



Community Benefit Plan FISCAL YEAR 2022



SAN FRANCISCO

Northern California Region

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

Kaiser Foundation Hospitals (KFH)

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I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.6 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their total health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

Kaiser Permanente is dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety-net partners with integrated clinical and social services.
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets.
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health. For information on the CHNA, please refer to the [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

C. Purpose of the Report

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

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

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

In 2022, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,056,168,474 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

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

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

Table A**2022 Community Benefits Provided by Kaiser Foundation Hospitals in California** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$610,762,280
Charity care: Charitable Health Coverage Programs	\$4,076
Charity care: Medical Financial Assistance Program ²	\$187,106,665
Grants and donations for medical services ³	\$24,435,416
Subtotal	\$822,308,437
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,398,981
Educational Outreach Program ⁴	\$839,692
Youth Employment programs ⁵	\$2,901,906
Grants and donations for community-based programs ⁶	\$14,526,431
Community Benefit administration and operations ⁷	\$13,731,405
Subtotal	\$35,398,415
Benefits for the Broader Community	
Community health education and promotion programs	\$1,151,767
Community Giving Campaign administrative expenses	\$667,281
Grants and donations for the broader community ⁸	\$14,672,431
National Board of Directors fund	\$742,694
Subtotal	\$17,234,173
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$113,244,627
Non-MD provider education and training programs ¹⁰	\$31,918,517
Grants and donations for the education of health care professionals ¹¹	\$1,024,087
Health research	\$35,040,218
Subtotal	\$181,227,448
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,056,168,474

B. Medical Care Services for Vulnerable Populations

Medi-Cal

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

Charitable Health Coverage

The Charitable Health Coverage program is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy to low-income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular Health Plan membership card and have access to the same services and providers as other health plan individual and family plan members. Charitable Health Coverage Program members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the 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 such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

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

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

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Celebrating over 35 years of service, Kaiser Permanente Educational Theatre has inspired and empowered millions of students and adults in communities across the United States to make healthy choices. Educational Theatre offers a wide range of award-winning theatrical productions and interactive workshops to schools throughout the Kaiser Permanente footprint.

Using the power of theatre and storytelling, our programs directly connect with students and adults through relatable characters and real-life situations. Audiences see themselves represented onstage in our culturally and ethnically diverse casts allowing them to connect with the narrative and educational messages in a meaningful way. Our team builds on this connection, inspiring students, and adults alike to make healthy choices and build stronger communities. Currently, there are 3 programs available in every Kaiser Permanente region.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. The program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

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

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

III. Community Served

A. Kaiser Permanente's Definition of Community Served

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

B. Demographic Profile of Community Served

[KFH-San Francisco service area demographic profile](#)

