



Consolidated Community Benefit Plan FISCAL YEAR 2023

Kaiser Foundation Hospitals in California

RICHMOND Northern California Region

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

Kaiser Foundation Hospitals (KFH)

Table of Contents

- I. Introduction and Background**
 - A. About Kaiser Permanente
 - B. About Kaiser Permanente Community Health
 - C. Purpose of the Report
- II. Overview and Description of Community Benefit Programs Provided**
 - A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution
 - B. Medical Care Services for Vulnerable Populations
 - C. Other Benefits for Vulnerable Populations
 - D. Benefits for the Broader Community
 - E. Health Research, Education, and Training Programs
- III. Community Served**
 - A. Kaiser Permanente's Definition of Community Served
 - B. Demographic Profile of Community Served
 - C. Map and Description of Community Served
- IV. Description of Community Health Needs Addressed**
 - A. Health Needs Addressed
 - B. Health Needs Not Addressed
- V. Year-End Results**
 - A. Community Benefit Financial Resources
 - B. Examples of Activities to Address Selected Health Needs
- VI. Appendix**

I. Introduction and Background

A. About Kaiser Permanente

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

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high- quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.6 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

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

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

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

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

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

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

C. Purpose of the Report

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

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

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

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

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

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

Table A

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

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

B. Medical Care Services for Vulnerable Populations

Medi-Cal

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

Charitable Health Coverage

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

Medical Financial Assistance

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

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Internship and Education Programs (NCAL and SCAL)

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

D. Benefits for the Broader Community

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

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

Kaiser Permanente Educational Theatre (NCAL and SCAL)

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

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

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

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

Non-MD Provider Education and Training Programs

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

Health Research

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

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

III. Community Served

A. Kaiser Permanente's Definition of Community Served

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

B. Demographic Profile of Community Served

[KFH-Richmond service area demographic profile](#)

