



Community Benefit Plan FISCAL YEAR 2022



SAN LEANDRO

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)

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

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 Leandro service area demographic profile](#)

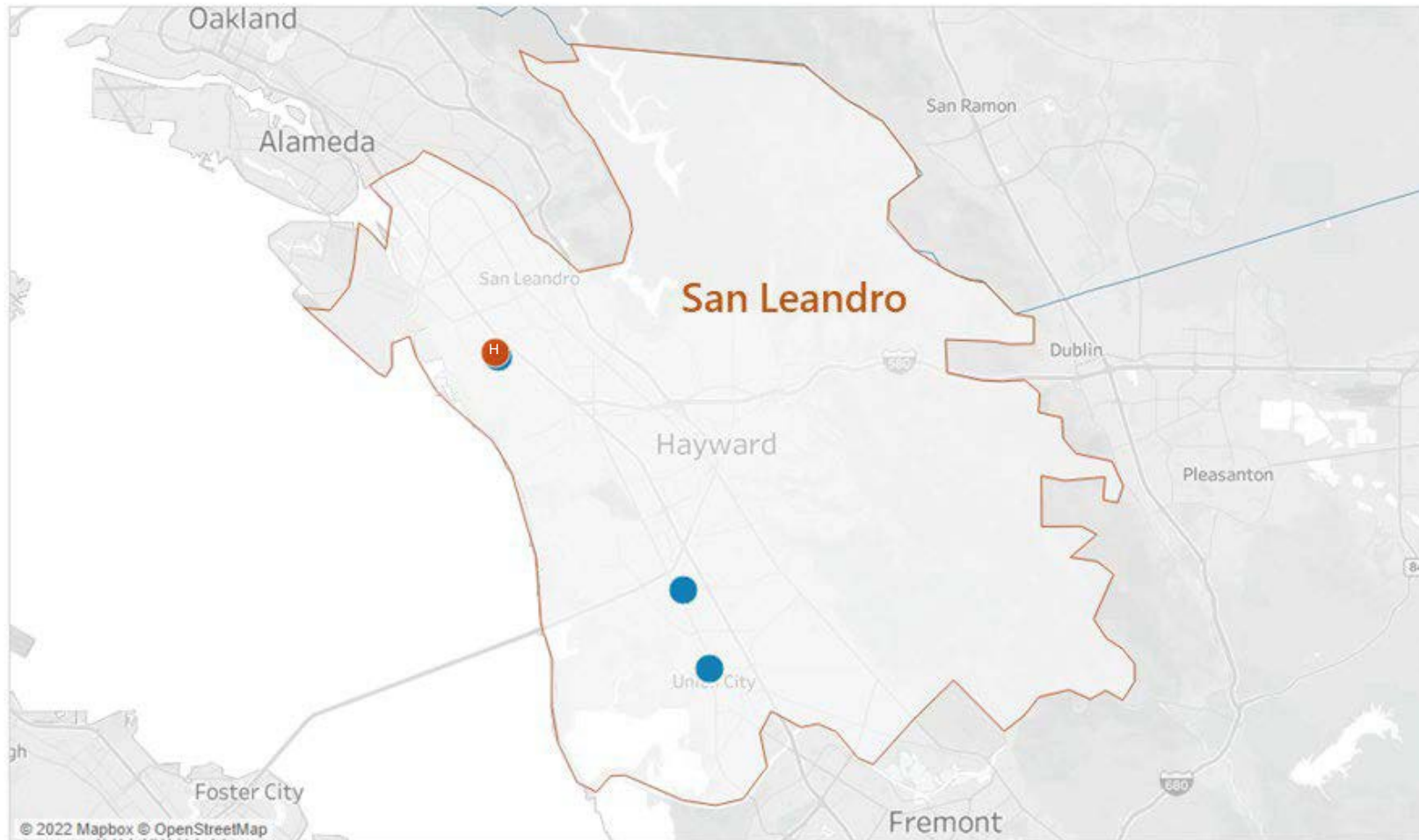
Total population:	522,973
American Indian/Alaska Native	0.2%
Asian	5.6%
Black	2.0%
Hispanic	19.3%
Multiracial	3.3%
Native Hawaiian/other Pacific Islander	0.2%
Other race/ethnicity	0.3%
White	69.1%
Under age 18	21.8%
Age 65 and over	13.3%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-San Leandro service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-San Leandro service area covers the southern part of Alameda County. The cities served include Castro Valley, Hayward (including the unincorporated areas of Ashland, Cherryland, and Fairview), San Leandro, San Lorenzo, and Union City.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-San Leandro 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. **Mental and Behavioral Health:** The community emphasized depression and stress, as well as the co-occurrence of mental health and substance use. A significantly larger proportion of adults in the county, compared to the state, need help for behavioral health issues. These issues may be partially driven by social isolation. Quantitative data for youth mental health demonstrate significant need as well as disparities by ethnicity. For example, among youth experiencing depression-related feelings, the highest proportion are Latinx and Pacific Islander. Furthermore, Black youth feel the least connected at school, which may negatively influence overall mental well-being.