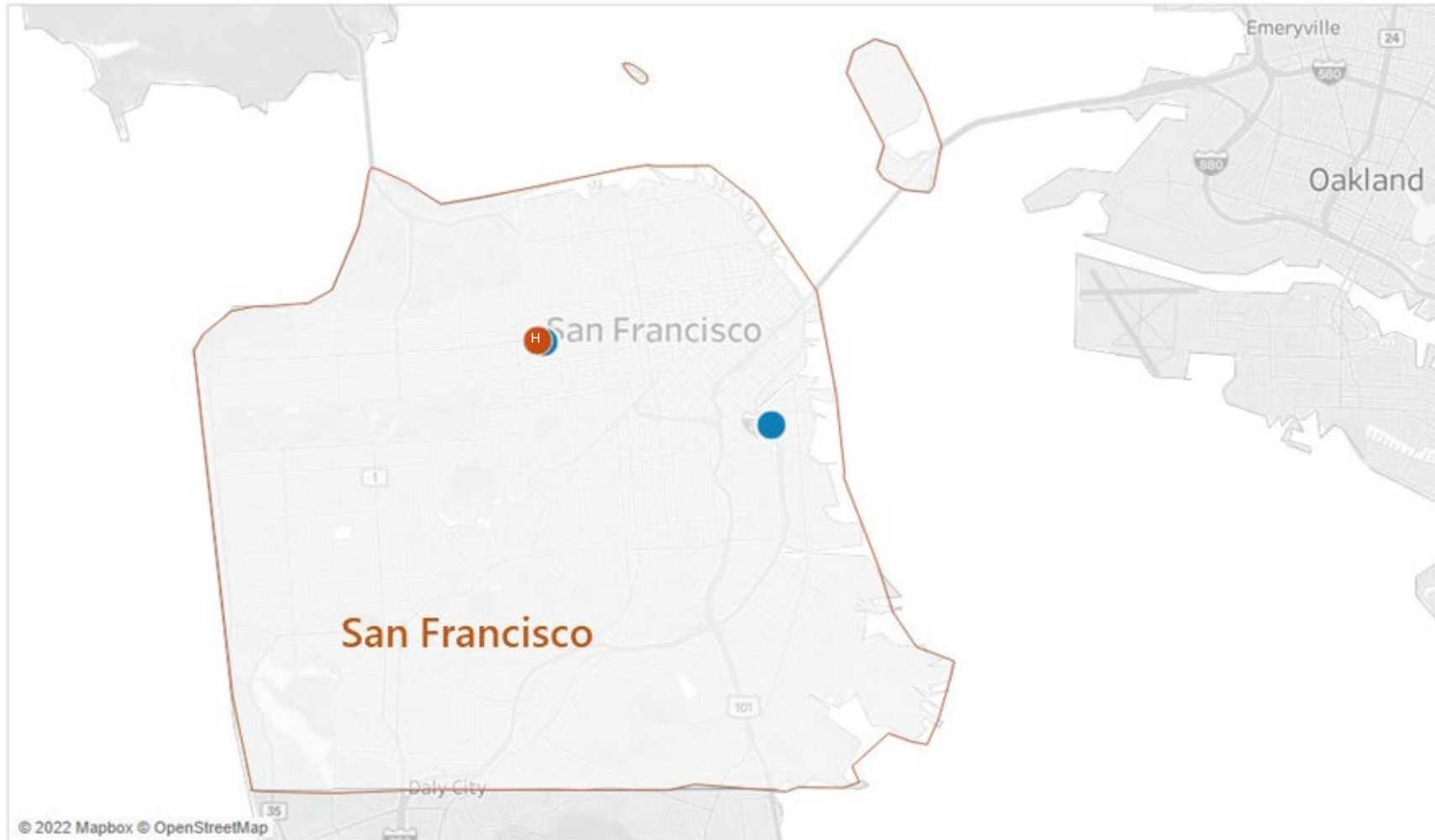
Total population:	881,791
American Indian/Alaska Native	0.2%
Asian	35.5%
Black	4.9%
Hispanic	15.3%
Multiracial	3.8%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.3%
White	39.6%
Under age 18	13.3%
Age 65 and over	15.3%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-San Francisco service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



KFH-San Francisco has a service area that comprises the City and County of San Francisco. The service area also includes a nine-story medical office building in Mission Bay that opened in March 2016.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-San Francisco 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](http://www.kp.org/chna) (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Access to Care:** This health need draws upon data related to health insurance, care access, and preventative care utilization for physical, mental, and oral health. Access represents more than the hours and availability of services to include location, affordability, cultural and linguistic appropriateness, and coordination of health care and social services. San Franciscans were significantly less likely than residents in the state of California to have had a recent primary care visit. This was especially true for Black people. Focus group themes surfaced the need for a more flexible and adaptable health care system that could provide equitable and inclusive services that expand access to care. This included the need for more culturally appropriate care and coordinated approach. San Francisco Health Improvement Partnership identified “access to coordinated, culturally and linguistically appropriate care and services” as a community priority. Based on this data and their knowledge of KFH-San Francisco, the Community Benefit Advisory Committee (CBAC) gave Access to Care the highest score for implementation. CBAC reported that Kaiser Permanente has strong expertise and many community partners in this area, and that there are promising approaches for working on this health need and strong feasibility. This was ranked as a high priority in the CHNA.
2. **Behavioral Health (Mental Health and Substance Abuse):** This health need draws upon data related to mental health and well-being, access to and utilization of mental health care, mental health outcomes, and forms of substance abuse including alcohol, marijuana, tobacco, illegal drugs, and prescription drugs. A review of the secondary data shows San Francisco residents were significantly more likely to have seriously considered suicide than California residents. Furthermore, certain racial/ethnic groups — White, Hispanic, and Black/African American — were at higher risk for mental health services and distress. Although the age-adjusted mortality rate due to substance use disorder has decreased in San Francisco since 2015, Black people were five times more likely to experience a substance use disorder than other ethnicities. Focus group themes identified behavioral health, including mental health and substance abuse, as an exacerbating factor to other health needs. SFHIP also identified “social, emotional, and behavioral health” as a community priority. Based on this data and their knowledge of KFH-San Francisco, the CBAC gave Behavioral Health the third highest score for implementation. The CBAC reported that Kaiser Permanente has many community partners in this area and that there are many promising approaches for working on this health need as well as strong feasibility. The health need was also ranked as a high priority in the CHNA. However, they reported that Kaiser Permanente has only medium expertise in this area.
3. **Healthy Eating and Active Living (HEAL):** This health need draws upon data related to healthy eating and food access, physical fitness and active living, overweight and obesity prevalence, and downstream health outcomes including diabetes. A

review of the secondary data shows Hispanics, African Americans, and Native Hawaiians/Pacific Islanders were significantly more likely than white San Francisco residents and California residents in general to experience indicators of youth obesity such as physical inactivity. Focus group themes elevated the affordability of food as the number one concern cited by both providers and community members related to health eating and active living. SFHIP also identified “food security, healthy eating, and active living” as a community priority. Based on this data and their knowledge of KFH-San Francisco, the CBAC gave HEAL the second highest score for implementation. The CBAC reported that Kaiser Permanente has strong expertise and many community partners in this area, and that there are many promising approaches for working on this health need as well as strong feasibility. The health need was ranked as a high priority in the CHNA.

4. **Housing and Homelessness:** This health need draws upon data related to economic well-being, the cost of housing, and drivers of poverty including educational attainment. A review of the secondary data shows Hispanics, African Americans, Native Americans/Alaskan Natives, and Native Hawaiians/Pacific Islanders were significantly more likely than residents of California to have incomes below the federal poverty level, use SNAP benefits, and report a low median income. In focus groups, participants also connected economic security and homelessness as key drivers of other issues affecting the city such as mental health, substance abuse, HIV/AIDS, food insecurity, and access to care. SFHIP also identified “housing security and an end to homelessness” as a community priority. Based on this data and their knowledge of KFH-San Francisco, the CBAC gave Housing and Homelessness the fourth highest score for implementation. The CBAC reported that Kaiser Permanente has many community partners in this area and that there are many promising approaches for working on this health need. The health need was also ranked as a high priority in the CHNA. However, they reported that Kaiser Permanente has only medium expertise in this area and that working on this health need was somewhat less feasible.

B. Health Needs Not Addressed

1. HIV/AIDS/STDs: The CBAC gave HIV/AIDS/STDs the second lowest ranking of all the health needs rated for implementation. Though they rated the health need highly in terms of partnerships, approaches, expertise, and feasibility, they noted that KFH-San Francisco has been focused on treating HIV for many years. The hospital has had a dedicated HIV unit since the 1980s. Furthermore, CHNA data show that, while the incidence of HIV is still significantly higher in San Francisco compared to other areas, strong local health efforts have resulted in a relatively low rate of new infection. For this reason, the health need was ranked as a lower priority during the CHNA process and not selected by the CBAC for implementation.
2. Violence/Injury Prevention: The CBAC gave Violence/Injury Prevention the lowest ranking of all the health needs rated for implementation. The CBAC reported that Kaiser Permanente only has medium expertise and some community partners in this area, and that there are only some promising approaches for working on this health need as well as medium feasibility. The health need was also ranked as a lower priority in the CHNA. Rather than addressing this health need by itself, the committee plans to address concerns about violence and injury prevention as part of its work on trauma under the Behavioral Health need.