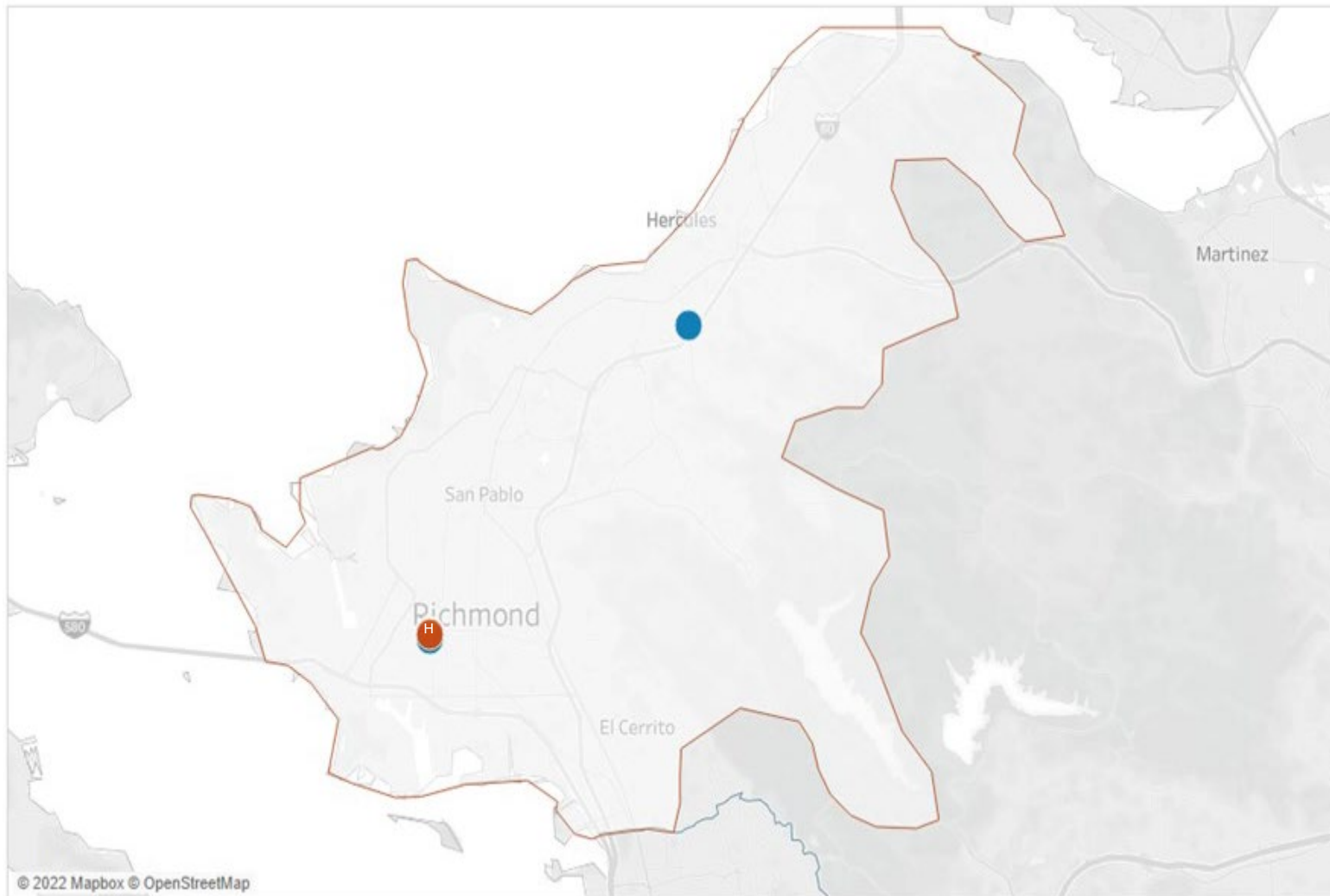
Total population:	253,639
American Indian/Alaska Native	0.3%
Asian	22.1%
Black	17.7%
Hispanic (Latinx)	35.2%
Multiracial	3.9%
Native Hawaiian/other Pacific Islander	0.5%
Other race/ethnicity	0.4%
White	20.0%
Under age 18	21.1%
Age 65 and over	14.4%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Richmond service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Richmond service area includes the cities and towns of Crockett, El Cerrito, El Sobrante, Hercules, Pinole, Richmond, Rodeo, and San Pablo in Contra Costa County.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Richmond is addressing during the 2023-2025 Implementation Strategy period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna). (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. The Richmond service area has lower rates of health insurance enrollment for adults and children compared to California and higher rates of infant mortality and preterm birth compared to Contra Costa County, highlighting the need for increased access to care. These numbers are most severe for Black and Hispanic residents. Black infants have the highest rates of both low birth weight and preterm birth compared to all other ethnic groups in the Richmond service area. Despite having fewer COVID-19 cases than the Richmond service area, Black residents experienced a COVID-19 death rate higher than the service area. Key informants highlighted the need for additional urgent and emergency care in the Richmond service area since Doctors Medical Center closed in San Pablo in 2015. They noted other barriers to accessing care such as the high cost of insurance and medical care, and providers not mirroring the community linguistically, racially, or ethnically, and not showing cultural humility.
2. **Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. The availability of jobs within the Richmond service area is limited, meaning many residents must travel to access employment, which can result in worse health outcomes such as obesity and stress-related disorders. While poverty rates are slightly lower than the rates for both California and the nation, the median income for Richmond service area residents is also lower, suggesting lower economic mobility. Job proximity defined as the availability of jobs in the region is worse than the state average. ZIP codes with relatively high Black populations tend to have lower median incomes, in contrast to neighboring ZIP codes with higher white populations. Key informants explained how the historically marginalized communities (e.g., Black, Hispanic, women of color, and people with undocumented status), are the same communities hit hardest by job loss due to the COVID-19 pandemic, are frontline workers more likely to be exposed to COVID-19 and are paid lower wages.
3. **Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. The rate of mental health providers for Contra Costa County, which includes the Richmond service area, is slightly lower than the state, highlighting how access to mental health services for Richmond service area residents is limited. And while some of the most severe mental health measures such as suicide rates are lower than for the state, notable disparities across mental and behavioral health outcomes are present. Between 2016 and 2020, white and Black residents had the highest rates of deaths of despair compared to all other ethnic groups in the Richmond service area. Opioid overdose death rates are highest for white and Black residents. These rates are

