



Consolidated Community Benefit Plan FISCAL YEAR 2023

Kaiser Foundation Hospitals in California

SANTA CLARA 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)

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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](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 Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

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

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

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

Table A

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

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

B. Medical Care Services for Vulnerable Populations

Medi-Cal

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

Charitable Health Coverage

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

Medical Financial Assistance

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

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

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

Educational Outreach Program (SCAL)

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

Youth Internship and Education Programs (NCAL and SCAL)

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

D. Benefits for the Broader Community

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

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

Kaiser Permanente Educational Theatre (NCAL and SCAL)

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

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

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

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

Non-MD Provider Education and Training Programs

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

Health Research

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

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

III. Community Served

A. Kaiser Permanente's Definition of Community Served

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

B. Demographic Profile of Community Served

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

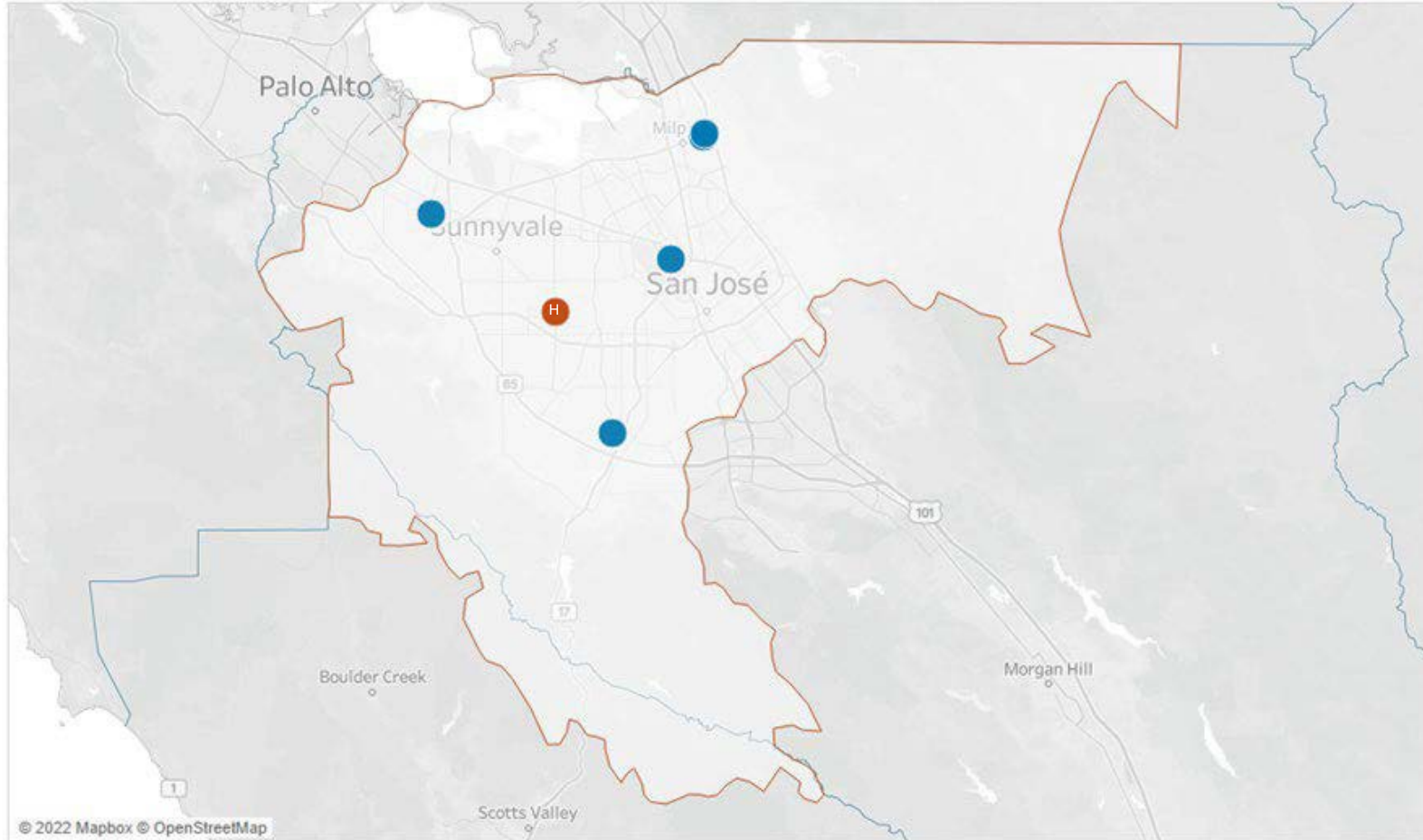
Total population:	1,332,047
American Indian/Alaska Native	0.2%
Asian	40.7%
Black	2.3%
Hispanic	23.9%
Multiracial	3.4%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	29.0%
Under age 18	21.5%
Age 65 and over	12.7%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Santa Clara service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Santa Clara service area comprises most of the northwest half of Santa Clara County and includes the cities and towns of Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San José, Santa Clara, Saratoga, and Sunnyvale.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Santa Clara 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. **Mental & behavioral health:** Despite having more mental health providers than the national per capita average, mental and behavioral health outcomes for residents of the Santa Clara service area present a critical and urgent need, exacerbated by the COVID-19 pandemic. Rates for indicators of mental and behavioral health, including thoughts about committing suicide, are higher for Santa Clara County compared to the state. The need for mental health services for issues like depression and anxiety was heightened by COVID-19, especially during the shelter-in-place order for youth, homebound seniors, and people living alone. People reported that COVID-19 exacerbated stressors across a wide array of social factors, like housing, jobs, and income, which has led to an increase in anxiety, depression and indicators related to suicide. Informants identified children, women, LGBTQ youth and transgender people, immigrants, and particularly those with a history of trauma, as groups that are more likely to need mental and behavioral health services.
