



Community Benefit Plan FISCAL YEAR 2022



SAN RAFAEL

Northern California Region

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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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 Rafael service area demographic profile](#)

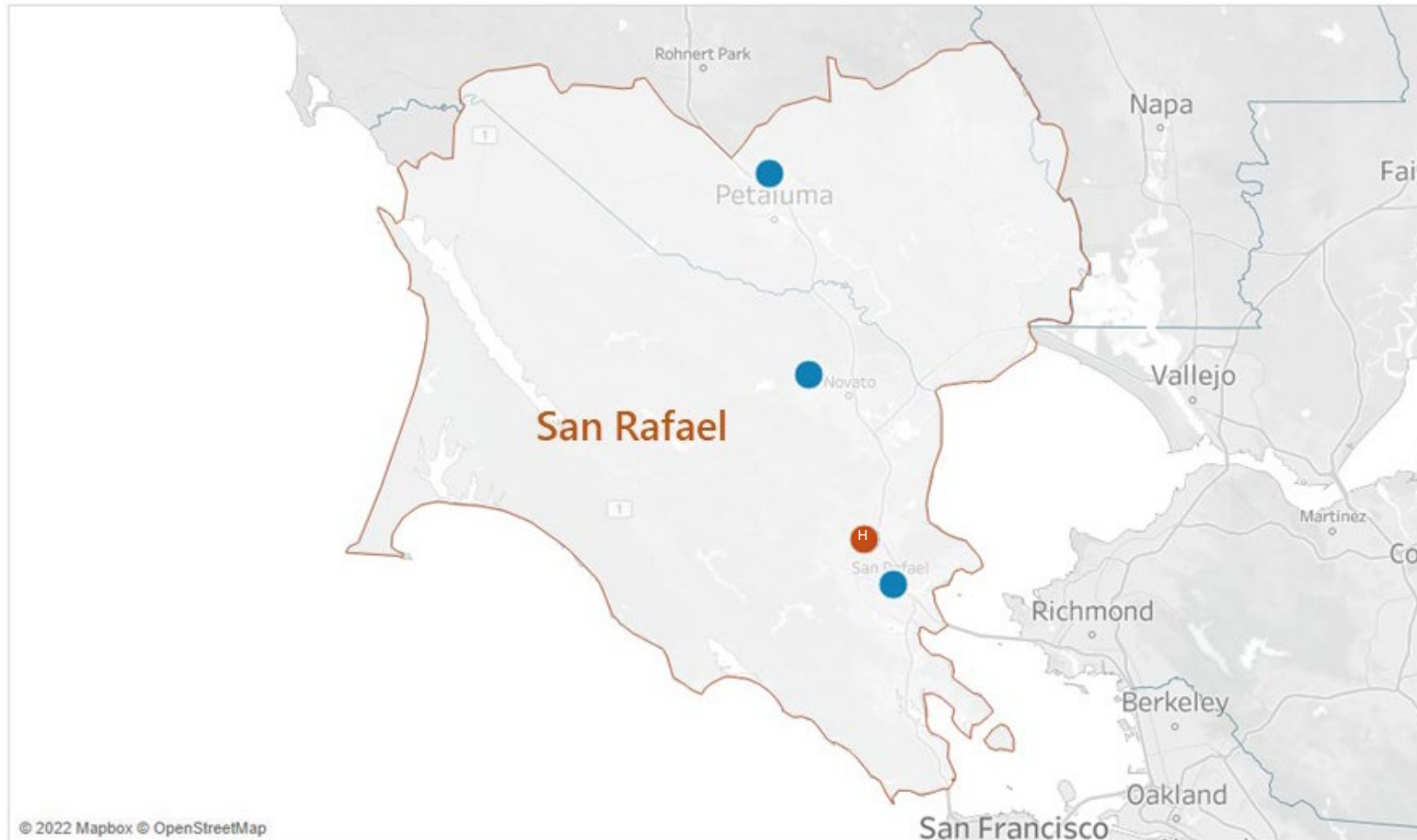
Total population:	364,577
American Indian/Alaska Native	0.2 %
Asian	5.6 %
Black	2.0 %
Hispanic (Latinx)	19.3 %
Multiracial	3.3 %
Native Hawaiian/other Pacific Islander	0.2 %
Other race/ethnicity	0.3 %
White	69.1 %
Under age 18	19.9 %
Age 65 and over	21.4 %

