



Consolidated Community Benefit Plan FISCAL YEAR 2023

Kaiser Foundation Hospitals in California

SANTA ROSA Northern California Region

Submitted to the California Department of Health Care Access and Information in compliance with Senate Bill 697, California Health and Safety Code Section 127350

Kaiser Foundation Hospitals (KFH)

Table of Contents

- I. Introduction and Background**
 - A. About Kaiser Permanente
 - B. About Kaiser Permanente Community Health
 - C. Purpose of the Report
- II. Overview and Description of Community Benefit Programs Provided**
 - A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution
 - 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. Community Served**
 - A. Kaiser Permanente's Definition of Community Served
 - B. Demographic Profile of Community Served
 - C. Map and Description of Community Served
- IV. Description of Community Health Needs Addressed**
 - A. Health Needs Addressed
 - B. Health Needs Not Addressed
- V. Year-End Results**
 - A. Community Benefit Financial Resources
 - B. Examples of Activities to Address Selected Health Needs
- VI. Appendix**

I. Introduction and Background

A. About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high- quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.6 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It’s also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation’s largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn’t just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people’s health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.6 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

For information on the CHNA, refer to the [2022 Community Health Needs Assessments and Implementation Strategies](https://www.kp.org/chna) (<http://www.kp.org/chna>).

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) have annually submitted to the California Department of Health Care Access and Information (HCAI) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the annual year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2023, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,156,318,352 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

2023 Community Benefits Provided by Kaiser Foundation Hospitals in California (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$487,302,412
Charity care: Charitable Health Coverage Programs	\$869
Charity care: Medical Financial Assistance Program ²	\$397,648,749
Grants and donations for medical services ³	\$26,274,860
Subtotal	\$911,226,891
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,749,364
Educational Outreach Program ⁴	\$887,210
Youth Internship and Education programs ⁵	\$3,957,337
Grants and donations for community-based programs ⁶	\$17,168,458
Community Benefit administration and operations ⁷	\$11,527,980
Subtotal	\$37,290,349
Benefits for the Broader Community	
Community health education and promotion programs	\$1,282,138
Community Giving Campaign administrative expenses	\$408,191
Grants and donations for the broader community ⁸	\$12,993,928
National Board of Directors fund	\$742,729
Subtotal	\$15,426,986
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$119,236,704
Non-MD provider education and training programs ¹⁰	\$32,312,529
Grants and donations for the education of health care professionals ¹¹	\$476,947
Health research	\$40,347,947
Subtotal	\$192,374,126
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,156,318,352

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 22 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

Charitable Health Coverage

The Charitable Health Coverage program provides health care coverage to low-income individuals and families who don't have access to other public or private health coverage. CHC programs work by enrolling qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHC, members' monthly premiums are subsidized, and members do not have to pay copays or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHC, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the "front door" of the health delivery system.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente's mission. Our MFA program helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured.

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 Internship and Education Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community-based organizations, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Kaiser Permanente's Educational Theatre has inspired and empowered millions of students and adults in communities to make healthy choices. Educational Theatre offers a wide range of award-winning theatrical productions and interactive workshops to schools throughout the Kaiser Permanente footprint.

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

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, obstetrics-gynecology, pediatrics, preventive medicine, and psychiatry.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy, and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy and practice to facilitate the use of evidence-based care.

Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and emergency department settings.

III. Community Served

A. Kaiser Permanente's Definition of Community Served

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

B. Demographic Profile of Community Served

[KFH-Santa Rosa service area demographic profile](#)