2. **Access to care:** Despite having more insured residents, physicians, and dentists within the Santa Clara service area compared with Santa Clara County and the state, disparities in access to care persist. Neighborhoods in the eastern region of the Santa Clara service area and two central neighborhoods experience the highest rates of uninsurance compared with the Santa Clara service area overall. Medicaid/public insurance (i.e., Medi-Cal) enrollment for the Santa Clara service area is lower than average in areas with relatively high insurance coverage. Two areas with a relatively high proportion of people of color have both higher rates of uninsurance and lower Medi-Cal enrollment rates, which may reflect the fear of accessing services (e.g., because of immigration status) that was cited by key informants. While the Santa Clara service area has a higher-than-average supply of physicians and dentists, many people feel that health care providers do not mirror the community culturally or linguistically. Key informants cited the high cost of insurance as a barrier to access, especially for those who do not qualify for Medi-Cal. Other barriers included inadequate coverage and people not knowing how to navigate the health system, including utilizing the coverage they have and knowing where to go for care. The switch to virtual visits during the COVID-19 pandemic allowed health systems to continue to provide care, but many patients faced challenges that included lack of access to a computer, internet, or a private space for a visit, as well as limited skills using digital platforms.
3. **Housing:** The lack of affordable housing is a critical issue for the Santa Clara service area, especially for renters. The service area has higher rates of overcrowded housing, higher rental costs, and a lower housing affordability index compared with the state. Key informants consistently expressed concern over the high cost of living and lack of affordable housing. They also shared concerns over the growing number of families living in overcrowded housing, couch surfing, or experiencing homelessness. In addition to lack of affordable and adequate housing, there are not enough shelters available to meet this

growing need. Despite the magnitude of the problem, many informants noted a lack of will and resources to implement the strategies that are necessary to fully address this issue.

- 4. Healthy Eating Active Living opportunities:** Issues related to healthy eating and active living (HEAL), including access to transit, healthy food, and walkable neighborhoods present major health barriers in the Santa Clara service area. The walkability index score for the Santa Clara service area was higher than the national average but lower than the state average. Walkability disproportionately impacts people of color, especially one neighborhood with higher percentage of Black/African American and Hispanic residents than the overall service area. Key informants cited widespread joblessness and economic instability as the underlying cause of the lack of HEAL opportunities. Informants reported that COVID-19 economic impacts shifted the community provider focus from nutrition education to helping households meet their basic needs such as food and housing. Additionally, funding shifted away from HEAL strategies to mitigate the immediate effects of COVID-19.

B. Health Needs Not Addressed

The significant health need identified in the 2022 CHNA that KFH-Santa Clara does not plan to address is Food Insecurity. The reason Food Insecurity was not selected is that sufficient community resources exist to address this need.

V. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported, as follows:

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

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

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$16,725,916
Charity care: Charitable Health Coverage programs	\$78
Charity care: Medical Financial Assistance Program ²	\$16,534,290
Grants and donations for medical services ³	\$974,948
Subtotal	\$34,235,231
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs ⁵	\$121,828
Grants and donations for community-based programs ⁶	\$892,142
Community Benefit administration and operations ⁷	\$472,597
Subtotal	\$1,486,568
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$21,210
Grants and donations for the broader community ⁸	\$415,511
National Board of Directors fund	\$40,156
Subtotal	\$476,877
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$13,236,785
Non-MD provider education and training programs ¹⁰	\$2,015,563
Health research	\$2,972,326
Subtotal	\$18,224,675
TOTAL COMMUNITY BENEFITS PROVIDED	\$54,423,351

B. Examples of Activities to Address Selected Health Needs

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

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

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

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

Need	Examples of most impactful efforts
<p>Access to Care</p>	<p>Medi-Cal and Charity Care: In 2023, KFH-Santa Clara provided access to care to 25,027 Medi-Cal members and provided financial assistance to 6,809 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Improved Access to Behavioral Health Care: The mission of the School Health Clinics of Santa Clara County is to provide essential, high-quality, and affordable health care services for adults and children in the local community. Kaiser Permanente’s partnership with School Health Clinics of Santa Clara County supports its work to identify individuals in need of behavioral health care and facilitate their access to services. This project is expected to serve 1,500 low-income and Latino individuals in Santa Clara County. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Safety Net Partnerships in Santa Clara and San Mateo Counties: The mission of the Community Health Partnerships of Santa Clara is to advocate for quality, affordable, accessible, and culturally competent health care systems that demonstrate respect and compassion for diverse communities. Community Health Partnerships of Santa Clara was awarded \$480,000 over a year as one of 12 community health centers across California partnering with KFH in the Safety Net Partnership Initiative Clinic Consortia Cohort. As part of this cohort, Community Health Partnerships of Santa Clara will address health care disparities and health equity by supporting clinic training programs, transition to value-based care and alternative payment methodologies, and improvements in technology infrastructure. (This grant impacts 3 hospital service areas in NCAL)</p>
	<p>Medi-Cal Enrollment and Redetermination Support: The mission of the Catholic Charities of Santa Clara County is to serve as an advocate for individuals and families in need, especially those living in poverty. Catholic Charities of Santa Clara County was awarded \$90,000 over a year. The project supports low-income individuals and households, monolingual communities, and underserved communities with redetermination and enrollment in Medi-Cal. This project is expected to serve 1,500 individuals, including families with children, elderly individuals, individuals with disabilities, veterans, and refugees. (This grant impacts 2 hospital service areas in NCAL)</p>

Need	Examples of most impactful efforts
<p>Mental & Behavioral Health</p>	<p>Behavioral Health Advocacy Program for Foster Youth: The mission of Child Advocates of Silicon Valley is to be there for every foster child in Santa Clara County who has experienced abuse, neglect, or abandonment. The Court Appointed Special Advocate (CASA) program provides foster children with a highly trained volunteer to advocate for their best interests. Kaiser Permanente’s partnership with Child Advocates of Silicon Valley supports the Behavioral Health Advocacy Program for Foster Youth. The program provides children with access to a dedicated volunteer trained to recognize the need for mental and behavioral intervention. This program is expected to serve 580 foster children ages 0-21 in Santa Clara County. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Center for Living with Dying: The mission of the Bill Wilson Center is to support and strengthen the community by serving youth and families through counseling, housing, education, and advocacy to prevent poverty in the next generation. Kaiser Permanente’s partnership with the Bill Wilson Center supports The Center for Living with Dying. This will provide emotional support through individual and group counseling to adults and children facing life-threatening illnesses or trauma from losing a loved one, crisis intervention services, and broad-based educational programs on grief and loss. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Continuing Community Outreach for Behavioral Health Navigator Program: The mission of the Valley Health Foundation is to be a leader for community health and health care in Santa Clara County by supporting, innovating, and advocating for better health for all. Valley Health Foundation was awarded \$40,000 over a year to partner with the County of Santa Clara Behavioral Health Services Department to conduct outreach to community members and providers promoting the project. The program helps individuals find and access services that address their specific behavioral health and wellness needs. This project is expected to serve 1,500 individuals. (This grant impacts 2 hospital service areas in NCAL)</p>
<p>Housing</p>	<p>Housing Programs in the City of Santa Clara: The mission of Abode Services is to advocate for the removal of the causes of homelessness and end homelessness by assisting low-income, un-housed people, including those with special needs, to secure stable supportive housing. Kaiser Permanente’s partnership with Abode Services supports a comprehensive program that will provide permanent housing and supportive services such as counseling, job training, and health care in the City of Santa Clara. This project is expected to serve 250 individuals and families who are homeless or have a disability. (This grant impacts 1 hospital service area in NCAL)</p>

Need	Examples of most impactful efforts
	<p>Safe and Healthy Housing: The mission of Rebuilding Together Silicon Valley is to repair homes, revitalize communities, and rebuild lives. Kaiser Permanente’s partnership with Rebuilding Together Silicon Valley supports The Safe and Healthy Housing initiative. This partnership is expected to improve the health, safety, and overall well-being of more than 600 low-income Santa Clara County homeowners by performing critical home repairs and accessibility modifications. (This grant impacts 1 hospital service area in NCAL)</p> <p>Santa Clara County Homelessness Prevention System: The mission of the Destination: Home SV is to end homelessness in Silicon Valley. Kaiser Permanente’s partnership with Destination: Home SV supports the Homelessness Prevention System partnership with public agencies, private funders, and non-profit service organizations. Together, these organizations provide temporary financial assistance, legal support, and other services to help at-risk families and individuals maintain housing and avoid homelessness. The Homelessness Prevention System primarily serves households that fall into the extremely low-income bracket and people of color, who disproportionately are at risk of homelessness due to historic and current policies that disadvantage these populations. This grant is expected to serve 5 additional households. (This grant impacts 1 hospital service area in NCAL)</p>
<p>Healthy Eating Active Living Opportunities</p>	<p>2023 Building Local Outreach Capacity for CalFresh Enrollment (BLOC) Cohort: The mission of the Second Harvest of Silicon Valley is to end hunger by ensuring that anyone who needs a healthy meal can get one. 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. Second Harvest of Silicon Valley will improve food security and economic stability for low-income children and families by distributing nutritious food (including fresh produce, high-quality protein, and healthy grains) with schools and community agency partners in Santa Clara and San Mateo counties. Staff screen clients for CalFresh eligibility and submit applications for eligible households, supporting clients' self-sufficiency and long-term security. (This impacts 3 hospital service areas in NCAL)</p>

Need	Examples of most impactful efforts
	<p>7/250's Feed the Need: The mission of No Time to Waste is to provide donated food and essential goods for those in need. Kaiser Permanente's partnership with No Time to Waste supports its work providing meals 7 days a week to over 250 people. The program will recover surplus food from 25 donor organizations and deliver it to outreach programs serving individuals experiencing homelessness. (This grant impacts 1 hospital service area in NCAL)</p> <hr/> <p>Milpitas Food Pantry: The mission of the Milpitas Food Pantry is to provide emergency food and food assistance to those in need. Kaiser Permanente's partnership with Milpitas Food Pantry supports its work to serve the needs of the communities of Milpitas and Alviso, provide courtesy food distribution to anyone in need and expand the Clothes Closet. This project is expected to serve 2,000 individuals. (This grant impacts 1 hospital service area in NCAL)</p>

VI. Appendix

Appendix A

2023 Community Benefits Provided by Hospital Service Area in California

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

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

Appendix B

Endnotes

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