The Community Health Investment Committee (CHIC) members agreed that Behavioral Health is a top priority health need for both KFH-San Leandro and KFH-Fremont. Committee members gave this health need the highest scores for leveraging Kaiser Permanente and community assets, applying evidence-based or promising approaches, and the feasibility of making an impact.

2. **Access to Care:** Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include quality, transparency, and cultural competence/cultural humility. Barriers to health care access and delivery can affect medical outcomes for many conditions that could otherwise be controlled through preventive care and proper management, including asthma, cancer, heart disease/stroke, maternal/infant health, and sexually transmitted infections (STIs).

Quantitative data indicate challenges to health care access for residents in the KFH-San Leandro service area. Good access to primary care can forestall the need for avoidable ER visits and hospitalizations (such as for asthma) as well as decrease prevalence of infectious diseases (such as STIs). Asthma hospitalizations in the service area occur at a rate of 3 cases per 10,000 Medicare beneficiaries, 25% worse than the state average of 2.4 per 10,000. Among various ethnic groups in Alameda County, asthma ED visits and hospitalization are highest for Black residents. A county public health expert also noted an increase in STIs, which may indicate a problem with access to care. Other indicators demonstrate further access and delivery disparities by ethnicity. Many community members expressed alarm about health care access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status, or fearful of being deported if they should access services for which they are eligible. In addition to immigrants, the community discussed how

the need for sensitive, whole person care also applied to LGBTQ community members; experts described the difficulty LGBTQ community members, especially transgender individuals, experience in finding medical professionals sensitive to their needs. Health Care Access and Delivery received among the highest scores for leveraging Kaiser Permanente expertise and organizational assets, the ability to apply evidence-based or promising approaches, and for the feasibility of making an impact.

3. **Economic Security:** Community members discussed food insecurity, risk of homelessness, and employment. Residents emphasized that while there may be plenty of jobs in the service area, these jobs do not pay enough considering the high cost of living. Quantitative data indicate that in the service area, a higher percentage of the population receive government assistance than the state average. Community members also suggested that individuals with lower incomes may have a harder time accessing care and cited the stress of economic instability as one of the most pressing drivers of poor mental health. Economic Security was highly ranked in both the CHNA process and individual rankings among CHIC members. In contrast to prior years, it also received high scores for leveraging Kaiser Permanente expertise and organizational assets, as well as feasibility of making an impact. Because economic security is so closely linked to other health needs, CHIC members elevated this health need and incorporated aspects of Housing and Homelessness and Healthy Eating / Active Living.

B. Health Needs Not Addressed

Three health needs identified through the CHNA process are partially addressed in the strategies listed above.

1. The Healthy Eating / Active Living (HEAL) health need received scores in the middle of the total rankings from CHIC members and was a lower priority in the CHNA process. The group agreed to incorporate one element of this health need—food security—into the Economic Security emphasis.
2. Housing and Homelessness was ranked second among health needs by the CHIC members, in a tie with Economic Security. Recognizing the link between Economic Security and Housing and Homelessness, this health need was incorporated into the Economic Security priority health need.
3. The Education and Literacy health need was rated as a medium priority in the CHNA and received similar rankings in the CHIC process. Relative to other health needs, it received lower rankings for the ability to leverage Kaiser Permanente expertise or organizational assets, and for the feasibility of making an impact. However, the CHIC members selected elements of Education and Literacy—notably job training and workforce development—in the higher-ranked Economic Security health need, as well as mental health and wellness for school-aged children under Behavioral Health.

Three health needs were among the priorities that emerged from the CHNA process but are not addressed among the implementation strategies.