higher than both the Richmond service area overall and the Contra Costa County rate for opioid overdose death. Key informants noted the trauma in the community (particularly due to over-policing and domestic violence), daily stress, and increased isolation, especially for youth and seniors due to COVID-19 pandemic shelter-in-place orders.

B. Health Needs Not Addressed

The significant health needs identified in the 2022 CHNA that Kaiser Permanente Richmond Medical Center does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

Reason	Community safety	Housing
Less feasibility to make an impact on this need	x	
Less ability for Kaiser Permanente to leverage expertise or assets to address this need	x	
This need is incorporated into other needs selected	x	x
Aspects of this need will be addressed in strategies for other needs	x	

V. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported, as follows:

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

Table B**KFH-Richmond Community Benefits Provided in 2023** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$32,234,686
Charity care: Charitable Health Coverage programs	\$25
Charity care: Medical Financial Assistance Program ²	\$1,642,475
Grants and donations for medical services ³	\$193,923
Subtotal	\$34,071,110
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs ⁵	\$152,285
Grants and donations for community-based programs ⁶	\$543,999
Community Benefit administration and operations ⁷	\$155,211
Subtotal	\$851,495
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$6,966
Grants and donations for the broader community ⁸	\$448,328
National Board of Directors fund	\$13,188
Subtotal	\$468,482
Health Research, Education, and Training	
Non-MD provider education and training programs ¹⁰	\$320,943
Health research	\$976,173
Subtotal	\$1,297,116
TOTAL COMMUNITY BENEFITS PROVIDED	\$36,688,203

B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaborations, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

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

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

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

Need	Examples of most impactful efforts
<p>Access to Care</p>	<p>Medi-Cal and Charity Care: In 2023, KFH-Richmond provided access to care to 14,006 Medi-Cal members and provided financial assistance to 2,410 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Increasing Access to Vulnerable Populations in Richmond-West Contra Costa: The mission of Brighter Beginnings is to support healthy births and the successful development of children by partnering with parents and helping to build strong communities. Brighter Beginnings was awarded \$95,000 over 2 years to support access to care to vulnerable populations. The project will increase access to medical and dental homes in the Richmond/West Contra Costa region by expanding the supply of dental services and enrolling more patients. This program is expected to serve 1,579 patients, including 128 new clients. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Barreras, Necesidades y Acceso al Seguro Médico (Barriers, Needs and Access to Health Coverage): The mission of the Richmond Community Foundation (RCF Connects-United Latino Voices) is to mobilize the power of connection to build healthy, thriving, and equitable communities by working to create and support systems built on equity and justice, free from racism, bias, and discrimination. Our partnership with the Richmond Community Foundation supports Project Barreras, Necesidades y Acceso al Seguro Médica. The program assists first generation Spanish speaking Latino clients in Richmond, North Richmond, San Pablo, and Rodeo to access health care and gather testimony on the challenges and gaps in health access options that prohibit clients from attaining equitable health care outcomes. This project is expected to serve 150 individuals. (This grant impacts 1 hospital service area in NCAL)</p>
<p>Income & Employment</p>	<p>2023 Building Local Outreach Capacity for CalFresh Enrollment (BLOC) Cohort: The mission of the Food Bank of Contra Costa and Solano is to lead the fight to end hunger in partnership with the community. The BLOC cohort is a partnership with KFH and 18 community-based organizations throughout Northern California to implement innovative strategies providing outreach and enrollment services for eligible individuals to apply for or retain CalFresh and Medi-Cal benefits. This partnership will ensure that all eligible individuals in Kaiser Permanente communities have access to CalFresh and Medi-Cal and that outreach and enrollment opportunities are responsive to current and emerging needs. The Food Bank of Contra Costa and Solano will conduct outreach to historically underserved communities to raise awareness and enrollment in CalFresh and Medi-Cal, as well as other benefit programs for which they might be eligible. This project is expected to serve 4,800 individuals. (This impacts 5 hospital service areas in NCAL)</p>

Need	Examples of most impactful efforts
	<p>Food Distribution in Disproportionately Impacted Communities: The mission of the Food Bank of Contra Costa and Solano is to lead the fight to end hunger in partnership with our community and to serve neighbors in need. KFH's partnership with the Food Bank of Contra Costa and Solano included \$270,000 over one year to provide access to healthy food, regardless of ability to pay. Produce and shelf-stable foods will be distributed to partner schools through School Pantry, Farm 2 Kids, and K-NOW Programs at over 90 schools across Contra Costa and Solano Counties. This is expected to increase access to healthy food, focusing on children, families, and communities disproportionately experiencing inequities. (This grant impacts 5 hospital service areas in NCAL)</p> <p>Equipping East Bay Communities for Lasting Economic Mobility: The mission of the Rubicon Programs Inc. is to transform East Bay communities by equipping people to break the cycle of poverty, leading with organizational values of justice, humility, and hope. Rubicon Programs Inc. was awarded \$200,000 over 1 year and 8 months. The project aims to transform East Bay communities in Alameda and Contra Costa Counties by equipping low-income unemployed and underemployed individuals with access to quality jobs. Rubicon's 7 sites in Antioch, Concord, Oakland, Hayward, and Richmond provide integrated job training and placement, career advising, financial education and asset building, health and wellness support, legal services, and opportunities for community engagement. This project is expected to serve 550 individuals. (This grant impacts 1 hospital service area in NCAL)</p>
<p>Mental & Behavioral Health</p>	<p>Early Childhood Mental Health and Trauma-Informed Care Consultation: The mission of the Young Men's Christian Association (YMCA) of the East Bay is to empower youth, advance health, and strengthen communities. YMCA was awarded \$150,000 over a year. The project will provide trauma-informed care in early learning centers/programs, increasing access to mental health and other needed services, resulting in better outcomes for children, families, and staff. This is expected to serve 1,200 individuals, particularly underserved Black and Latino families from Alameda, Contra Costa, Yolo, and Sacramento counties. (This grant impacts 6 hospital service areas in NCAL)</p> <p>Wellness Training, Therapy, & Case Management for Richmond Youth and Adults: The mission of YES Nature to Neighborhoods (YES) is to nurture leaders who champion the well-being of the community. YES was awarded \$95,000 over 2 years to support trauma-informed services and healing-centered training for organizations serving vulnerable populations. YES's staff will provide direct mental health services, training, and workshops for youth and adults. This project is expected to serve 1,000 individuals in underserved families of color in Richmond, North Richmond, and San Pablo. (This grant impacts 1 hospital service area in NCAL)</p>

Need	Examples of most impactful efforts
	<p>Building Practice in Community: The mission of A Home Within Inc. is to create and support lasting, caring relationships for children and youth in foster care by supporting a network of licensed therapists who provide free, weekly, one-on-one therapy to foster youth. A Home Within Inc. was awarded \$150,000 over a year for the Building Practice in Community program. This no-cost professional development program that supports cohorts of diverse, early-career therapists with clinical supervision, continuing education, mentorship, consultation, and professional networking opportunities in exchange for a commitment to provide pro-bono therapy to foster youth. This project is expected to serve 36 individuals. (This grant impacts 4 hospital service areas in NCAL)</p>

VI. Appendix

Appendix A

2023 Community Benefits Provided by Hospital Service Area in California

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

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

Appendix B

Endnotes

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