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-San Francisco Community Benefits Provided in 2022** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$14,495,110
Charity care: Medical Financial Assistance Program ²	\$4,494,934
Grants and donations for medical services ³	\$660,000
Subtotal	\$19,650,044
Other Benefits for Vulnerable Populations	
Youth Employment programs ⁵	\$115,406
Grants and donations for community-based programs ⁶	\$475,056
Community Benefit administration and operations ⁷	\$420,308
Subtotal	\$1,010,770
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$28,152
Grants and donations for the broader community ⁸	\$201,025
National Board of Directors fund	\$23,594
Subtotal	\$252,772
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$13,906,507
Non-MD provider education and training programs ¹⁰	\$1,163,099
Health research	\$1,454,571
Subtotal	\$16,524,177
TOTAL COMMUNITY BENEFITS PROVIDED	\$37,437,762

B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of Kaiser Permanente volunteers. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-San Francisco. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of grants to address a health need include those that are awarded to organizations providing programs serving the KFH-San Francisco service area and may also serve other KFH service areas.

In addition to the highlights outlined in the tables below to address specific health needs, Kaiser Permanente NCAL funded 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 2022.

Need	Examples of most impactful efforts
<p>Access to Care</p>	<p>Medi-Cal and Charity Care: In 2022, KFH-San Francisco provided access to care to 15,686 Medi-Cal members and provided financial assistance to 3,157 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Monkeypox Response and Vaccine Equity: The mission of the San Francisco AIDS Foundation (SFAF) is to promote health, wellness, and social justice for communities most impacted by HIV via sexual health and substance use services, advocacy, and community partnerships. SFAF was awarded \$75,000 over 9 months. The Monkeypox (MPX) response project will offer culturally competent public education resources, convene community partners for a coordinated response, and increase MPX vaccine equity among the communities most impacted through targeted outreach and pop-up clinics. This grant is expected to serve 503,500 individuals.</p>
	<p>Donated Surgical and Specialty Care: The mission of Operation Access (OA) is to enable local health providers to donate surgical and specialty care to people in need. OA coordinates essential health services that will restore health, return people to work, and improve the quality of life for people with few alternatives for care. OA's project will provide donated surgical and specialty care for low-income and uninsured Northern California adults. This is expected to serve 1,000 patients through care coordination and surgery. (This partnership impacts 13 service areas across NCAL)</p>
<p>Healthy Eating and Active Living</p>	<p>"Market Match" & Food Access Program: The mission of the Heart of the City Farmers' Market is to support and sustain small farmers and make fresh food accessible for low-income customers who struggle to afford adequate nutrition. Heart of the City Farmers' Market was awarded \$25,000 over 1 year. The food assistance programs will support increased purchasing power and nutrition distribution in extremely low-income neighborhoods. This program will help low-income households purchase more produce from local farmers, ensuring they have access to nutrition programs including the CalFresh/Supplemental Nutrition Access Program (SNAP), Healthy Food Purchasing Supplements, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Farmers' Market Nutrition Program, and more. This grant is expected to serve 10,000 individuals.</p>

Need	Examples of most impactful efforts
	<p>Senior Nutritional Health Safety Net: The mission of Meals on Wheels of San Francisco (MOWSF) is to provide homebound seniors what they need to live independent and dignified lives — nutritious meals, professional social work, and friendly human contact. MOWSF was awarded \$25,000 over 1 year to support Senior Nutritional Health Safety Net services which include daily meals for low-income, homebound San Francisco seniors. This grant is expected to serve 5,600 individuals.</p> <p>2022 Building Local Outreach Capacity for CalFresh Enrollment (BLOC) Cohort: The mission of the San Francisco-Marin Food Bank is to end hunger in San Francisco and Marin counties. As one of 15 community-based organizations in the BLOC cohort, the San Francisco-Marin Food Bank will increase Latin households' food security and economic self-sufficiency across San Francisco and Marin counties by assisting 1,000 households with a focus on seniors, children, and persons identifying as LGBTQIA+ to newly enroll or maintain benefits in the annual recertification process. (This partnership impacts 2 service areas in NCAL)</p>
<p>Mental and Behavioral Health</p>	<p>Black Mental Health Wellness and Healing: The mission of the Rafiki Coalition for Health and Wellness is to eliminate health inequities in San Francisco's Black and marginalized communities through education, advocacy, and by providing holistic health and wellness services in a culturally affirming environment. Rafiki Coalition for Health and Wellness was awarded \$95,000 over 1 year. The Black Mental Health Wellness and Healing Project will provide free healing spaces, mental health services, and community-centered therapy, addressing the impact of perpetual systemic anti-Black racism and the resulting barriers to mental health care access, misdiagnosis, and under-diagnosis. This grant is expected to serve 250 individuals.</p> <p>California Regional Model: National Alliance on Mental Illness (NAMI) California provides leadership in advocacy, legislation, policy development, education and support while advocating for lives of quality and respect without discrimination and stigma. NAMI California will develop a Regional Model to strengthen local affiliates by providing direct support and communication to build capacity and streamline services resulting in an increase in NAMI behavioral health programs within California. This is expected to serve 63,135 individuals, affiliates, and staff. (This impacts 21 service areas across NCAL)</p>

Need	Examples of most impactful efforts
	<p>New Connections!: The mission of Front Porch is to inspire and build community, cultivate meaningful relationships and experiences that respond creatively to changing needs. Front Porch's virtual social connection programs offer one-on-one and group interventions, reducing isolation and loneliness in older adults by providing a wide variety of easily accessible learning, social, and support options that leverage their interests and skills. The program will focus on increasing new Spanish-speaking registrants and users in Northern California. This is expected to serve 1,950 isolated older adults. (This impacts 21 service areas across NCAL)</p>
<p>Housing and Homelessness</p>	<p>Technical Assistance for Homekey 2.0 Applicants and Grantees: The mission of Enterprise Community Partners, Inc. is to make home and community places of pride, power, belonging, and platforms for resilience and upward mobility for all. Enterprise Community Partners, Inc. was awarded \$750,000 over 1 year. Homekey is a statewide effort to sustain and rapidly expand housing for persons experiencing homelessness or at risk of homelessness. Enterprise Community Partners will provide technical assistance to Homekey applicants, including state, regional, and local public entities, to ensure successful applications and implementation of supportive housing. This grant is expected to provide 1,400 housing units. (This grant impacts 21 service areas across NCAL)</p>
	<p>Homelessness and Housing Services: The mission of the Catholic Charities CYO of The Archdiocese of San Francisco is to support families, aging adults and adults with disabilities, and youth through social services and opportunities for healthy growth and development. Catholic Charities CYO of The Archdiocese of San Francisco was awarded \$25,000 over 1 year. Catholic Charities Homelessness and Housing Division helps low-income San Franciscans who face homelessness or are homeless by providing eviction prevention support, resource referrals, housing problem-solving, and housing placement. This grant is expected to serve 2,200 individuals.</p>
	<p>Ending Family Homelessness in the San Francisco Bay Area: The mission of the Hamilton Family Center is to end family homelessness in the San Francisco Bay Area. Hamilton Family Center was awarded \$25,000 over 1 year. Hamilton Families will work to prevent homelessness for families at risk of eviction in San Francisco and quickly place families experiencing homelessness into safe and stable housing throughout the Greater Bay Area, providing them with rental subsidies, case management, and other referral-based services needed to permanently exit homelessness. This grant is expected to serve 2,500 individuals.</p>

VI. Appendix

Appendix A

2022 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Antioch	\$26,979,813
Fremont	\$10,775,834
Fresno	\$16,122,555
Manteca	\$35,447,298
Modesto	\$19,217,602
Oakland	\$57,855,966
Redwood City	\$17,607,838
Richmond	\$38,236,498
Roseville	\$41,485,857
Sacramento	\$78,593,064
San Francisco	\$37,437,762
San Jose	\$35,086,101
San Leandro	\$34,010,384
San Rafael	\$13,812,578
Santa Clara	\$46,557,864
Santa Rosa	\$26,553,430
South Sacramento	\$53,235,083
South San Francisco	\$13,500,189
Vacaville	\$18,910,992
Vallejo	\$31,618,729
Walnut Creek	\$20,114,925
Northern California Total	\$673,160,362

SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Anaheim	\$21,601,870
Baldwin Park	\$24,037,175
Downey	\$36,123,611
Fontana	\$49,456,960
Irvine	\$8,249,194
Los Angeles	\$51,258,150
Moreno Valley	\$10,967,852
Ontario	\$13,561,310
Panorama City	\$30,321,078
Riverside	\$25,836,843
San Diego (2 hospitals)	\$32,583,411
South Bay	\$25,857,573
West Los Angeles	\$34,885,308
Woodland Hills	\$18,267,776
Southern California Total	\$383,008,112

Appendix B

Endnotes

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