and mentoring. Participants are employed for the length of a sports season (an average of six months) and complete approximately 150 hours of work. Each youth is supported by a program coordinator whose goal is to help them overcome personal barriers to successful employment, become job ready, and establish financial and career goals. Pre-COVID-19, there were already 34,000 young people age 16 to 24 in Sacramento County who were at risk of disconnection from school and work, many of whom face barriers to employment such as justice- and foster care-system involvement, homelessness, and high-risk of human and sexual trafficking.</p> <hr/> <p>Sacramento Steps Forward (SSF) received a \$50,000 grant~ (split between KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) to support Sacramento County’s Built for Zero (BfZ) effort by funding a new policy and communications coordinator position. This will fill a significant gap in SSF’s current capacity as BfZ – which addresses issues such as veteran and chronic homeless – develops and accelerates. SSF, lead coordinating agency for Sacramento County’s Continuum of Care (COC), is also co-lead of the BfZ partnership with Community Solutions. SSF’s increased capacity around policy and communications will help promote the data improvement work underway with the BfZ team to inform decision makers, create greater alignment among city and county policies and funding streams, and improve coordination</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>among homeless-serving stakeholders to drive toward the common goal of population-level reductions.</p> <hr/> <p>The Short-Term Emergency Aid Committee (STEAC) received a \$25,000 grant to support its Rental Assistance Program, which delivers eviction prevention services (up to \$1,000 per family) and provides first month's rent of up to \$700 to move families out of homelessness into permanent housing. Grant funds will help approximately 28 families (comprising 77 individuals, including 36 children). There's no agency overhead, so 100% of funds will go directly to lower-income families in Yolo County. As women and children are hurt most by evictions, often moving to poorer, less stable neighborhoods with low-performing schools, STEAC's program will be especially helpful for this vulnerable subgroup. And since Hispanics/Latinos have been hit hardest financially by the pandemic and represent approximately 1/3 of rental assistance cases, they will also benefit from the program.</p>
<p>Access to Care</p>	<p>In 2020, there were 28 grants totaling \$591,815.92 that addressed Health Care Access and Delivery in the KFH-Sacramento service area.</p>	<p>Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 41,982 Medi-Cal members and 122 Charitable Health Coverage (CHC) members in the KFH-Sacramento service area. And another 10,340 individuals received Medical Financial Assistance (MFA).</p> <hr/> <p>Operation Access: In 2020, with the participation of XX volunteer physicians and XX volunteer clinical and support staff, KFH-Sacramento provided XX outpatient medical services (surgical and diagnostic) to Operation Access clients.</p> <hr/> <p>A \$50,000 grant to Community Link Capital Region (impacting KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) will support core operations and services for this local 211 organization. 211 systems are a crucial resource in emergencies, such as the wildfires that have ravaged California in recent years. 211 systems facilitate the quick dissemination of information regarding evacuations, shelters, and aid, all while reducing 911's</p>

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		<p>call volume. More recently, 211 is connecting residents to up-to-date information on COVID-19 testing and state-issued guidance.</p> <hr/> <p>A \$375,000 grant~ Central Valley Health Network (CVHN) (impacting KFH-Fresno, KFH-Manteca, KFH-Modesto, KFH-Roseville, KFH-Sacramento, KFH-South Sacramento and KFH-Vacaville) will support funding for regional, statewide, and federal policy/advocacy issues and activities that affect the federally qualified health centers in the CVHN service area for the purpose of increasing access to care; and supporting the development and retention of a strong health center workforce in the regions served by CVHN members. CVHN will use its COVID-19 funding for virtual convenings on COVID for member clinics, and for purchase of PPE and equipment for remote monitoring, infection control and responsive requests funding from their member clinics.</p> <hr/> <p>A \$375,000 grant~ to Redwood Community Health Coalition (RCHC) (impacting KFH-Sacramento, KFH-San Rafael, KFH-Santa Rosa, KFH-Vacaville, and KFH-Vallejo) will support funding to continue building advocacy and communications capacity; supporting health center population health programs; and supporting data, analytics and technology infrastructure to provide high-quality care and measure outcomes. RCHC will use its COVID-19 funding to host at least 12 COVID-19 response planning and coordination calls with member health centers, offer member clinics funds to buy PPE and other infection control equipment, increase their outreach and counseling to patients regarding COVID-19, and coordinate contact tracing with local public health agencies. In each case, participating clinics will be required to sign an MOU.</p>
Community and Family Safety	In 2020, there were 8 grants totaling \$154,234.00 that addressed Community and	A \$150,000 grant~ to WellSpace Health, Inc. (impacting KFH-Sacramento and KFH-South Sacramento) will support its Sacramento Violence Intervention Program (SVIP) project, which started in June 2010. SVIP's primary goal is to reduce reinjury and retaliation among patients who are admitted to Kaiser

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	<p>Family Safety in the KFH-Sacramento service area.</p>	<p>Permanente (or partnering health systems) due to a violent crime as well as implementing violence prevention strategies in the community. Designed to decrease the risk of additional trauma, SVIP provides intensive case management and service linkages to patients and educates the community about trauma-informed practices to support the healing of the youth and community. Violence is a public health issue and SVIP uses evidence-based strategies to reduce the impact of violence and increase the resiliency of the youth involved. This grant will allow SVIP to respond to a recent increase in violence in Sacramento since the shelter-in-place order was put in effect and an increase in racial unrest related to recent police killings.</p> <hr/> <p>Sacramento Children’s Home (SCH) received a \$25,000 grant~ (split between KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) to support its Crisis Nursery Program, a unique and integral family strengthening program that helps SCH achieve its mission by providing parents of children age 0 to 5 a safe place to bring their children during times of extreme stress or crisis. Most parents who seek Crisis Nursery Program support are young, single parents; grandparents raising grandchildren; or foster parents. Because they often lack a reliable family or community support system, these parents have nowhere else to turn during times of extreme crisis. Upon leaving the Crisis Nursery, 92% of caregivers report that they are “better able to handle challenging parenting situations” and 91% report an increased knowledge of available community resources to assist them in the future. The goal is to keep at-risk families together and reduce the number of young children who enter the foster care system.</p> <hr/> <p>Child Abuse Prevention Council of Sacramento (dba Child Abuse Prevention [CAP] Center) received a \$25,000 grant~ (split between KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) to support Unite4Kids, a targeted public education campaign implemented by CAP Center. Unite4Kids promotes the understanding that preventing child abuse is everyone's responsibility and annually reaches approximately 1,000 households in the</p>

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		<p>Greater Sacramento area. In addition to conducting a regional PR campaign, CAP Center will disseminate messages and toolkits to key community influencers, including faith- and community-based organizations, schools, and businesses.</p> <hr/> <p>WEAVE, Inc. received a \$25,000 grant~ (split between KFH-Sacramento and KFH-South Sacramento) to support adaptation of the evidence-based Celebrating Families program to implement its Parent Child Safety Program. Celebrating Families is cognitive behavioral curriculum written for parents who have a serious problem with alcohol or other drugs and the family is at high risk for domestic violence, child abuse, or neglect. The program goal is to improve parent-child interaction, mitigate trauma, build resilience, and interrupt intergenerational cycles of violence by increasing protective factors and alleviating toxic stress. Rose Family Creative Empowerment Center, a Black Child Legacy Campaign site and one of WEAVE's partner in the South Sacramento Healthy Black Families Collaborative, is a key partner in this program and has an operational agreement with WEAVE. Rose Family staff will be trained in the Celebrating Families curriculum and will cofacilitate a 16-week parent-child session in the community.</p>