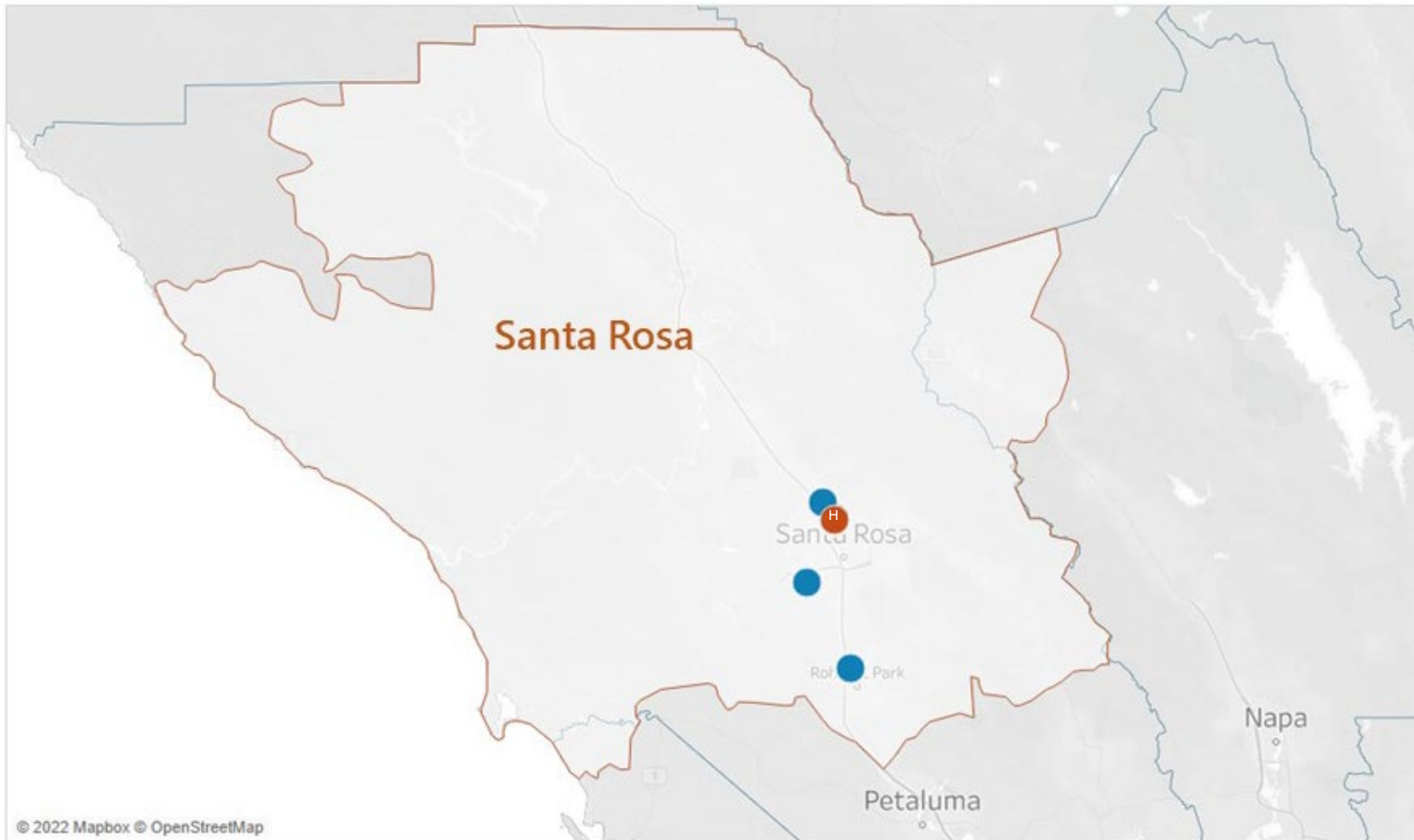
Total population:	388,969
American Indian/Alaska Native	0.8%
Asian	4.4%
Black	1.8%
Hispanic (Latinx)	28.6%
Multiracial	3.1%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	60.8%
Under age 18	19.8%
Age 65 and over	18.5%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Santa Rosa service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Santa Rosa service area includes most of Sonoma County, except for a small southern portion in KFH-San Rafael's service area that includes the city of Petaluma, the city of Sonoma, and a small section of Napa County. Cities in this area include Cloverdale, Cotati, Healdsburg, Rohnert Park, Santa Rosa, Sebastopol, and Windsor.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Santa Rosa is addressing during the 2023-2025 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 [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna). (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Housing:** Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx renters are more likely to live in cost-burdened households and face housing instability. In the last 5 years, home prices in the Santa Rosa service area increased by 40 percent. High housing costs, including rent, have been further exacerbated by the 2017 Tubbs Fire, which destroyed 6 percent of the homes in Santa Rosa. Additionally, there are racial disparities in access to housing. While 62 percent of white residents in Sonoma County are homeowners, only 45 percent of Native American, 39 percent of Latinx, and 37 percent of Black residents are homeowners. Racist and biased practices in mortgage lending have historically made it difficult for Black, Indigenous, and people of color to own homes in the region. Interviewed community leaders shared that previously affordable areas are becoming gentrified and much more expensive. They emphasized that COVID-19 has widened the disparities that exist around housing and homelessness and that multiple families often live in one home to keep costs more manageable. They also emphasized the need for adequate housing for farm workers and affordable housing for the expanding senior population. They discussed the need to address the mental health needs of people experiencing homelessness, stressing the "Housing First" model to ensure people have stable housing.
2. **Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. Despite high levels of insurance coverage and health care providers in the Santa Rosa service area, there are chronic health needs across the area: 14 percent of adults report poor or fair health. Additionally, diabetes is prevalent among 19 percent of the population and heart disease in 13 percent of the population. Additionally, access to regular care varies by population: while 91 percent of white residents reported having a usual source of care, only 77 percent of Latinx and 61 percent of Pacific Islander residents report a usual source of care. Interviewed community leaders shared there is a lack of culturally responsive providers and providers focused on the specific care needs of communities of color, LGBTQ+ individuals, as well as a lack of understanding of the intersectionality of multiple identities.
3. **Mental and behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx Americans. Communities across the country are