1. **Community and Family Safety:** Community and Family Safety received lower scores from the CHIC in terms of evidence-based or promising approaches, leveraging Kaiser Permanente expertise or organizational assets, and feasibility of making an impact. Some elements of Community and Family Safety are specifically addressed by strategies included in the priority health needs—particularly addressing trauma through the education and behavioral health systems, helping people navigate and access health and non-medical social services (including survivors of human trafficking and domestic violence), and supporting interventions that increase economic security and reduce homelessness.
2. **Climate/Natural Environment:** Particularly poor air quality—was recognized as a factor in health outcomes but received low scores in terms of leveraging community assets, applying evidence-based or promising approaches, leveraging Kaiser Permanente expertise and organizational assets, and feasibility of making an impact. Instead, some of the improvements in health care access and delivery (such as connecting low-income children and families to care for asthma) were considered more accessible ways to address the effects of climate issues within the service area.
3. **Transportation and Traffic:** Transportation and Traffic create barriers to health by lengthening commutes (making it more difficult for people to spend time being physically active or preparing healthy meals), increasing stress, and affecting access to care. However, CHIC members did not identify specific ways for Kaiser Permanente to address this structural issue. Of all the health needs considered, transportation and traffic received the lowest scores overall and for opportunities to leverage community and/or Kaiser Permanente assets, apply evidence-based approaches, and the feasibility of making an impact.

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 Leandro Community Benefits Provided in 2022** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$20,439,927
Charity care: Medical Financial Assistance Program ²	\$8,126,360
Grants and donations for medical services ³	\$350,666
Subtotal	\$28,916,953
Other Benefits for Vulnerable Populations	
Youth Employment programs ⁵	\$125,898
Grants and donations for community-based programs ⁶	\$265,486
Community Benefit administration and operations ⁷	\$450,971
Subtotal	\$842,355
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$30,206
Grants and donations for the broader community ⁸	\$1,351,725
National Board of Directors fund	\$25,316
Subtotal	\$1,407,247
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$374,575
Non-MD provider education and training programs ¹⁰	\$908,563
Health research	\$1,560,690
Subtotal	\$2,843,829
TOTAL COMMUNITY BENEFITS PROVIDED	\$34,010,384

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 Leandro. 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 Leandro 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
Access to Care	<p>Medi-Cal and Charity Care: In 2022, KFH-San Leandro provided access to care to 23,569 Medi-Cal members and provided financial assistance to 4,617 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Population Health Support for Patient Delayed Care Needs Following COVID: The mission of Tiburcio Vasquez Health Center (TVHC) is to promote the health and well-being of the community by providing accessible high-quality care. TVHC was awarded \$75,000 over 1 year to hire a Quality Improvement Coordinator to serve the health care needs of low-income and marginalized communities in southern Alameda County. The coordinator will address delayed routine screenings and worsened health conditions due to the COVID-19 health crisis. This grant is expected to serve 27,000 individuals.</p>
	<p>Advance High-Quality, Equitable Health Care for All: The mission of the Alameda Health Consortium is to support regional community health centers in achieving comprehensive, accessible health care and improved outcomes. The Advance High-Quality, Equitable Health Care for All program will collaborate with the Alameda County Health Care Services Agency and county, state, and federal officials to ensure health centers have appropriate epidemic recovery and response support. This is expected to serve 340,000 patients. (This partnership impacts 3 service areas across NCAL)</p>
Mental and Behavioral Health	<p>Fostering Resilience in Schools: The mission of the Public Health Institute (PHI) is to generate and promote research, leadership, and partnerships to build capacity for public health policy, programs, systems, and practices. PHI was awarded \$25,000 over 1 year. The Fostering Resilience in Schools project will educate adults working with students to properly identify and manage an emerging mental health challenge or crisis. This grant is expected to serve 135 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>Economic Security</p>	<p>Career and Education Pathways: The mission of Fresh Lifelines for Youth, Inc. (FLY) is to prevent juvenile crime and incarceration through legal education, leadership training, and one-on-one mentoring. FLY was awarded \$50,000 over 1.5 years. The Career and Education Pathways program supports system-impacted youth ages 14-25 in pursuing their academic and career development goals with connections to education and career resources, with a secondary focus on basic needs such as housing. This grant is expected to serve 16 individuals. (This grant impacts 2 service areas across NCAL)</p>
	<p>Rapid Re-Housing: The mission of Abode Services is to end homelessness by assisting clients and advocating for the removal of the causes of homelessness. Abode Services was awarded \$50,000 over 1 year. The Rapid Re-Housing Program will help extremely low-income families and individuals increase their income and obtain housing stability. This grant is expected to serve 200 participants. (This grant impacts 2 service areas across NCAL)</p>
	<p>Glean and Distribute Food program: The mission of Daily Bowl is to rapidly redistribute blemished or near-expiry food to local agency partners that distribute it to the community, addressing hunger and reducing food waste. Daily Bowl was awarded \$25,000 over 1 year. The Glean and Distribute Food program will increase meal distribution in Southern Alameda County, targeting vulnerable people in Union City, Fremont, Hayward, and Newark in Southern Alameda County. This grant is expected to serve 1,375 individuals. (This grant impacts 2 service areas across NCAL)</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.