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-San Rafael service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-San Rafael service area comprises Marin County and the southern portion of Sonoma County, including the cities of Petaluma, Boyes Hot Springs, and Sonoma. Cities in Marin County include Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, Marin City, Tiburon, Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-San Rafael 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:** Access to Care and Coverage was prioritized for the Community Health Implementation Strategy (CHIS) primarily because of alignment with regional community benefit initiatives. Access to health care includes insurance coverage, physician access, and availability and affordability of emergency and specialty health services. Access to quality health care is important to overall health, disease prevention, and reducing unnecessary disability and premature death. Importantly, it is also one of the key drivers in achieving health equity. As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area such as, Healthy Eating and Active Living/chronic disease prevention, Oral Health, Social Connectedness, and Maternal and Child Health. This health need has been prioritized for the CHIS due to the need for subsidized care to reduce financial barriers, diverse workforce needs, and social nonmedical integration with primary care.
2. **Economic Opportunity:** Economic Opportunity (Economic Security) was prioritized for the CHIS primarily because it was the top ranked health need during the CHNA community prioritization process. Economic Opportunity means having the financial resources, public supports, and career and educational opportunities that are necessary to live your fullest life. As such, this health need touches upon every other health-related issue in the KFH-San Rafael community, from mental health to housing. As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area such as, Healthy Eating and Active Living (HEAL), Social Connectedness, and Homelessness/Housing.
3. **Educational Attainment:** Educational Attainment was prioritized for the CHIS primarily due to the high degree of inequality that affects youth from disadvantaged racial and ethnic backgrounds throughout their schooling. Educational attainment is a primary factor that influences individual health. It can both shape the economic opportunities that impact health outcomes, as indicated in the Economic Security section, above as well as inform people about how to live a healthy lifestyle. As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area such as mental health, social connectedness, access to early childhood education, and access to HEAL opportunities in school settings.
4. **Mental and Behavioral Health:** Mental Health and Wellness was prioritized for the CHIS primarily due to the feasibility of addressing this health need through community benefit grantmaking around trauma-informed care and adverse childhood experiences (ACEs). Mental health and management of substance use are foundations for healthy living and encompass indicators such as rates of mental illness, access to social and emotional support, and access to providers for services related to

preventive care and treatment for mental health and substance abuse As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area such as HEAL Social Connectedness.

B. Health Needs Not Addressed

1. **Healthy Eating and Active Living (HEAL):** This health need was not selected due to its low rank in the CHNA community prioritization. Significant attention and resources from other providers in the service area are dedicated to this health need. Additionally, the four selected health needs contain strategies that address the needs related to HEAL.
2. **Oral Health:** This health need was not selected due to its low rank in the CHNA community prioritization. Significant attention and resources from other providers in the service area are dedicated to this health need. Access to Care and Education incorporate strategies that address the needs related to Oral Health.
3. **Social Connectedness:** This health need was not selected due to its low rank in the CHNA community prioritization. Strategies within the selected needs - especially Education, Access to Care and Mental Health and Wellness - address issues related to Social Connectedness.
4. **Violence and Injury Prevention:** This health need was not selected due to its low rank in the CHNA community prioritization. Domestic violence will be addressed through the Mental Health & Wellness health need. Kaiser sponsors some initiatives related to this health need, such as its annual conference on trauma injury, and through providing high-quality care via trauma injury facilities.
5. **Housing and Homelessness:** This health need was not selected because it was viewed as a symptom of upstream social and economic factors. Housing stabilization and reducing chronic homelessness are strategies incorporated within the Economic Opportunity health need.
6. **Maternal and Child Health:** This health need was not selected because it was viewed more as a priority population that could be addressed through other selected health needs. The strategies identified within Access to Care will largely address the needs related to Maternal and Child Health. Additionally, there is significant existing attention and resources dedicated to this issue in the community.