experiencing a critical lack of capacity to meet the increased demand for mental health services. In Sonoma County, the age adjusted rate of death due to suicide, alcohol related disease, and drug overdoses per 100,000 residents is only slightly higher than California as a whole (36.6 compared to 34.3 per 100,000). However, the age adjusted rate of death due to intentional self-harm in Sonoma County is higher (13.3 compared to 10.5 per 100,000 statewide). The premature death rate for suicide significantly increased by 32 percent from 2011-2013 to 2015-2017. Additionally, there are disparities related to mental and behavioral health. For example, males had over twice the percentage of total years of potential life lost due to suicide (9 percent) compared to females (4 percent). The percentage of years of potential life lost due to suicide is highest in Santa Rosa (8 percent), followed by Petaluma and Sonoma Valley (7 percent). Additionally, 46 percent of students who are gay, lesbian, or bisexual reported seriously considered attempting suicide compared to 14 percent of students who are straight. Interviewed community leaders noted the long-term mental health impacts of trauma, particularly as Sonoma County residents navigate the impacts of regional wildfires and home losses as well as the COVID-19 pandemic.

4. **Education:** The link between education and health is well known. Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Most residents in the Santa Rosa service area have a high school diploma; 88 percent compared to 82 percent in California. Additionally, 25 percent of adults have some college education, which is higher than the state average of 21 percent. However, there are significant disparities in degree attainment across geographies and along racial lines. In Sea Ranch/Timber Cove, 6 in 10 adults 25 years and older hold bachelor's degrees, whereas in Roseland just over 1 in 10 do. Only 64 percent of Latinx residents hold a high school diploma in Sonoma County as opposed to 96 percent of white residents. First generation Latinx students may face barriers to obtaining a degree and Latinx immigrants may have had limited opportunities to progress or complete their education in their home countries, creating barriers to obtaining continuing education in Sonoma County. Interviewed community leaders talked about learning loss during COVID-19, particularly as students had to take on additional responsibilities for their families. They noted that student engagement and school readiness is low and that students are becoming less inclined to graduate high school. They recommended integrating more health workers with the school system to break down siloes and dedicating resources to hiring and retaining mental health professionals with school expertise, particularly those with cultural expertise and bilingual skills.

B. Health Needs Not Addressed

The significant health needs identified in the 2022 CHNA that KFH-Santa Rosa does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

Reason	Income and employment	Substance use	Climate and environment	Food insecurity	Community safety
Less feasibility to make an impact on this need			X		
Significant Kaiser Permanente investments already have been made to address this need			X		
Aspects of this need will be addressed in strategies for other needs	X	X	X	X	X

V. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

Table B

KFH-Santa Rosa Community Benefits Provided in 2023 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$13,973,520
Charity care: Charitable Health Coverage programs	\$35
Charity care: Medical Financial Assistance Program ²	\$10,348,096
Grants and donations for medical services ³	\$598,545
Subtotal	\$24,920,196
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs ⁵	\$203,047
Grants and donations for community-based programs ⁶	\$382,500
Community Benefit administration and operations ⁷	\$211,423
Subtotal	\$796,970
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$9,489
Grants and donations for the broader community ⁸	\$511,202
National Board of Directors fund	\$17,964
Subtotal	\$538,655
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$1,964,793
Non-MD provider education and training programs ¹⁰	\$921,189
Health research	\$1,329,712
Subtotal	\$4,215,693
TOTAL COMMUNITY BENEFITS PROVIDED	\$30,471,515

B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaborations, 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 [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants awarded, total investments, and number of people reached/served. 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 track and report outcomes of the projects for which they have received funding.

The tables below provide highlights for a select number of programs, grants, collaboration and/or assets that aim to address the identified health needs for KFH-Santa Rosa. The examples provided below are illustrations and not an exhaustive list.

In addition to the highlights outlined in the tables to address specific health needs, Kaiser Permanente NCAL provided significant contributions to the East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds, however, are not included in the financial totals for 2023.

