



VALLEJO

# 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 PERMANENTE®**  
*in the community*

# Kaiser Foundation Hospital (KFH)-Vallejo

## Table of Contents

### **I. Introduction and Background**

- a. About Kaiser Permanente
- b. About Kaiser Permanente Community Health
- c. Purpose of the Report

### **II. Overview of Community Benefit Programs Provided**

- a. California Kaiser Foundation Hospitals Community Benefit Financial Contribution – Tables A and B
- b. Medical Care Services for Vulnerable Populations
- c. Other Benefits for Vulnerable Populations
- d. Benefits for the Broader Community
- e. Health Research, Education, and Training Programs

### **III. KFH-Vallejo Community Served**

- a. Kaiser Permanente’s Definition of Community Served
- b. Map and Description of Community Served
- c. Demographic Profile of Community Served

### **IV. KFH-Vallejo Community Health Needs in 2020-2022**

- a. Health Needs Addressed
- b. Health Needs Not Addressed

### **V. 2020 Year-End Results for KFH-Vallejo**

- a. 2020 Community Benefit Programs Financial Resources Provided by KFH-Vallejo – Table C
- b. 2020 Examples of KFH-Vallejo Grants and Programs Addressing Selected Health Needs

## 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.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$692,686,921
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$94,951
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$292,212,296
Grants and donations for medical services <sup>4</sup>	\$32,762,341
<b>Subtotal</b>	<b>\$1,017,756,509</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>5</sup>	\$3,159,122
Educational Outreach Program	\$996,423
Youth Employment programs <sup>6</sup>	\$692,228
Grants and donations for community-based programs <sup>7</sup>	\$85,399,347
Community Benefit administration and operations <sup>8</sup>	\$12,241,501
<b>Subtotal</b>	<b>\$102,488,621</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
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 <sup>10</sup>	\$6,607,309
National Board of Directors fund	\$742,769
<b>Subtotal</b>	<b>\$18,517,062</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$98,995,981
Non-MD provider education and training programs <sup>11</sup>	\$27,487,338
Grants and donations for the education of health care professionals <sup>12</sup>	\$2,315,284
Health research	\$26,843,322
<b>Subtotal</b>	<b>\$155,641,925</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$1,294,404,117</b>

## TABLE A ENDNOTES

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- <sup>3</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- <sup>4</sup> 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.
- <sup>5</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> Amount reflects the net expenditures after scholarships for health professional education and training programs.

<sup>12</sup> 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		
<b>Northern California Total</b>	<b>\$759,827,528</b>	<b>Southern California Total</b>	<b>\$534,576,588</b>

## **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-Vallejo 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.

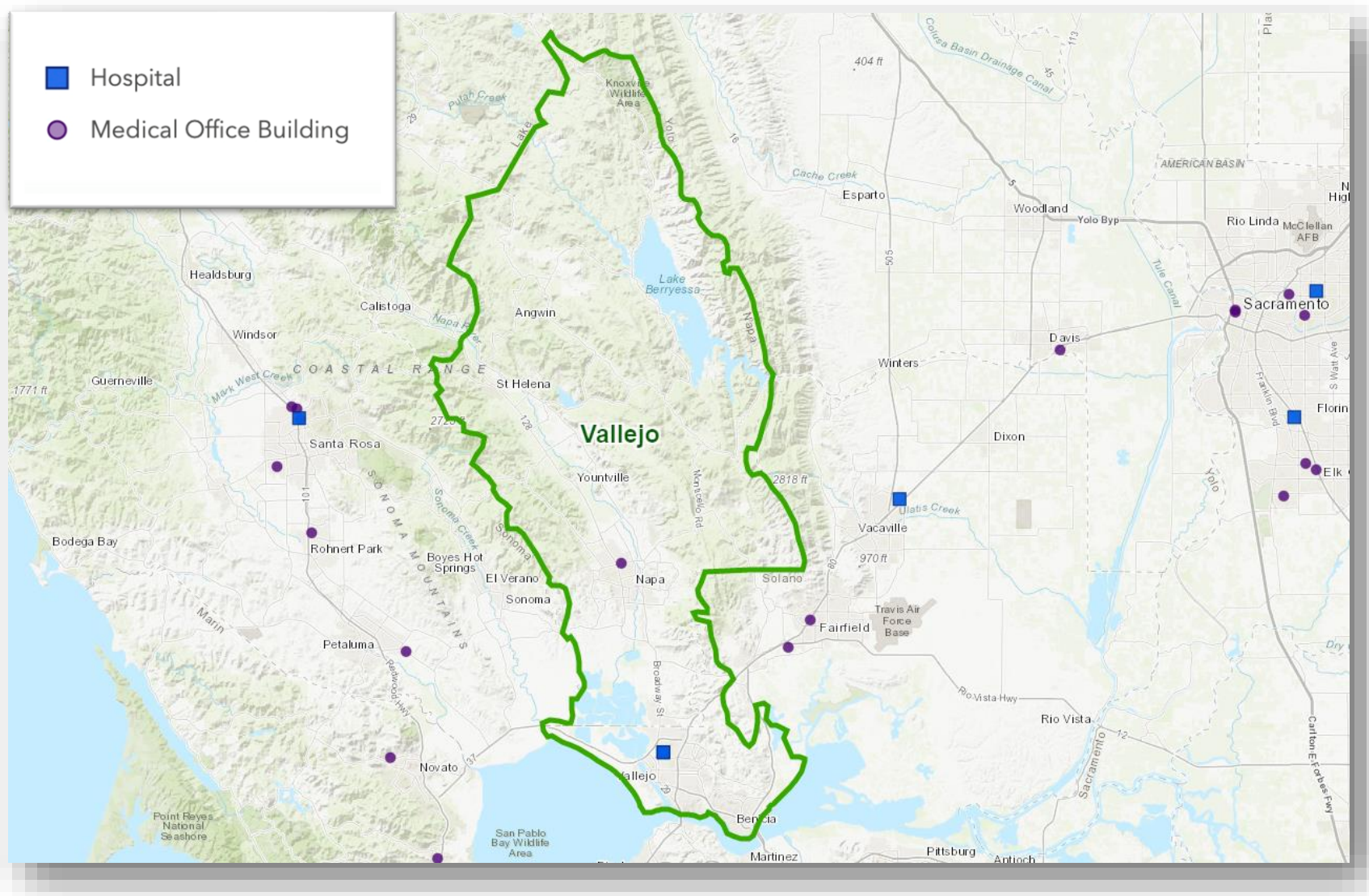
#### G. Demographic Profile of Community Served by KFH-Vallejo

Total Population	284,616
White	59.0%
Black/African American	10.8%
Asian	15.0%
Native American/ Alaskan Native	0.6%
Pacific Islander/ Native Hawaiian	0.5%
Some Other Race	8.4%

Multiple Races	5.6%
Hispanic/Latino	27.8%
Total Living in Poverty (<100% FPL)	12.2%
Children Living in Poverty	15.6%
Unemployment Rate	3.6%
Uninsured Population	9.9%
Adults with No High School Diploma	13.4%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

## H. Map and Description of Community Served by KFH-Vallejo



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



## IV. Description of Community Health Needs Addressed by KFH-Vallejo

The following are the health needs KFH-Vallejo 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 Community Health Needs Assessment (CHNA) Report and the 2020-2022 Implementation Strategy Report at: <http://www.kp.org/chna>.

### A. Health Needs Addressed

#### 1. Mental Health and Well-Being

Behavioral health is the foundation for healthy living and encompasses mental illness, substance use and overdoses, and access to service providers for preventive care and treatment. This health need was recommended for selection by the Community Health Investment Committee (CHIC) because it received a high score across all selection criteria, most notably feasibility and the ability to leverage organizational assets.

#### 2. Community Safety

Referred to as Violence & Injury Prevention in the CHNA: Direct and indirect exposure to violence and injury, such as domestic and community violence, have significant effects on well-being and health. This health need was recommended for selection by the CHIC because it received a high score across all selection criteria, most notably the Vallejo prioritization score, feasibility, and disparities/equity.

#### 3. Economic Opportunity Healthy Eating/Active Living

Economic security means having the financial resources, public supports, career and educational opportunities, and housing necessary to be able to live your fullest life. Intrinsically related to all health issues, from housing to behavioral health, economic security is a strong determinant of an individual's health outcomes. This health need was recommended for selection by the CHIC because it received a high score across all selection criteria, most notably the Vacaville and Vallejo prioritization scores, feasibility, and disparities/equity.

#### 4. Access to Care and Coverage

Access to quality health care includes affordable health insurance, use of preventive care, and ultimately reduced risk of unnecessary disability and premature death. Importantly, it is also one of the key drivers in achieving health equity. This

health need was recommended for selection by the CHIC because it received a high score across all selection criteria, most notably feasibility and disparities/equity.

## **B. Health Needs Not Addressed**

Housing: This health need was not selected because, compared to other health needs, it scored relatively lower on the following criteria: disparities, leveraging organizational assets, and feasibility. The strategies identified within Economic Security will largely address the need associated with Housing. In addition, there is significant existing attention and resources dedicated to addressing this issue in the community.

Education: This health need was not selected because, compared to other health needs, it scored relatively lower on the ability to leverage organizational assets. Significant attention and resources in the service area are currently dedicated to addressing this health need, especially in the secondary education system by supporting programs providing mentorship and educational support systems for high school students and disconnected youth.

Healthy Eating and Active Living (HEAL): This health need was not selected because, compared to other health needs, it scored relatively lower on disparities and leveraging organizational assets. Significant attention and resources in the service area are currently dedicated to this need around the issues of reducing food insecurity, providing access to healthy food, and increasing access to safe parks and outdoor spaces.

Maternal & Infant Health: This health need was not selected because, compared to other health needs, it scored relatively lower on disparities and leveraging organizational assets. The strategies identified within Access to Care will largely address the challenges specific to the population of mothers and young children.



## **V. 2020 Year-End Results for KFH-Vallejo**

### **A. 2020 Community Benefit Financial Resources Provided by KFH-Vallejo**

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-Vallejo**

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

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$23,377,276
Charity care: Medical Financial Assistance Program <sup>2</sup>	7,444,308
Grants and donations for medical services <sup>3</sup>	1,800,655
<b>Subtotal</b>	<b>\$32,622,240</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>4</sup>	\$4,105
Grants and donations for community-based programs <sup>5</sup>	2,221,401
Community Benefit administration and operations <sup>6</sup>	248,326
<b>Subtotal</b>	<b>\$2,473,832</b>
<b>Benefits for the Broader Community<sup>7</sup></b>	
Community health education and promotion programs	\$94
Community Giving Campaign administrative expenses	22,199
Grants and donations for the broader community <sup>8</sup>	104,500
National Board of Directors fund	15,239
<b>Subtotal</b>	<b>\$142,032</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$2,111,984
Non-MD provider education and training programs <sup>9</sup>	1,956,444
Grants and donations for the education of health care professionals <sup>10</sup>	0
Health research	5,475,327
<b>Subtotal</b>	<b>\$9,543,754</b>
<b>Total Community Benefits Provided</b>	<b>\$44,781,858</b>

## 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-Vallejo'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-Vallejo 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-Vallejo. 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-Vallejo 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
<b>Mental Health and Well-Being</b>	In 2020, there were 16 grants totaling \$256,083.42 that addressed Mental Health and	East Bay Agency for Children (EBAC) received a \$50,000 grant~ (impacting KFH-Vacaville and KFH-Vallejo) for Trauma Transformed: Enhancing Trauma-Informed Systems Change. EBAC's program will support development of a

Need	Summary of Impact	Examples of most impactful efforts
	Well-Being in the KFH-Vallejo service area.	<p>diverse, well trained behavioral healthcare workforce to provide culturally competent care in Solano County. It will build the capacity and sustainability of trauma-informed systems by facilitating workgroups, training, and coaching for Solano County Health and Social Services Department staff and a community partner to become lead Trauma-Informed Systems 101 facilitators and trainers. Quarterly Breakthrough Series Collaboration implementation workgroups will focus on practice and policy implementation to build internal capacity for change management within the county and an 8-session train the trainer program will develop certified trainers who can build internal trainer capacity for interagency collaboration and dissemination of Trauma-Informed Systems 101 training.</p> <hr/> <p>Solano County Office of Education (SCOE) received a \$50,000 grant~ (impacting KFH-Vacaville and KFH-Vallejo) to support <i>Planning for the Next Normal at School Playbook</i> activation. Kaiser Permanente will provide SCOE with the Playbook, Quick Start Assessment tools, and additional webinars and trainings on the use of all resources. In turn, SCOE will promote the Playbook to its district and school audiences and stakeholders and support playbook implementation. In addition, SCOE is lead agency for the Solano County 20-21 School-Based Wellness Center Initiative, which has the goal of expanding on the initiative by adding clinician intern supports and professional development resources to school wellness center sites to address the social, emotional, behavioral, health, and mental health needs of students, and integrate those supports into academic instruction.</p> <hr/> <p>La Clínica de La Raza, Inc. received a \$60,000 grant~ (impacting KFH-Vacaville and KFH-Vallejo) to support Abriendo Mentes Cerrando Estigmas (AMCE)/Opening Minds Closing Stigma, a mental health program designed to increase access to mental health and social services for low-income Latinx parents in Solano County. With the expansion of AMCE to Solano County, La Clínica will screen AMCE participants utilizing the PRAPARE survey, which will</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>help health educators assess needs and provide participants with warm handoffs to resources such as food, mental health, insurance enrollment assistance, and housing referrals. Given the disproportionate impact COVID-19 has had on Solano County's Latinx community, programming that addresses mental health and direct referrals is key to supporting this vulnerable community.</p> <hr/> <p>Puertas Abiertas Community Resource Center (PACRC) received a \$25,000 grant to support its La Cultura Cura program. Designed to increase access to behavioral health care services for low-income and vulnerable farmworker populations in Napa County, La Cultura Cura is a series of workshops designed to foster personal growth, strength, and development in Napa's Latinx community members. Participants will gain knowledge of the 3 fundamental pillars of life - integration of mind, body, and spirit - during 10 psycho-educational sessions. Because participants will be individuals who were directly affected by the recent fires and/or COVID-19, they will receive a stipend. In addition, participants who need further support will be able to attend one-on-one counseling sessions.</p> <hr/> <p>Cope Family Center received a \$25,000 grant COVID-19 for its Safety Net and Resilience Program. In the wake of multiple disasters (i.e., the recent spate of fires and COVID-19 pandemic), Napa County residents are experiencing elevated levels of anxiety, depression, isolation, and other mental health challenges. This funding will allow Cope's family resource center (FRC) to respond to these increased behavioral and mental health needs by incorporating additional screening for families and individuals to determine immediate intervention or emergency aid dispersal (i.e., diapers, grocery gift cards, etc.), enrollment in a Cope parenting program, or referrals to partner agencies for services not offered at Cope. A key function of FRC services is the provision of mental first aid to help families regulate the anxiety and strong</p>

Need	Summary of Impact	Examples of most impactful efforts
<b>Community and Family Safety</b>	In 2020, there were 2 grants totaling \$50,000.00 that addressed Community and Family Safety in the KFH-Vallejo service area.	emotional responses to the pressures and shock of natural and man-made disasters.
		<p>A \$75,000 donation~ to Solano Advocates for Victims of Violence (SAVV) (impacting KFH-Vacaville and KFH-Vallejo) will support its COVID/Domestic Violence Mental Health Resiliency project. Along with an existing critical shortage of income, COVID-19 has added external risk factors such as staying home, lack of job opportunities, limited transportation, and financial strains. The project was designed to address the lack of job opportunities, housing/shelter, transportation, and the need for counseling. It will also help victims work on becoming survivors by providing advocacy and social support from trained advocates to self-identify goals, a safety plan, integrated clinical therapy, and supplemental assistance to increase the chances of victims effectively and successfully transitioning to resiliency.</p> <p>NEWS (Napa Emergency Women's Services) received a \$25,000 grant to support its Domestic Violence (DV) Housing First project. The project will increase supportive services to prevent homelessness among Napa County's DV victims. In addition to services, the project will provide one-time funds to bridge housing needs for DV survivors who are at imminent risk of homelessness. DV Housing First staff will work with 25 survivors to assess their needs, offer crisis stabilization, and provide assessment and financial support, allowing these clients to avoid homelessness and live safe from violence.</p>
<b>Economic Opportunity</b>	In 2020, there were 19 grants totaling \$1,624,990.00 that addressed Economic Opportunity in the KFH-Vallejo service area.	A \$90,000 donation~ to UpValley Family Centers of Napa County (UVFC) (impacting KFH-Vacaville and KFH-Vallejo) to support its role as a one-stop shop for access to the resources people need to survive and thrive and provider of critical disaster relief services. UVFC has served as a second responder and as an active member of the Napa Valley Coalition of Organizations Active in Disaster, playing a key role to ensure that countywide emergency response and relief efforts address the needs of vulnerable, isolated communities. It is a critical connection point for UpValley households

Need	Summary of Impact	Examples of most impactful efforts
		<p>trying to access immediate assistance and recovery support. UVFC role is especially vital now given COVID-19 and the 2020 firestorms.</p> <hr/> <p>A \$150,000 grant~ to Community Action Partnership Solano Joint Power Authority (CAP Solano JPA) (impacting KFH-Vacaville and KFH-Vallejo) will support a project is focused solely on providing non-congregate isolation and quarantine spaces in hotel rooms across Solano County for those most vulnerable to COVID-19 due to age (60 and older) or a preexisting health condition that puts them at extreme risk were they to contract the COVID-19 virus. Two hotels in Fairfield and Vallejo have been in operation since May and June of 2020. Available services include food, health screenings, COVID testing, linkages to health and human services, and direct case management support. There are currently 165 individuals being served in these non-congregate isolation/quarantine rooms. CAP Solano JPA is actively pursuing funds to continue the project as long as possible, allowing clients to isolate and reduce the likelihood of community spread while working with community providers to support rehousing efforts into permanent housing. Without this project, these 165 individuals would be unsheltered, forced to seek resources at congregate settings, and would be at extreme risk of COVID-19.</p> <hr/> <p>Children's Network of Solano County received a \$75,000 grant~ (impacting KFH-Vacaville and KFH-Vallejo) to help Solano County's family resource centers (FRCs) implement the Stable Housing and Healthy Families project, which will provide countywide homelessness prevention services to foster housing stability for low-income families at risk of homelessness through case management and emergency financial housing assistance. FRCs in Benicia, Dixon, Fairfield, Rio Vista, Suisun, Vacaville, and Vallejo will provide direct rental assistance to 115 families. FRCs are currently one of the few emergency housing financial resources available to undocumented households and other vulnerable populations not eligible for state and federal support or benefits due to COVID and recent fires. Children's Network and FRCs make targeted</p>



Need	Summary of Impact	Examples of most impactful efforts
		<p>referrals to community partners to support clients' case management needs (i.e., tenant rights, continuing education, job skills training, and counseling).</p> <hr/> <p>Community Clinic Consortium received a \$75,000 grant~ (impacting KFH-Vacaville and KFH-Vallejo) to support the Transitional Care Program (TCP), which provides medical respite for discharged emergency room and inpatient clients needing a safe and clean place to recover. With assistance from the Benicia Community Action Council, clients receive a range of services, including temporary food and shelter; transportation; permanent housing assistance; connection to medical care, counseling, mental health and substance abuse, and other health services; and enrollment into health coverage, for those who are eligible. This grant will increase supportive services for Solano County's homeless population, specifically individuals being discharged from local hospitals and needing recuperative care.</p> <hr/> <p>Solano Community College Educational Foundation received a \$25,000 grant~ (impacting KFH-Vacaville and KFH-Vallejo) to support Students Overcoming Adversity and Recidivism (SOAR) and Open Gate (OG), programs designed to address the need to improve job readiness for people with barriers to employment in Solano County. Both programs work in partnership with County Probation, Division of Adult Parole Operations, reentry organizations, and transitional living facilities to recruit formerly incarcerated students to Solano College. Recognizing and addressing the challenges these students often face is key to preventing early failure of the program and the high levels of support from OG founders and peer mentors are key to supporting students through secondary education. For example, more than 95% of enrolled students qualify for disabled student programs and services. OG representatives will conduct introduction and onboarding sessions for prospective students and work closely with SOAR staff to register new students at Solano College and provide ongoing case management support.</p>

Need	Summary of Impact	Examples of most impactful efforts
<b>Access to Care and Coverage</b>	In 2020, there were 20 grants totaling \$518,059.66 that addressed Access to Care and Coverage in the KFH-Vallejo service area.	<b>Kaiser Permanente Medicaid and Charity Care:</b> In 2020, Kaiser Permanente provided care to 17,848 Medi-Cal members and 66 Charitable Health Coverage (CHC) members in the KFH-Vallejo service area. And another 5,916 individuals received Medical Financial Assistance (MFA).
		<b>Operation Access:</b> In 2020, with the participation of 38 volunteer physicians, KFH-Vallejo and KFH-Vacaville provided 126 outpatient medical services (surgical and diagnostic) to Operation Access clients.
		A \$95,000 grant~ to United Way of the Bay Area (impacting KFH-Redwood City, KFH-San Francisco, KFH-San Jose, KFH-San Rafael, KFH-Vacaville, and KFH-Vallejo) 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 call volume. More recently, 211 is connecting residents to up-to-date information on COVID-19 testing and state-issued guidance.
		A \$375,000 grant~ to Community Clinic Consortium of Contra Costa and Solano (impacting KFH-Antioch, KFH-Richmond, KFH-Vacaville, and KFH-Vallejo) will allow the Consortium develop and implement new virtual outreach strategies (e.g., piloting a texting campaign) to reach community members in the context of a pandemic environment. In addition, the Consortium will also work to develop culturally competent education materials and provide trainings to member clinic staff on various aspects of COVID-19 and to offer stipends to its member clinics to distribute COVID-19-related education and information materials, and work with patients on PRAPARE surveys to understand the socioeconomic impacts of the pandemic that may impact exposure risks and/or health outcomes.

Need	Summary of Impact	Examples of most impactful efforts
		<p>A \$90,000 donation~ to Children's Network of Solano County (impacting KFH-Vacaville and KFH-Vallejo), an organization that works in collaboration with many community partners to promote and sustain programs and services that support low-income families, secure financial resources for children's services and programs, influence policy at the local, state and national level, collect and publish data on the health, safety and well-being of children. Funding will specifically support Solano's Family Resource Center Network as it works to address the challenges resulting from recent fires that have dramatically impacted Solano County.</p> <p>A \$250,000 grant (first payment of a 2-year \$500,000 grant) to La Clínica de la Raza to support a program designed to meet the complex medical, behavioral, and psychosocial needs of homeless high utilizers of publicly funded emergency department (ED) health services. Those identified as frequent ED utilizers at KFH-Vallejo will be referred to existing La Clínica patient navigators who will case manage and engage them in appropriate primary and preventive care as an alternate to excessive ED use.</p>