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

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$7,646,113
Charity care: Medical Financial Assistance Program ²	\$2,294,007
Grants and donations for medical services ³	\$50,000
Subtotal	\$9,990,119
Other Benefits for Vulnerable Populations	
Youth Employment programs ⁵	\$157,372
Grants and donations for community-based programs ⁶	\$130,160
Community Benefit administration and operations ⁷	\$249,287
Subtotal	\$536,819
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$16,697
Grants and donations for the broader community ⁸	\$306,595
National Board of Directors fund	\$13,994
Subtotal	\$337,286
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$380,269
Non-MD provider education and training programs ¹⁰	\$1,705,368
Health research	\$862,716
Subtotal	\$2,948,353
TOTAL COMMUNITY BENEFITS PROVIDED	\$13,812,578

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 Rafael. 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 Rafael 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 Rafael provided access to care to 12,292 Medi-Cal members and provided financial assistance to 2,717 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Free Medical Care: The mission of the RotaCare Clinic of San Rafael is to provide free medical care to relieve pain and suffering to those with the greatest need and the least access to health care resources. Adults in the region with urgent medical needs, including the working poor, the uninsured, the under-insured, the newly unemployed, and people that cannot afford their deductible, are eligible for primary, quality health services at no cost. Rotacare Bay Area Clinic of San Rafael was awarded \$25,000 over 1 year. This grant is expected to provide medical care to 250 adults in Marin County and neighboring communities.</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>Economic Security</p>	<p>Improving Health and Economic Security for Low-Income Californians: The mission of the Golden State Opportunity Foundation (GSO) is to help low-income Californians increase their financial stability and overall health and well-being. GSO was awarded \$80,000 over 1 year. GSO will help increase participation in the California Earned Income Tax Credit (CalEITC) and federal tax credits by reaching low-income families; expand the partner network and local presence, particularly in the Bay Area and Central Valley; and engage priority communities such as immigrants without Social Security numbers, Black women and single mothers, and people who have a primary language other than English. (This grant impacts 21 service areas across NCAL)</p>

Need	Examples of most impactful efforts
	<p>Early Childhood Education (ECE) Workforce Project: The mission of Community Action Marin is to make it possible for people to achieve well-being by providing the education, mental health, and vital services they need to thrive. Community Action Marin was awarded \$25,000 over 1 year. Now in its third year, the ECE Workforce Project provides a comprehensive support system comprising on-the-job training, technical support, and ECE certification to secure quality jobs in the childcare industry. The project will also increase the availability of childcare slots for Marin residents. This grant is expected to serve 10 low-income Marin Black, Indigenous and People of Color women.</p>
<p>Educational Attainment</p>	<p>University Prep: The mission of the Canal Alliance is to help Latinx immigrants and their families break the generational cycle of poverty by lifting barriers to their success. Canal Alliance was awarded \$50,000 over 1 year. This is a cohort-based college access and success program to support first-generation college-bound Latinx students from low-income families with recent immigration experiences to complete a four-year college degree. UP! will provide comprehensive support for a total of 164 students, including 52 high school students, providing the academic, emotional, and practical support they need to graduate from high school and enroll in a four-year college prepared to obtain a bachelor's degree.</p>
	<p>Access to College Equity Academy: The mission of Huckleberry Youth Programs, Inc. is to educate, inspire, and support underserved youth to develop healthy life choices, to maximize their potential, and to realize their dreams. Access to College Equity Academy in Marin empowers low-income, first-generation high school youth of color and promotes their academic growth, access to college education, and professional exploration and development through a comprehensive, multi-year program that includes summer and after-school programming, as well as parent and wraparound supports. This program is expected to serve 140 individuals.</p>
<p>Mental and Behavioral Health</p>	<p>In This Together The mission of the Center for Domestic Peace (C4DP) is to provide transformational services and programs that protect and enhance victim safety, and ultimately engage the community in permanent change. C4DP was awarded \$25,000 for 1 year to support In This Together, which provides trauma-informed, bilingual child/parent therapy and accompanying case management to 50 families experiencing domestic violence in Marin.</p>

Need	Examples of most impactful efforts
	<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>
	<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>

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.