Need	Examples of most impactful efforts
<p>Access to Care</p>	<p>Medi-Cal and Charity Care: In 2023, KFH-Santa Rosa provided access to care to 21,406 Medi-Cal members and provided financial assistance to 6,058 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Utilizing Community Health Workers (CHWs) to Improve Access to Resources and Impact Social Drivers of Health: Northern California Center for Well-Being’s CHW project will improve the community's health and well-being through evidence-based programs that advance health equity. Funding for this innovative, upstream pilot program will improve health outcomes for low-income and vulnerable populations in Santa Rosa, especially in the Roseland neighborhood, by increasing access to social non-medical services and positively impacting social drivers of health. This grant is expected to support social health determinant screenings for 900 patients and subsequent referrals for social nonmedical services. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Aliados Coordinated Approach to Epic: Aliados Health strengthens the capacity of member health centers to provide comprehensive, integrated care that improves health and health equity in communities. Aliados Health was awarded \$480,000 over a year as one of 5 community health centers across Northern California partnering with Kaiser Permanente in the Safety Net Partnership Initiative Clinic Consortia Cohort. This grant supports Aliados Health to address health care disparities and health equity by supporting clinic training programs, transition to value-based care and alternative payment methodologies (APM initiative), and improve technology infrastructure. (This grant impacts 2 hospital service areas in NCAL)</p>
	<p>Ensuring Coverage for All in West Sonoma County: West County Health Centers provides comprehensive, quality, and accessible healthcare services to the communities of western Sonoma County. The \$50,000 grant to West County Health Centers supports patient and community advocates to develop and provide culturally relevant education about health insurance programs, eligibility requirements, and Medi-Cal redetermination. This project is expected to serve 200 people, with a focus on low-income families. (This grant impacts 1 hospital service area in NCAL)</p>

Need	Examples of most impactful efforts
Housing	<p>Health, Housing, and Justice Initiative in Northern California: Kaiser Permanente partnered with 10 legal aid organizations in California, including Legal Aid of Sonoma County, in the Health, Housing, and Justice Initiative to build their organizational capacity to provide housing-related legal services in and out of the health care setting. Legal Aid of Sonoma County’s HOME program assists over 700 households each year. This grant expands housing-related legal support for 113 at-risk households of low-income tenants with the goal of maintaining their safe and stable housing. (This impacts 1 hospital service area in NCAL)</p>
	<p>Sanctuary House, Sanctuary Villas, and Stony Point Commons: Community Support Network helps individuals with behavioral health challenges to recover from homelessness and transition to independence. The grant to the Community Support Network supports care transformation via whole person approaches and improves coordination among Continuum of Care programs, social service organizations, and housing providers. Funds provide 32 adults with trauma or addiction with permanent supportive housing, mentoring, rent subsidies, and access to community support services, including education, employment, physical and mental health, recovery, and wellness services at Sanctuary House, Sanctuary Villas, and Stony Point Commons. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Integrated Homelessness Prevention Program: West County Community Services works to strengthen and empower individuals, families, and communities by implementing evidence-based social programs to at-risk and vulnerable populations. West County Community Services was awarded \$50,000 over a year for the Integrated Homelessness Prevention project which screens and supports families with unmet needs to keep them from falling into homelessness. The grant will increase its capacity from 50 to 74 families and integrate referral and response efforts with West County Health Centers, River to Coast Children's Services, Guerneville School, and other community partners who identify and refer at-risk families to homeless prevention services. (This grant impacts 1 hospital service area in NCAL)</p>
Mental & Behavioral Health	<p>EI Puente Violence Prevention and Trauma Recovery: LifeWorks of Sonoma County provides mental health services and education to support positive outcomes for the community. The grant to LifeWorks of Sonoma County’s EI Puente violence prevention and trauma recovery program supports healing for community members from the long-term stress and inter-generational trauma of racism, gun violence, community violence, family violence and other trauma for populations living in adverse environments. Funding supports free, in-home, trauma-informed bilingual mental health services for 175 youth and their families in Sonoma County. (This grant impacts 1 hospital service area in NCAL)</p>

Need	Examples of most impactful efforts
	<p>Bicultural Clinical Training Program: Healthcare Foundation Northern Sonoma County connects people and resources to promote wellness in underserved communities. Healthcare Foundation Northern Sonoma County was awarded \$150,000 over 2 years to support a new pilot Bicultural Clinical Training Program, a collaboration with Humanidad Therapy and Education Services and On the Margins. Bilingual, bicultural education and paid traineeships will be provided for third-year graduate students as an extension of the Mental Health Talent Pipeline. The bicultural training program will also be provided to local trainees, associates, and licensed clinicians who serve the Latino community. This project is expected to serve 950 individuals. (This grant impacts 1 hospital service area in NCAL)</p> <p>Subsidized Mental Health: Humanidad Therapy and Education Services strengthens Latino lives by increasing access and utilization of culturally proficient community mental health resources by transcending barriers and reducing stigma with bicultural therapist training, community education, and culturally sensitive therapy services. Humanidad Therapy and Education Services was awarded \$75,000 over a year provide community navigation support and free and sliding-scale mental health services, including individual and group therapy. This is expected to serve 120 Latino adults and teens. (This grant impacts 1 hospital service area in NCAL)</p>
<p>Education</p>	<p>Child Care Initiative Project Expansion: The Community Child Care Council of Sonoma (4Cs) provides access to quality childcare and early education in Sonoma County through advocacy, direct service, and empowerment. Funding to 4Cs supports their expansion of the Child Care Initiative Project. The grant will expand subsidized preschool slots for low to moderate income families, with a focus on Latino and Black or African American communities. This project will take a data-driven approach to identify and provide targeted outreach to areas of Sonoma County with an exceptionally low child care supply, such as Cloverdale, Windsor, Sonoma, Sebastopol, and Roseland. Funds will support 130 individuals interested in becoming licensed family child care (LFCC) business owners with comprehensive and foundational support for the successful operation of their LFCC business, including training, intensive coaching, and material and financial incentives targeted to reduce barriers between participants and licensure. (This grant impacts 1 hospital service area in NCAL)</p>

Need	Examples of most impactful efforts
	<p>Student Support Health Occupation Preparation Education (HOPE) Program: The Santa Rosa Junior College District’s HOPE Program will develop and implement job training and placement programs, including enhanced access to pre-apprenticeship opportunities. Funds support 150 students from lower-income backgrounds or communities of color to excel in school and pursue careers in health care and related sciences, with the larger goals of breaking the cycle of poverty while increasing diversity and cultural competence in the health care workforce. (This grant impacts 1 hospital service area in NCAL)</p> <p>Sonoma Corps Career Readiness and Internship: The Career Technical Education Foundation Sonoma County innovates the education-to-career experience to strengthen economic development and student success. Career Technical Education Foundation Sonoma County was awarded \$90,000 over a year for the Sonoma Corps Career Readiness and Internship program. This is an innovative, replicable model to increase students’ access to college and quality careers. The program seeks to meet the needs of youth and fill the need for a skilled, motivated, and local workforce for Sonoma County’s key industries. This project is expected to serve 210 students. (This grant impacts 1 hospital service area in NCAL)</p>

VI. Appendix

Appendix A

2023 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Antioch	\$31,299,825
Fremont	\$11,290,424
Fresno	\$20,928,037
Manteca	\$41,130,654
Modesto	\$22,586,200
Oakland	\$69,132,545
Redwood City	\$25,331,007
Richmond	\$36,688,203
Roseville	\$48,570,614
Sacramento	\$78,361,475
San Francisco	\$35,219,854
San Jose	\$35,629,222
San Leandro	\$36,579,806
San Rafael	\$16,871,517
Santa Clara	\$54,423,351
Santa Rosa	\$30,471,515
South Sacramento	\$59,522,915
South San Francisco	\$14,393,214
Vacaville	\$23,431,991
Vallejo	\$35,420,809
Walnut Creek	\$24,925,238
Northern California Total	\$752,208,416

SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Anaheim	\$25,957,244
Baldwin Park	\$26,269,304
Downey	\$34,837,164
Fontana	\$61,085,066
Irvine	\$5,742,425
Los Angeles	\$59,171,816
Moreno Valley	\$11,117,047
Ontario	\$9,683,018
Panorama City	\$26,160,525
Riverside	\$26,225,914
San Diego (2 hospitals)	\$36,592,118
San Marcos	\$5,154,330
South Bay	\$20,830,614
West Los Angeles	\$38,973,081
Woodland Hills	\$16,310,271
Southern California Total	\$404,109,936

Appendix B

Endnotes

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.
- ³ Figures reported in this section for grants and donations consist of charitable contributions to community clinics and other safety-net providers and support access to care.
- ⁴ Applicable to only SCAL - Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles. Educational Outreach Program service expenses are only applicable to KFH-Baldwin Park.
- ⁵ Figures reported in this section are expenses for youth internship and education programs for under-represented populations.
- ⁶ Figures reported in this section for grants and donations consist of charitable contributions to community-based organizations that address the nonmedical needs of vulnerable populations.
- ⁷ The amount reflects the costs of the community benefit department and related operational expenses.
- ⁸ Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- ⁹ Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ Figures reported in this section for grants and donations consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals.