COMMUNITY HEALTH REPORT

2022

CONTENTS

SUTTER HEALTH NETWORK OVERVIEW

Sutter Health is a not-for-profit, integrated healthcare system committed to delivering innovative, high-quality, equitable patient care and helping to improve the overall health of the communities it serves. Our 65,000 employees and associated clinicians serve more than 3 million patients in California through our hospitals, primary and specialty care centers, clinics and home health services.

Sutter Health's total investment in community benefit in 2022 was $899 million. This amount includes traditional charity care and unreimbursed costs of providing care to Medi-Cal patients, as well as investments in community health programs to address prioritized health needs as identified by regional community health needs assessments.

Learn more about how we're transforming healthcare at **sutterhealth.org** and **vitals.sutterhealth.org**

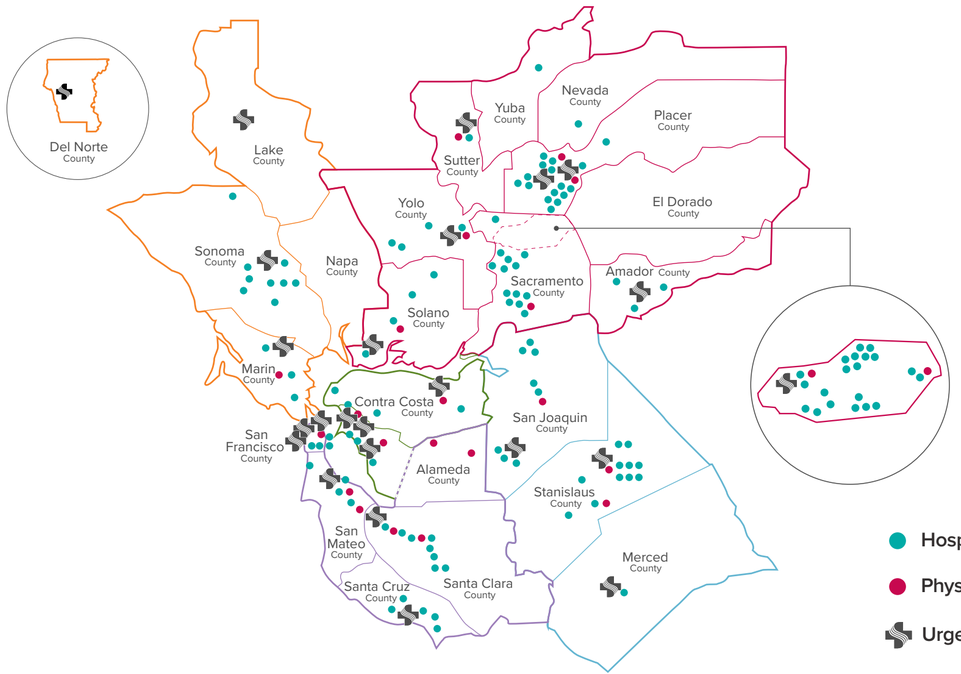
As part of Sutter Health's commitment to fulfill its not-for-profit mission and help serve some of the most vulnerable in its communities, the Sutter Health system has implemented charity care policies to help provide access to medically necessary care for eligible patients, regardless of their ability to pay. In 2022, Sutter Health invested $82 million in charity care. For more information about charity care, visit Sutter Health's Financial Assistance Policy at **sutterhealth.org/for-patients/financial-assistance**.

Overall, since the implementation of the Affordable Care Act, greater numbers of previously uninsured people now have more access to healthcare coverage through the Medi-Cal and Medicare programs. The payments for patients who are covered by Medi-Cal do not cover the full costs of providing care. In 2022, Sutter Health invested $615 million to care for Medi-Cal patients who accessed care at Sutter facilities. In addition, Sutter Health's unreimbursed cost of Medicare totaled $1.08 billion.

Through community benefit investments, Sutter helps local communities access primary, mental health and addiction care, and basic needs such as housing, jobs and food. See more about how Sutter Health reinvests into the community and works to achieve health equity by visiting **sutterhealth.org/community-benefit**.

In 2022, Sutter Health conducted community health needs assessments (CHNAs). The purpose of the CHNAs is to identify, prioritize and address key community health needs, with the goal of improving the health status of the communities we serve and populations experiencing health disparities.

SUTTER HEALTH FOOTPRINT



SACRAMENTO REGION

- Yuba County
- Sutter County
- Yolo County
- Solano County
- Sacramento County
- Amador County
- El Dorado County
- Placer County
- Nevada County

CENTRAL VALLEY REGION

- Stanislaus County
- Merced County
- San Joaquin County

SILICON VALLEY REGION

- San Mateo County
- Alameda County – South
- Santa Cruz County
- Santa Clara County

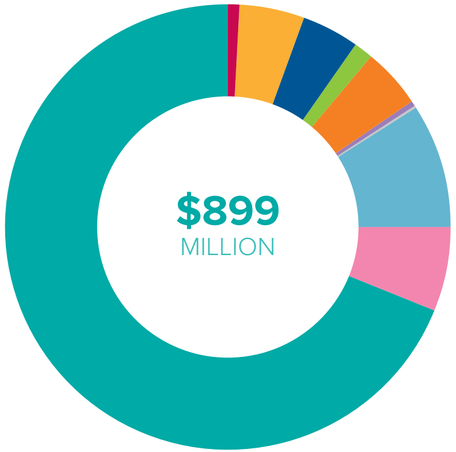
EAST BAY REGION

- Contra Costa County
- Alameda County – North

SAN FRANCISCO REGION

- Marin County
- Sonoma County
- Lake County

TOTAL COMMUNITY BENEFITS



$9,687,212 | Community Health Improvement Services

$41,191,982 | Health Professions Education

$36,938,532 | Subsidized Health Services

$12,218,623 | Research

$41,202,416 | Financial and In-Kind Contributions

$2,874,284 | Community Benefit Operations

$68,915 | Community Building Activities

$81,903,465 | Financial Assistance

$54,809,680 | Means-Tested Programs

$615,235,505 | Medicaid

*2022 Unreimbursed Costs of Medicare: $1.1 Billion

BENEFITS FOR UNDERSERVED POPULATIONS

In 2022, Sutter Health conducted community health needs assessments (CHNAs).

The purpose of the CHNAs is to identify, prioritize and address key community health needs, with the goal of improving the health status of the communities we serve and/or populations experiencing health disparities.

Access to Mental/ Behavioral Health and Substance-Use Services

Behavioral health/MHSA	139,622 people served

Active Living and Healthy Eating

Food security, healthy eating, and active living	91,193 people served

Family and Youth Support

Family and youth support	11,836 people served
Maternal/ Child health	4,881 people served

Access to Quality Primary and Specialty Care Health Services

Healthcare access and delivery	295,968 people served
Oral/Dental health	9,358 people served

Workforce Development/ Education

Education	1,586 people served
Workforce development	132 people served

Access to Basic Needs Such as Housing, Jobs, and Food

Housing and homelessness/ Access to basic needs	196,424 people served
Economic security	16,264 people served
Safety from violence	30,077 people served
Community outreach and engagement	2,386 people served

Injury and Disease Prevention and Management

Cancer prevention and screenings	3,625 people served
Maternal/ Child health	4,881 people served
Cardiovascular disease, stroke and tobacco use	1,610 people served

SUTTER HEALTH VALLEY AREA OVERALL PROGRAM OUTCOMES

209,526
ADULTS AND YOUTH SERVED

399,092
PEOPLE REACHED BY EVENTS/OUTREACH

1,035,432
TOTAL SERVICES PROVIDED

155,758
TOTAL REFERRALS MADE

4,988
OBTAINED SHELTER

713
OBTAINED TRANSITIONAL HOUSING

1,091
OBTAINED PERMANENT HOUSING

31,317
OBTAINED BASIC NEEDS

1,447
ENROLLED IN INCOME ASSISTANCE

5,988
ESTABLISHED MH HOME

2,965
ESTABLISHED MH PROVIDER

2,363
ENROLLED IN HEALTH INSURANCE

27,187,980
POUNDS OF FOOD DISTRIBUTED

LAYERS OF LOVE AND SUPPORT, HOPE FOR DIFFICULT TIMES

For more than 45 years, Community Hospice Inc. has improved the lives of terminally ill patients and their families across six counties and the surrounding communities, including service facilities in the cities of Stockton, Modesto and Hughson, California. With the generous support of donors and organizations like Sutter Community Health, Community Hospice has continued its mission, expanding both the geographic footprint and services to meet the dynamic and emerging needs of the communities they serve.

"Community Hospice partners with people for the best life ahead," says Monica Ojcius, director of strategic initiatives and special projects, "from hospice and palliative care to children dealing with death and loss and school-based programs for supporting children that have lost someone close to them." While the services of Community Hospice have changed and expanded over the years, the mission of helping people through life-changing events remains a constant. "What we provide is an extra layer of love and support during scary times," Ojcius continues.

Recognizing that half of the community of Stanislaus County identify as Hispanic, communication efforts have started focusing on extending service to these communities through language-specific resources. Making outreach to Hispanic populations part of their strategic plan, Community Hospice is serving a growing population, in their native language, building confidence in the support available and furthering insights around why certain communities use or don't use hospice or palliative care.

Hope Counseling is another offering that has been generously supported by Sutter Community Health. Providing the much needed mental health support to the community means hiring new clinicians and counselors to provide support for life struggles including mild to moderate mental health challenges. "Helping people who can't afford mental health support makes a miraculous difference in the lives of entire families, entire communities," says Ojcius. Hope Counseling lets Community Hospice meet everyone's needs, despite their ability to pay.

The partnership with Sutter, in providing mental health services to families and individuals in need have made a changed lives across the community, providing hope and resources during some of life's most challenging times. Palliative care and mental health services for sick and dying children in the community have, in the last five years, expanded nearly four-fold. Through these efforts, children, their siblings and their families find opportunities to spend quality time together, finding hope and joy despite complex family and health situations.

In addition to grant funding and financial support, Sutter Community Health provides Community Hospice with referrals, partnerships and educational opportunities. "A third of our business comes from referrals," says

Ojcious, "many of which are from Sutter." Community Hospice has also found a partner in training with Sutter, as specialists engage Sutter staff through quarterly workshops at Memorial Medical Center in Modesto, sharing expertise and informing care providers about hospice and palliative care.

Involvement and engagement with Sutter at the Board of Directors level adds a layer of volunteer leadership that has helped move the organization along strategically.

"Hope Counseling and the expansion of our grief support and mental health services are definitely a result of this ongoing Sutter relationship," adds Ojcius.

The future is focused on the growing challenges around opioid overdose deaths and the challenges for families in supporting survivors. Community Hospice specialists are trained to specifically address the stigma around opioid deaths and the organization is an active part of the Opioid Safety Coalition. Community services will continue to rally around human needs, providing for families in grief or in need, with palliative care, hospice services and other community support through food closets and Hope Chest thrift stores. The aim is that there will be a cumulative or generational improvement in stability and support for grief and grieving families across the Central Valley.

AMADOR COUNTY

FACILITY:

SUTTER AMADOR HOSPITAL

Sutter Amador Hospital's rich history of providing care for its community dates back to 1876. This rural community is home to a large number of vulnerable seniors living alone. Sutter Amador works to increase access to healthcare for seniors and others in need by partnering with transportation programs, emergency response services, nutrition programs and more.

OVERALL IMPACT

6,712 Adults and children served

40,618 People reached by events and outreach

28,914 Total services provided

1,382 Total referrals made

204 Obtained basic needs

14 Enrolled in income assistance

34 Established PH home

1,186,731 Pounds of food distributed

CREATING A BRIDGE FOR NECESSARY PATIENT CARE

The Patient Navigator program acts in concert with the WellSpace Health T3 program approach: to triage, transport and treat patients in an appropriate primary care setting. The Patient Navigator connects Amador County patients from Sutter Amador Hospital to appropriate primary care services in the community, scheduling appointments for emergency department patients and patients being discharged from in-patient care to primary care physicians, integrated behavioral health clinicians and women's healthcare providers. Follow-ups with patients via telephone encourage and remind them to keep appointments with appropriate care providers, as well as connection to social resources and referrals for emergency department patients.

By linking clients to a primary care and behavioral health home, the Patient Navigator program reduces the frequency of individuals using the emergency department for primary care services, keeping individuals away from cycling in and out of the high-cost emergency systems of care and helping them maintain their health and wellness through primary care follow-up appointments.

MERCED COUNTY

FACILITY:

MEMORIAL HOSPITAL LOS BANOS

Rising to the needs of the growing community of Los Banos and surrounding areas, Sutter Health's Memorial Hospital Los Banos continues to strengthen its partnerships with community organizations to improve health outcomes for local residents.

OVERALL IMPACT

1,505 Adults and children served

329 People reached by events and outreach

2,694 Total services provided

642 Total referrals made

6 Obtained shelter

40 Obtained basic needs

7 Established PH home

6,480 Pounds of food distributed

LOS BANOS AFTER SCHOOL PROGRAM

As the sole countywide youth serving organization in Merced County, Boys and Girls Club of Merced (BGCM) addresses the learning losses, social and emotional isolation and increased juvenile delinquency that occurs during school breaks. BGCM partnered with Los Banos Unified School District and the City of Los Banos to provide a safe, positive environment for students to reimagine learning by playing to learn, learning to play and incorporating a college-bound culture. Open to students ages K-5 and facilitated by college students and credentialed teachers, this summer program served 103 students with nearly half of them demonstrating progress in reading by the end of the session.

Providing a positive, safe, healthy, fun and educational setting, BGCM's three-and-a-half-week Summer Camp Program, held weekdays from 7:30 to 4:30, included STEM, arts, crafts, performing arts, physical activities, and reading. The summer camp culminated in a trip to Merced College for a college campus tour where students conducted a science experiment and had the chance to visit the Kids Discovery Station for hands-on career exploration. The summer program also provided employment and leadership development opportunities to 15 college students. Some of the best feedback received about the summer program came from parents at the conclusion of the program where they found BGCM's services essential in keeping their children engaged during the summer.

Providing a safe, positive environment for students in Los Banos to reimagine learning we help bring out the best in each young person, enabling them to reach their full potential as productive, caring and responsible citizens. Boys and Girls Club of Merced continues to meet with the staff of Sutter Health to discuss our long-term commitment to the community in ensuring youth services are available to support overall healthy youth development.

PLACER COUNTY

FACILITY:

SUTTER ROSEVILLE MEDICAL CENTER/ SUTTER AUBURN FAITH HOSPITAL

Sutter Roseville Medical Center and Sutter Auburn Faith Hospital offer a unique blend of sophisticated healthcare and a heritage of community service that spans five decades. The hospitals act as a hub for a network of Sutter Health services and community health outreach in Northern Sacramento, South Placer County, Auburn and surrounding foothill communities.

OVERALL IMPACT

112,446 Adults and children served

50,886 People reached by events and outreach

132,543 Total services provided

19,999 Total referrals made

120 People obtained transitional housing

85 Obtained permanent housing

1,4349 Obtained basic needs

388 Established PH home

491 Established MH provider

LATINO LEADERSHIP COUNCIL

The Latino Leadership Council's "CREER En Tu Salud" program is the only regional program employing *promotores*, trusted peers who empower individuals through education and connections in their native Spanish, to help uninsured and underinsured Latinos get access to health, dental, vision and mental health services and to teach them how to effectively navigate the healthcare system. *Promotores* conduct home visits during evenings and weekends to help participants learn how to properly and effectively engage the healthcare system, provide them with important health information and ensure that they find a medical home or other culturally and linguistically appropriate support, such as specialty care, mental health or family wellness.

Our primary objective is to provide health linkages, case management or resources and referral services to Latino adults in Western Placer and North Eastern Sacramento Counties. Additionally we connect adults to vision exams and medically necessary vision supplies; dental x-rays and necessary dental services; support Sutter patients with connections to primary care and other services and provide diabetes and nutrition education and support.

SACRAMENTO COUNTY

FACILITY:

SUTTER MEDICAL CENTER, SACRAMENTO

Sutter Medical Center, Sacramento (SMCS) has served its community since 1923. Located downtown, the medical center comprises several facilities, including Ose Adams Medical Pavilion and Anderson Luchetti Women & Children's Center. SMCS offers an array of programs and services to serve the needs of the region.

OVERALL IMPACT

27,283 Total adults and children served

90,191 People reached by events and outreach

403,400 Total services provided

41,219 Total referrals made

203 Obtained permanent housing

3,296 Obtained basic needs

2,555 Established PH home

1,324 Established MH provider

31,469 Pounds of food distributed

FOOD LITERACY CENTER

Food insecurity remains a critical issue in our communities. Food Literacy Center programs address the gaps in healthy eating by inspiring kids to eat their vegetables, seeking to prevent diet-related diseases among students who are food and nutrition insecure. The mission of the Food Literacy Center is to inspire kids to eat their vegetables by teaching children in low-income elementary schools cooking, nutrition, gardening and active play to improve our health, environment and the economy. Through these programs, students learn the difference between a fruit and a vegetable, where food comes from, how to read and cook recipes and nutrition labels, cooking skills and more. The program goal is to improve children's knowledge, attitude and behavior toward healthy eating, creating a lifetime of healthy habits to prevent diet-related chronic health problems.

Current data shows that diet-related chronic diseases such as obesity and diabetes put individuals at greater risk of severe illness. Forty percent of Sacramento kids are obese or overweight. The prevalence of obesity is higher among African American and Hispanic children from lower-income families. The majority of our efforts are focused on South Sacramento, in zip codes identified as experiencing high health disparities and generally lacking access to fresh produce. Our students live in these communities, where two generations of Americans have low rates of cooking with and eating produce.

Trauma-informed food literacy classes address the whole health of students. In a 10-week series of 45-minute classes, students are empowered to make healthy food choices, learn hands-on cooking and nutrition skills, fruit and vegetable appreciation and what it means to eat local and in-season produce. We use fun and positive reinforcement to get kids excited about fruits and vegetables through culturally appropriate recipes using fresh local produce from California Farmers and hands-on activities to build healthier futures. The 10-week after school program helps address health disparities and access concerns by not only empowering students to make healthy choices but also teaching students about the benefits of eating local produce and choosing in-season items that are more affordable and better tasting.

TRANSFORMATIONAL SUPPORT FOR THRIVING, EQUITABLE COMMUNITY

The Sacramento LGBT Community Center works to create a region where LGBTQ+ people thrive, supporting the health and wellness of the most marginalized, advocating for equality and justice and building a culturally rich LGBTQ+ community. With the recent grant support from Sutter Health and other public and private funders, the LGBTQ Center has transformed from a small, volunteer-driven, grassroots organization to a community institution that is able to invest in direct service to community members as well as advocacy work and community activities.

“Sutter’s capacity building investment in the Center has been transformational,” says David Heitstuman, CEO. “The grant funding has allowed us to increase our program capacity and our physical space.” With Sutter’s support, the Center was able to find immediate relief to existing space constraints and leverage additional grants to secure a permanent, landmark LGBTQ+ community center in the heart of Lavender Heights in Sacramento. Additional program funding facilitated the establishment of a Midtown youth shelter, and the Marsha P. Johnson Center South Location which focuses on the sexual and gender health needs of Black and Latinx community members.

The LGBTQ+ Center provides an ever-expanding array of services for the community from youth to seniors, providing homeless and at-risk youth programs, equity and justice services, community resources, events and peer-based support groups for adults and seniors. The center hosts more than 300 outreach events annually throughout the region, including the Sacramento Pride Celebration, a youth-oriented Q-Prom and a “Chosen Family” Feast.

Thriving, for the Sacramento LGBTQ+ Center, includes helping community members in need of social services but also providing social connectedness and a chosen family. The community the Center serves is extremely diverse, so they approach all of their work through an intersectional lens.

The Center has expanded its youth housing program, adding beds and a full suite of wraparound services as well as a transitional living program with mental health and harm reduction support. Youth services focus on those experiencing homelessness and who have been victims of crimes and include drop-in respite resources 7 days a week.

The new, permanent home for the Center provides expanded health service space including additional clinical client service rooms. Available sexual and gender health services include prevention, testing and support services for those newly diagnosed with HIV and mental health services offered around prevention, clinical counseling and group therapy. “The center is increasing capacity, with more community meeting and event spaces and greater accessibility for people with physical disabilities or mobility challenges,” says Heitstuman. Free, confidential HIV, Hepatitis C and STI testing, counseling and case management are provided onsite, at the two Center locations. A Mobile Testing

Unit provides HIV testing across the region and individuals with positive test results find support in the community with LGBTQ+ affirming medical staff, regardless of insurance or income status. Both the Midtown Sacramento and South Sacramento Centers provide testing appointments. In addition to gender and sexual health services, the Center offers harm reduction services, test strips, overdose prevention services and crisis intervention services onsite or in collaboration with other partners. ”If we don’t have immediate resources, we do have partnerships and external resources available,” adds Heitstuman.

While the capacity building grant has been undeniably transformational for the Center’s growth and expansion, those in Sutter at both the executive and program level staff, continue to ensure the Center has resources it requires. Sutter’s doctors have, individually, been extremely supportive as program partners, fundraisers and advisors. Other support has included the donation of the Sutter suite at the Golden One Center for fundraising auctions and ongoing support for Center staff, including opportunities for professional and best practices development and community leadership engagement. Sutter has also sponsored Sacramento Pride events, maintaining a continued presence at the celebrations.

“I value the transparency in our relationship with Sutter,” says Heitstuman, “in communicating about the process and needs.” The way, according to Heitstuman, that Sutter has granted funds, with their flexibility and adaptability has been invaluable to growth and development of the Center. The trust and confidence in the partnership, letting the Center decide for itself as to what’s needed and where to direct funds has been truly invaluable in expanding programs and services to more fully meet the existing and evolving needs of the community.

The LGBTQ+ Center in Sacramento, with the support of Sutter Community Health, continues to make strides towards not just being a safe and welcome place, but fostering a thriving, culturally rich and engaged community that welcomes, supports and inspires those most marginalized in the community, advocating for equity and justice for all individuals.

SAN JOAQUIN COUNTY

FACILITY:

SUTTER TRACY COMMUNITY HOSPITAL

Sutter Tracy Community Hospital is the area's only full-service acute care hospital, serving more than 100,000 people in the Tri-Central Valley region. The state-of-the-art facility features the latest medical technology and diagnostic equipment and offers a comprehensive array of inpatient and outpatient services.

OVERALL IMPACT

9,484 Total adults and children served

8,715 People reached by events and outreach

267,537 Total services provided

10,346 Total referral made

105 Obtained transitional housing

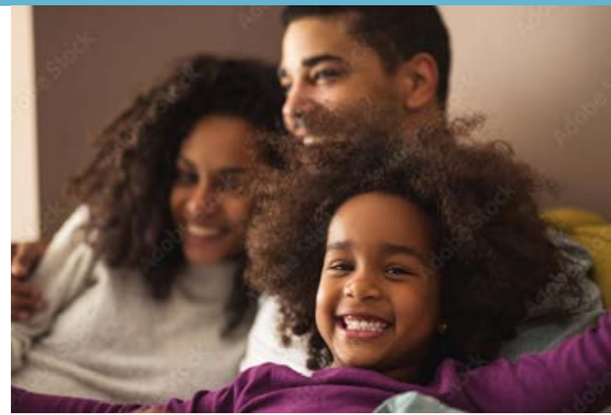
320 Obtained permanent housing

1,840 Obtained basic needs

370 Established PH home

90,771 Pounds of food distributed

MCHENRY HOUSE, TRACY FAMILY CRISIS INTERVENTION



McHenry House Tracy Family Shelter offers an opportunity to families to have a safe place to live, free of charge, so that families in need can become self-sufficient and never return to a shelter. Many of the families that walk through the doors of McHenry House have similar stories. When a family follows the program guidelines, they are successful and move on to their own home. Each family must, as a requirement of the program, secure employment, save their money and, at the end of their stay, find a place of their own to rent.

The McHenry House Family Crisis Intervention Program requires that all participants obtain steady, full-time employment within two weeks of entering McHenry House if not employed at the time of admittance. They must save 90% of their income to cover the first month's rent and deposit and all school age children must be enrolled in school within three days of entry, with mandatory attendance at the nightly Homework Club. Counseling Sessions are available on a case-by-case basis for the families at the shelter and all adult clients are drug tested as they move in and randomly as needed; positive drug tests result in required attendance at NA/AA meetings. A twice-monthly, two-hour, McHenry House Nutrition Workshop helps to educate clients on health issues such as obesity and diabetes, especially in children. Adult clients also attend stress management workshops to learn how to better cope with daily stressors.

Forty-five to fifty families benefit annually from the program. When families move into the facility, the adults meet with a case manager to establish a plan of action, meeting regularly to review progress on their family plan. Ninety-five percent of the families in the program successfully meet their goals during the 8-to-10-week program. Due to ongoing rent increase in our area, the program has been forced to extend most of our families' stays to achieve self-sufficiency and find a home to rent.

The McHenry House Tracy Family Shelter served a total of 44 families this year, very close to the projected number. The fact that most of our families' stays had to be extended for them to succeed did impact the number of people served. On average, due to present economic conditions, it is taking longer for families to accomplish their established goals.

SOLANO COUNTY

FACILITY:

SUTTER SOLANO MEDICAL CENTER

Sutter Solano Medical Center has served the residents of Solano County for more than 100 years. With 106 licensed beds, the hospital is staffed by skilled physicians and medical professionals who provide exceptional healthcare in a compassionate, healing environment.

OVERALL IMPACT

5,946 Adults and children served

2,180 People reached by events/outreach

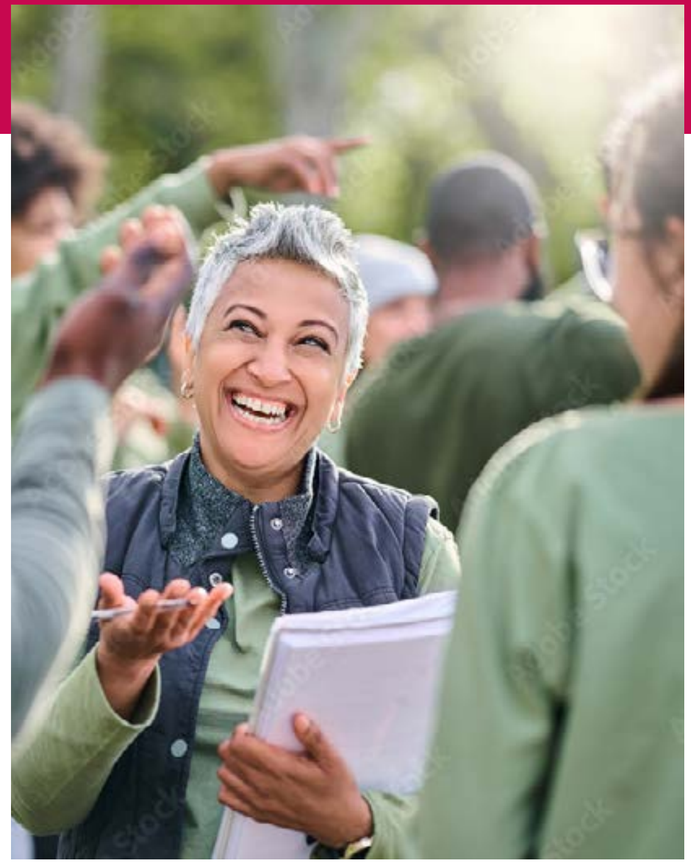
14,491 Total services provided

4,715 Total referrals made

73 Obtained shelter

508 Obtained basic needs

1 Enrolled in income assistance



LA CLINICA DE LA RAZA COMMUNITY HEALTH WORKER PROGRAM

Two Community Health Education (CHE) staff, supported by an existing cohort of *promotores* (lay community health workers) are recruiting and training new members to become *promotores* and build La Clinical De La Raza's capacity to address unmet health needs in the wider Solano County community. This is achieved by engaging the existing cohort of *promotores*, recruiting new participants, completing an "Escuela de *promotores*" curriculum, implementing the Community Action Model (CAM) to identify pressing community needs and developing health education workshops and activities to support English and Spanish speaking community members. Through establishing training and satellite resource centers, the goal of this project is to equip the community with the knowledge, tools and skills necessary to make informed decisions about their own health and sustain community change.

Most of the work done during this project period focused on laying the groundwork and developing relationships with community members by being an active and constant presence. The intention is that by laying this groundwork and being a familiar presence, we build trust and ease transitions into work on specific projects and activities within the community. La Clinica staff continue to reach out to other churches and organizations in South Vallejo to expand future outreach and collaboration efforts.

STANISLAUS COUNTY

FACILITY:

MEMORIAL MEDICAL CENTER

Memorial Medical Center, Modesto serves residents of Stanislaus County and surrounding communities. As a member of the Sutter Health family of hospitals, physician organizations and other medical services, Memorial Medical Center has access to resources and expertise that advance healthcare quality and access.

OVERALL IMPACT

24,621 Adults and children served

44,498 People reached at events and outreach

18,290 Total services provided

23,984 Total referrals made

117 Obtained shelter

2 Obtained transitional shelter

13 Obtained permanent housing

226 Obtained basic needs

1,629,358 Pounds of food distributed

GOLDEN VALLEY HEALTH CENTERS STREET MEDICINE

Golden Valley Health Centers (GVHC) Street Medicine Team provides acute medical services and access to care to unhoused people in Stanislaus and Merced counties. A Licensed Vocational Nurse (LVN) and a Community Health Worker (CHW) connect with the unhoused and homeless community members, bringing medical services to them on the streets, at encampments, at or near shelters and in parks. The team conducts care rounds at more than 30 sites throughout the two counties using a van equipped with medical supplies, performing basic medical services such as wound care, blood pressure checks and health assessments.

The general scope of the Street Medicine Team is to provide outreach, triage, mobile medicine and referrals to GVHC and community partners. Outreach efforts entail making connections with unhoused community members by listening to them, and learning their needs as they themselves tell them, and adapting the care provided to meet patients where they are, literally and metaphorically.

The CHW provides hygiene kits which, in addition to basic hygiene supplies, include water, food (ready-to-eat meals and snacks) and socks. The nurse and the CHW also provide education and basic navigation on access to healthcare and other community resources. As possible, the team refers clients to other agencies to address needs beyond the Street Medicine scope.

In 2022, teams exceeded yearly goals for direct medical services or access to medical providers within Merced and Stanislaus counties, providing medical services to nearly 1,600 unhoused individuals, a success 2.5 times greater than targeted. A total of 858 hygiene kits (including water and food) were also distributed in both Merced and Stanislaus counties.

The GVHC Street Medicine Team continues to establish itself as a reliable presence on the streets in the community. The amount of wound care the team provides has increased as the community's trust in the team grows. Street Medicine is also providing wound care kits with basic cleansing and dressing supplies for patients requiring them, with a total of 78 kits provided from July through December 2022.

Collaborating with other agencies, the Street Medicine Team has sought new partners to grow efforts and extend reach. GVHC continues networking efforts and inter-agency referrals, working with partners on events and projects to establish or work with existing collaborative field outreach teams.

YUBA-SUTTER COUNTY

FACILITY:

SUTTER SURGICAL HOSPITAL NORTH VALLEY

Sutter Surgical Hospital North Valley serves Yuba and Sutter counties and surrounding communities. Skilled surgeons perform general surgery, as well as procedures in gynecology, orthopedics, spine, plastic surgery, podiatry, vascular surgery, and ear, nose and throat. Since opening in 2009, the hospital has earned several honors and recognition from VHA West Coast for achieving excellence in Hospital Consumer Assessment of Healthcare Providers and Systems.

OVERALL IMPACT

12,736 Adults and children served

4,435 People reached by events and outreach

5,436 Total services provided

11,592 Total referrals made

2 Obtained transitional housing

145 Obtained permanent housing

1,000 Obtained basic needs

400 Established PH home

1,002,536 Pounds of food distributed

SUTTER YUBA HOMELESS CONSORTIUM PREVENTION AND DIVERSION

Since the COVID-19 pandemic, many families have experienced a marked decrease in income and significant increases in expenses, making it difficult to maintain living expenses and rent. The California eviction moratorium has also ended. Many families, as a result, have found themselves in danger of being evicted from their homes and becoming homeless or precariously housed.

The Prevention and Diversion program is a collaboration with Sutter Yuba Homeless Consortium (SYHC), Salvation Army of Yuba City and Bridges to Housing. The program assists individuals and families in the Yuba Sutter area ineligible for government eviction assistance. Eligible individuals display financial need through communication by a landlord or utility company. The Prevention and Diversion program provides financial assistance of deposits, rent, utilities, or other costs to keep a client in their current housing. When this is no longer an option, the program pays deposit and rent to move qualified clients to alternative housing situations.

Agencies work with landlords and utility companies to pay back owed rent and utility bills, keeping applicants in current housing, maintaining their creditworthiness and avoiding homelessness, paying landlords and utility companies directly. When a client is unable to keep their current housing, agencies pay deposits or rent to move clients to alternative housing.

In 2022, the program assisted more than 150 families in maintaining housing and avoiding homelessness across Yuba and Sutter counties. While the program was a success, the organizations involved are hopeful to secure additional funding to meet the overwhelming demands for housing support as agencies continue to report high call volumes for rental, utilities and mortgage assistance.

YOLO COUNTY

FACILITY:
SUTTER DAVIS HOSPITAL

Sutter Davis Hospital and its programs provide care and support to Davis residents and to diverse urban and rural communities throughout Yolo County, which covers more than 1,000 square miles, much of which is dedicated to agriculture.

OVERALL IMPACT

108,793 Adults and children served

15,240 People reached by events and outreach

162,127 Total services provided

41,879 Total referrals made

274 Obtained transitional housing

231 Obtained permanent housing

124 Enrolled in income assistance

647 Established MH provider

278 Enrolled in health insurance

2,324,478 Pounds of food distributed

COMMUNICARE: HEALTHY LIVING WITH DIABETES

The Food is Medicine and Healthy Living with Diabetes (HLWD) programs address the root causes of poor health to achieve health equity within the CommuniCare Health Centers (CCHC) patient population. Healthy Living with Diabetes equips patients with diabetes with the healthcare access, support and self-management skills required to effectively manage their blood sugar. Food is Medicine activities connect patients, staff and community members to healthy food and to each other, equipping them with food, skills and the social support to live healthy, satisfying lives. Diabetes education activities include one-on-one visits with Paraprofessional Diabetes Educators (PDEs) and Registered Nurses, Group Medical Visits, and home visits conducted by a PDE.

The HLWD team includes three full-time Diabetes Educators (DE), one part-time DE, and a Diabetes Registered Nurse. All DEs are fluent in Spanish and English. Each full-time DE is stationed at one of CCHC's three comprehensive healthcare facilities where individualized educational appointments are offered weekdays, with evening appointments at each site one day each week. The RN spends one day at each of the three clinics providing education, patient medication reconciliation, clinical and program implementation management. HLWD staff support the mobile medicine team in their work with people experiencing housing insecurity and their weekly visits to migrant housing centers.

A Registered Dietitian Nutritionist is part of both the Food is Medicine and Healthy Living with Diabetes teams, offering medical nutrition therapy to patients with diabetes and other diet-related conditions and serving as a resource for food and nutrition educational content. "With a background of caring for patients struggling with disordered eating," offers the Registered Dietician, "I am proud to be able to bring this specialty into my practice... and help close the gaps for those who don't have access to this care."

CommuniCare, and HLWD made tremendous strides in 2022 in connecting Continuous Glucose Monitors (CGMs) with CommuniCare patients with diabetes. This technology empowers patients and care teams to better understand fluctuations in blood glucose and identify behaviors associated with those fluctuations. The HWLD team connected 123 patients with CGMs, set up computers at each site to download CGM data and trained providers and staff to download and interpret this data.

SYSTEM AND STATE LEVEL

STEINBERG INSTITUTE

The Steinberg Institute serves as a trusted source on issues related to mental health and substance use disorder, and all intersecting issues impacting this population. The Institute continues to build on its ability to improve the quality of life for all those living with, or otherwise impacted by, mental illness or substance use disorders.

While not a traditional service provider, the Steinberg Institute has achieved remarkable outcomes within mental health, including crisis services and housing. The passage of AB 988 provides a framework and ongoing funding source for 24/7 crisis response statewide. Additionally, the No Place Like Home Initiative continues to fund supportive housing facilities, currently exceeding 13,000 units statewide with an anticipated 18,000-20,000 units, once all facilities are built.

In the policy making arena, the Institute has served an integral role in the development and implementation of state programs and the development of state regulations during this time frame including:

- Providing the state ongoing counsel regarding the development of SB855 – Behavioral Health Parity – regulations.

- Offering guidance to the Mental Health Services Oversight and Accountability Commission (OAC) on the development and promotion of the first-ever voluntary standards for workplace mental health.

- Engaging in state led meetings on the implementation of CalAIM, CARE Court, and the Child Youth Behavioral Health Initiative.

The Steinberg Institute hosted two Fellows from Southeast Asia for one month. Both, deeply passionate about mental health policy making, were inspired, upon completing their terms, to advocate on behalf of people living in their country's with a mental illness and substance use disorders. We also engaged college students who served as interns at the Institute and who are now moving into their careers in the field of mental healthcare and advocacy.

In partnership with institutes, foundations and municipalities across the state, the Institute secured unanimous support and, in the end, the Governor's signature, to establish and implement a California psychiatric, 9-8-8 hotline, with millions in funding secured to increase the capacity of call centers and ensure continued operation. The Institute also played a powerful role in securing more than $600 million towards the expansion of the behavioral health workforce in California. The efforts of the Institute continue to inspire the Administration of California to focus on updating the Mental Health Services Act in ways that will create more flexibility, transparency, and accountability in 2023.

Partnering in policy making with more than 75 behavioral health organizations, the Institute is creating pathways to ensure that all people receive the care they need, when they need it and for as long as they need it. The strategic plan of the Steinberg Institute warrants that everything we do leads to ensuring every Californian receives the care they need in a timely fashion, utilizing proven treatment approaches; that information is publicly available regarding statewide spending and outcomes for Californians living with mental illness or substance use disorder, and ensures accountability of the systems charged with serving them; and, advances health equity to reduce mental health and substance use disparities.

As we embark on creation of a research arm of the Institute, we look forward to looking at regional and statewide data as a means for improving access to care quality of care, and overall outcomes for those living with mental health and substance use disorders.

SUTTER HEALTH BAY AREA PROGRAM OUTCOMES

233
ORGANIZATIONS SUPPORTED

427,250
PEOPLE SERVED

19,467
PEEOPLE WHO RECEIVED MENTAL HEALTH SERVICES

18,366
PEOPLE CASE-MANAGED

2,723
PLACED IN INTERIM HOUSING

4,358
PLACED IN PERMANENT HOUSING

1,683
PROVIDED WITH EMPLOYMENT SERVICES

65,071
RECEIVED SERVICES FROM APCP

60,049
VACCINES PROVIDED

12,929
SURGERIES, DIAGNOSTIC PROCEDURES, ETC, PROVIDED

364,791
HEALTH SCREENINGS

1,523
PEOPLE TRAINED TO BE COMMUNITY HEALTH WORKERS/HEALTH NAVIGATORS/PEER EDUCATORS

NORTHERN ALAMEDA COUNTY

FACILITY:

ALTA BATES SUMMIT MEDICAL CENTER

Alta Bates Summit Medical Center is the East Bay's largest private, not-for-profit medical center with three campuses. About 17% of Northern Alameda County residents and nearly 20% of children live in poverty. The two largest racial/ethnic populations are White and Asian; the third and fourth largest are Latinx and Black, respectively.

COMMUNITY INVESTMENT OUTCOMES

20 Organizations supported

21,022 People served

3,201 People case-managed

HEALTHCARE ACCESS AND DELIVERY

9,180 People served

2,923 People received services from a PCP

BEHAVIORAL HEALTH

7,010 People served

3,201 People who received mental health services

HOUSING AND HOMELESSNESS

2,943 People served

379 People placed in interim housing

283 People placed in permanent housing

BAY AREA COMMUNITY SERVICES

Bay Area Community Services (BACS) provides an array of behavioral health and housing services for teens, adults, older adults and their families. The vision of BACS is a world where everyone is healthy, safe, and engaged in community wellness. Spanning the Bay Area, our program is focused on doing "whatever it takes" to help individuals stay out of institutional care and stay connected to their communities.

Our programs fall into three categories: residential solutions, housing solutions and intentional care coordination. BACS has 24/7 residential programs across the Bay Area to address mental health and housing crises with expertise and compassion. The program provides a short-term place for people in crisis to stay while our team works with them to meet individualized goals.

BACS is committed to ending homelessness — permanently. As a housing first agency we radically believe that finding housing is the first priority to improving quality of life. Every individual BACS serves will receive whatever they need to become stable and have reliable housing. For people who are already homeless or unstably housed, BACS employs direct outreach to find people where they are, whether it's on the street, in encampments or more.

BACS is the Bay Area leader in innovative and ambitious solutions to ending homelessness. We coordinate care for the "whole person" – breaking down the systems that separate health, mental health, housing, benefits and other services – to help participants take their next steps in life. We are helping people experiencing mental health needs or housing crises, while balancing other complications like physical health challenges, substance use, generational trauma, incarceration, poverty and more. We fight against stigma and work tirelessly to uplift each individual we serve.

SETTING GOLD STANDARDS FOR COMMUNITY CLINICS

Echoing the indigenous philosophy of “all my relations,” the Native American Health Center provides services to the community on the principles of inclusion, equity, harmony and mutual respect. For more than 50 years, NAHC has been authentic and passionate about providing services to underserved and disenfranchised people through generosity and inclusivity.

The Native American Health Center provides comprehensive services to the California Bay Area’s Native population. As a Federally Qualified Health Center, NAHC provides comprehensive medical, dental and behavioral health support as well as ancillary support like Women, Infants & Children (WIC) enrollment, school-based prevention and early intervention services. “For a community with a great deal of trauma, I am continually surprised and inspired,” says Utaka Springer, Ph.D, Chief Behavioral Health Officer.

“We screen members for unmet mental health needs, introducing individuals to counseling, psychotherapy, group therapy, education classes, addiction treatment or healthcare navigation support,” states Dr. Springer. Through needs-based support, NAHC addresses health issues that impact overall wellness and an ability to function in life, school or work, like complex trauma, deep depression, panic attacks or social anxiety.

With Sutter Community Health support, NAHC has expanded its core competencies and care coordination services, developing structured training around care coordination, and expanding enhanced care management programs in both San Francisco and Oakland. “Investment in these services has allowed us to reach increasing numbers of community members despite significant staffing shortages,” adds Dr. Springer. “We’re seeing more people with overall less time and getting great results, with a better than national benchmark of depression remission, which is hard to achieve.” Funding from Sutter Community Health has also allowed NAHC to be smarter with their time, measure more of the operations and find ways to improve operational efficiencies. Through quality improvement measures, enabled by Sutter grant funding, the no show rate, which was 24% five years ago, is now a notable 10%, on average, monthly, and has been so for a year and a half.

Sutter has engaged with NAHC in different ways. Helping fund many of the efforts including a colorectal screening program and supporting the development and implementation of a quality improvement program. “With the success of the program and the growth of our behavioral health services,” says Dr. Springer, “we’ve seen significant growth in our behavioral health program.” The initial success of the grant led to increased community impact and this success was further supported with additional funding. The grant money for behavioral health services has truly allowed NAHC to multiply its efforts. Managing and measuring services and impacts with a comprehensive, structured quality improvement system, dashboard and processes that identify and improve on areas of inefficiency. “We’re now measuring a multiple of what we had before, with greater insights into who we’re serving well and where we’re falling short,” asserts Dr. Springer. “This is something that can serve as a model for other community clinics, developing a gold-standard approach to share with other community facilities like ours.” Even with a 30% vacancy rate for clinical positions, NAHC is seeing more people with great results, due to these quality improvement programs.

Sutter continues to show their sincere commitment to community health, and the NAHC in particular, through real, tangible demonstrations and personal involvement, providing generous support to the capital campaign for NAHC’s new building with 72 units of affordable housing, expanded dental services and a cultural center. Sutter leadership is truly showing up, personally, at special events that celebrate Native culture. “Their sponsorship and attendance at our annual Pow-Wow has been tremendous and meaningful for both our leadership and our community,” adds Dr. Springer. ”Community health centers like ours have a small bottom line so these types of support are so meaningful and important.”

As NAHC expands and looks to the future, they’re looking for ways to support the required growth in infrastructure to sustain and expand services. “It’s difficult to justify additional member services or security, for example, as more people are being served,” concludes Dr. Springer. “Administrative support, quality improvements or psychiatry would be helpful to increase our efficiencies, working directly with our primary care providers and behavioral health staff.” For now, the team at the Native American Health Center will continue to “walk in two worlds,” navigating life in a dominant culture which holds different worldviews and values and remaining mindful of their core principles and beliefs of inclusion, equity, harmony and mutual respect, with the generosity and inclusivity of Sutter Community Health in support.

SOUTHERN ALAMEDA COUNTY

FACILITY:
EDEN MEDICAL CENTER

Eden Medical Center is a 130-bed hospital that serves as the regional trauma center for Southern Alameda County. About 13% of Southern Alameda County residents and nearly 20% of children live in poverty. The two largest racial/ethnic populations are Asian and Latinx; the third and fourth largest are White and Black, respectively.

COMMUNITY INVESTMENT OUTCOMES

13 Organizations supported

9,394 People served

BEHAVIORAL HEALTH

6,541 People served

1,423 People who received mental health services

1,860 People who received substance use services

HOUSING AND HOMELESSNESS

1,145 People served

576 People placed in interim housing

596 People placed in permanent housing

EDUCATION

429 People served

CARDEA HEALTH

Providing compassionate care to vulnerable populations, Cardea Health provides intensive clinical support for individuals with complex chronic illness emerging from homelessness. Cardea Health further serves the community through medical directorship services, program design expertise and clinical staffing support to alternative, supportive housing, homekey, roomkey and medical respite facilities across the county as well as policy advisement, research engagement and subject matter expertise for studies, program development, advocacy and policy reform initiatives aimed at harm reduction and innovative care models for vulnerable, unhoused populations.

SAN FRANCISCO COUNTY

FACILITY:

CALIFORNIA PACIFIC MEDICAL CENTER

CPMC's three acute care campuses serve San Francisco, the second most densely populated major city in the United States. San Francisco's population growth outpaces that of California and is characterized by an increasing average age and increasing Asian/Pacific Islander and Latinx populations. One-third of residents are foreign born, making culturally and linguistically competent services an important component of care.

COMMUNITY INVESTMENT OUTCOMES

64 Organizations supported

161,850 People served

1,392 Received child development services

ACCESS TO CARE

109,932 People served

12,237 Surgeries and other procedures provided

302,057 Health screenings provided

SOCIAL, EMOTIONAL AND BEHAVIORAL HEALTH

62,577 People served

5,992 People who received mental health services

HOUSING SECURITY AND AN END TO HOMELESSNESS

869 People placed in interim housing

1,641 People placed in permanent housing

SAFETY FROM VIOLENCE AND TRAUMA

28,630 People served

2,579 People case-managed

FOOD SECURITY, HEALTHY EATING AND ACTIVE LIVING

70,899 People served

2,497,855 Meals provided

8,425 Provided with nutrition education

RAMS UNITY ROAD TRIP

The Richmond Area Multi-Services (RAMS) Unity Road Trip takes low-income, high school students on a four-week nationwide road trip, immersing competitively selected Black and Asian high school girls in hands-on, on-site learning experiences around their respective heritage including community advocacy, leadership in a continued struggle for equity, and examples of racial unity in the backdrop of divisiveness. Both Black/ African American and Asian American students simultaneously learn about their own and each others' heritage and history on this memorable and insightful trip. Students meet thought leaders across the country to learn about their successes combating systemic and interpersonal racism to develop skills that foster wellness and promote leadership qualities to support unity. The Unity Road Trip immerses participants in activities that build unity and understanding between diverse cultures and develops skills as community leaders. Throughout the trip, participants maintain journals with nightly prompts and upon their return, present their experiences to their peers, family and community members.

SAN MATEO COUNTY

FACILITY:

MILLS-PENINSULA MEDICAL CENTER

Mills-Peninsula Medical Center serves San Mateo County, the 14th largest county in California by population. The county occupies 455 square miles of land on the peninsula, including 292 square miles of water and nearly 58 miles of coastline. Its residents are highly diverse, with more than one-third being foreign born.

COMMUNITY INVESTMENT OUTCOMES

21 Organizations supported

23,596 People served

704 People case-managed

HEALTHCARE ACCESS AND DELIVERY

9,336 People served

1,721 Received services from APCP

6,995 Vaccines provided

MENTAL HEALTH AND WELL-BEING

8,286 People served

1,994 People who received mental health services

1,256 Classes, workshops or support group sessions provided

HOUSING AND HOMELESSNESS

3,140 People served

95 People placed in permanent housing

256 People who retained housing

ORAL/DENTAL HEALTH

378 Surgeries and other procedures provided

5,263 Health screenings provided

LIFEMOVES

LifeMoves operates twelve shelters, from Daly City to San Jose, as well as a broad range of other programs including Veterans' support services, Safe Parking sites, rapid re-housing, motel voucher programs and homelessness prevention emergency assistance. On a typical night, they provide food, clothing and shelter to 1,300 individuals, including families with children.

LifeMoves provides intensive case management and a broad range of supportive services such as life skills workshops, employment and housing search assistance, personal finance, behavioral health services and substance abuse support for all our shelter clients.

With more than 350 employees and support from many dedicated volunteers, in the last year, LifeMoves provided more than 288,000 nights of shelter and returned more than 2,100 clients to permanent housing. In total, 82% of families and 65% of individuals who engaged in LifeMoves shelter programming successfully returned to stable housing.

In San Mateo County, through the combination of shelters, Safe Parking programs, outreach teams and homelessness prevention programs, there were virtually no families with minor children living on the streets, despite recent point-in-time counts showing increases in people experiencing homelessness.

A LIFETIME OF SUPPORT FOR MULTI-DIMENSIONAL LIVES

Meeting the goals of those wanting to live independently, AbilityPath provides choice and self-determination for individuals living with developmental disabilities, allowing viable members of the community to live their very best lives. From early intervention service for infants to community access, job training and life skills service for adults and seniors, the comprehensive service portfolio of AbilityPath prepares children and adults to actively and successfully participate in schools, workplaces, homes and communities.

“Our approach is 100% tailored and individualized,” says Vice President of Marketing and Development, Kim Malhotra. Transcending the buckets, parameters and program designs to which participants are often forced to conform, AbilityPath serves the actual person and their individual needs, wants and dreams. “All of our services are Individualized for the day to day needs of the people we support,” Malhotra states.

A person-focused and people-first orientation guides AbilityPath to support what program participants need and want in their lives, taking direction from the people served, facilitating understanding for who they are as human beings and accounting for human variabilities. Often grouped by disability, AbilityPath takes a more individualized approach, knowing there is depth to each individual and how much more they offer than their disability. “These are talented people with rich relationships and potential,” Malhotra adds.

With a focus on inclusion, AbilityPath works to integrate their program participants in classrooms, communities and workplace settings, teaching basic relationship and independent living skills. Support services often include how to live with roommates, learning basic budgeting and house cleaning skills, resources for learning how to get along with roommates or even paying bills on time. “We offer a wide range of services focused on independence for the individuals,” states Malhotra. Inclusion support can extend to identifying jobs in the community, aligning skills and an individual’s interest with employment and providing on the job support once they’ve found a job, with the aim of tapering off support services once these individuals are confidently supporting their own success.

From healthy eating classes to community social events or gym visits, AbilityPath builds life skills and knowledge that also supports being active in the community. Through opportunities, positive support and bandwidth, participants determine personal goals for their own lives so they achieve more and contribute more to the communities in which they live. This leads to richer, more meaningful, more inclusive lives. Addressing developmental care early and through adulthood, services also include an integrated preschool where children of all abilities learn, play and engage. From infants to seniors, AbilityPath promotes healthy living and wellness, physically, emotionally and sexually.

The community served by AbilityPath often struggles with health challenges connected to their disability or with related impacts. Limited access to social networks or a community of friends can lead to sedentary lifestyles, for example. Or, given their living situations, individuals may not have access to healthy meals or understand the impacts of diet on well being. To address this, independent living skills programs for adults frequently include healthy eating, budgeting, house-cleaning and self-advocacy.

While funding from Sutter Community Health has been more focused on adults, AbilityPath provides educational, therapeutic, vocational and recreational services for infants, children, adults and seniors, supporting entire lifespans. The comprehensive service offerings include therapy services from a few months old to 22 years old, including occupational, speech and developmental resources. Aiming to address concerns as early as possible for the best outcomes, AbilityPath strives to elevate all people with disabilities, empowering self-determination and allowing people with developmental disabilities to live their best lives.

Sutter Health has supported AbilityPath with grant funding and partnership resources since 1996. There was tremendous support from Sutter during the pandemic, with ready insights on best practices and vaccinations. The Sutter team has also attended, supported and sponsored AbilityPath’s main, annual fundraising event, Power of Possibilities. “We’ve enjoyed working with Sutter and having them as an option for additional resources,” asserts Malhotra. “They see us as partners which is invaluable.” People with developmental disabilities are often overlooked, from a service and funding perspective and Sutter’s support shows the larger community that the health needs of this particular community are important, that they are a vital and important population. Grant funding from Sutter Health has allowed AbilityPath to hire clinical psychology interns to support the emotional and psychological wellness of program participants, further elevating the populations they serve.

AbilityPath continually works to uncover operational efficiencies through consolidation, collaboration and invaluable partnerships including those with Sutter Health. “We value the openness, willingness to be a resource or connector and the conversations with Sutter staff like Bindi Gandhi and others,” adds Malhotra. With Sutter as a resource and strong partner, AbilityPath is elevating people with disabilities through a well-rounded and thoughtful approach to living, elevating the understanding of this population’s contributions to the community as a whole.

MARIN COUNTY

FACILITY:

NOVATO COMMUNITY HOSPITAL

Novato Community Hospital is a 40-bed facility known for its quality joint replacement services. The hospital provides funding for athletic trainers at local schools to aid in concussion prevention. While Marin County is an affluent and relatively healthy county, there are also substantial disparities in socioeconomic status, with areas of concentrated poverty.

COMMUNITY INVESTMENT OUTCOMES

9 Organizations supported

40,741 People served

ACCESS TO CARE

39,825 People served

3,247 People who received mental health services

34,006 Received services from APCP

MENTAL HEALTH

316 People served

VIOLENCE AND INJURY PREVENTION

600 People served

425 Received services from APCP

383 Referred to APCP

HOMEWARD BOUND

Homeward Bound is the main provider of emergency shelter and supportive housing for people experiencing homelessness in Marin including veterans, seniors, working families, and individuals with incarceration histories, disabilities or serious mental illness. Homeward Bound assists an average of 900 people annually through 19 residential programs, providing individualized counseling and social and employment services aimed at helping people become housed self-sufficient and able to lead fulfilling lives.

EAST CONTRA COSTA COUNTY

FACILITY:

SUTTER DELTA MEDICAL CENTER

Sutter Delta Medical Center is a 145-bed acute care facility in Antioch. Nearly 13% of East Contra Costa County residents and 18% of children live in poverty. The two largest racial/ethnic populations are White and Latinx; the third and fourth largest are Black and Asian, respectively.

COMMUNITY INVESTMENT OUTCOMES

14 Organizations supported

14,222 People served

1,847 People case-managed

HEALTHCARE ACCESS AND DELIVERY

4,750 People served

718 Received services from APCP

BEHAVIORAL HEALTH

2,059 People served

584 People who received mental health services

230 School staff trained in trauma-informed/ restorative practices

HOUSING AND HOMELESSNESS

7,152 People served

451 People placed in interim housing

1,432 People placed in permanent housing

271 People who received rental assistance

ECONOMIC SECURITY

48 Graduates from a job training program

40 People who secured/ were placed in employment

VILLAGE COMMUNITY RESOURCE CENTER

Village Community Resource Center (VCRC) provides programs in youth development, family leadership and health while initiating strategic partnerships that foster an effectively networked East Contra Costa County nonprofit community. Poverty, navigating complex educational and employment systems and concerns about deportation and family separation all contribute to high stress and depression among the community VCRC serves. The safety and sense of community that VCRC fosters among participating families leads adults to explore services or treatments they may otherwise feel unsafe trying in the broader community, serving to, among other things, help decrease the stigma of anxiety and depression among participants. By expanding a Parent Peer Support Group, normalizing the need for mental wellbeing and strengthening counseling service partnerships, VCRC is building additional tiers of support for immigrant communities in East Contra Costa County. Individuals in need of peer connections, mental health presentations, mindfulness and stress-reduction training, find support and tools through their groups. Those who need clinical mental health services can access services in both English and Spanish. The tools learned in groups as well as therapy help the community reduce stress and depression, avert mental health crises, and move the entire community towards a state of mental and behavioral wellness.

LAKE COUNTY

FACILITY:
SUTTER LAKESIDE HOSPITAL

Sutter Lakeside Hospital is proud to serve residents of Lake County with a 25-bed critical access hospital. Over the past five years, residents have proven their resilience in the face of devastating fires, power shutoffs and economic hardship. The Lake County community has worked cohesively to strengthen resources available to families and build economic stature.

COMMUNITY INVESTMENT OUTCOMES

6 Organizations supported

3,704 People served

SUBSTANCE/DRUG ABUSE

1,005 People served

100 People case-managed

8 People trained to be community health workers/health navigators/peer educators

CANCER PREVENTION AND SCREENINGS

22 Surgeries, diagnostic procedures, etc.

1,399 Health screenings provided

COMMUNITY OUTREACH AND ENGAGEMENT

2,226 People served

270 Vaccines provided

REDWOOD COMMUNITY SERVICES

Redwood Community Services programs are designed to provide support through multiple service delivery methods with a mission of empowering communities for long term success. Building a continuum of programs designed to ensure the best possible outcomes for the most vulnerable populations of Mendocino, Lake and Humboldt Counties, from behavioral health and substance abuse services to community based and residential programs.

Redwood Community Services programs empower, encourage and sustain success while providing unconditional care and positive connections. Redwood Community Services is providing services to youth in Lake County through trained peer counselors, addressing access to and engagement with mental health services for youth ages 14 to 25 across the county.

SANTA CRUZ COUNTY

FACILITY:

SUTTER MATERNITY AND SURGICAL CENTER OF SANTA CRUZ

Sutter Maternity and Surgery Center serves Santa Cruz County— 45 square miles that house one of California's most popular seaside resort towns as well as major industries including food harvesting, canning and freezing. The county has a relatively mature population with 52% of residents over age 35 and seniors constituting 21%.

COMMUNITY INVESTMENT OUTCOMES

10 Organizations supported

33,742 People served

47,847 Health screenings provided

HEALTHCARE ACCESS AND DELIVERY

30,091 People served

21,231 Received services from APCP

4,878 Vaccines provided

BEHAVIORAL HEALTH

149 People served

25 Received mental health services

HOUSING AND HOMELESSNESS

1,139 People served

59 Placed in interim housing

18,658 Meals provided

MATERNAL/CHILD HEALTH

4,881 People served

1,360 Enrolled in insurance

FIRST 5 SANTA CRUZ COUNTY

First 5 Santa Cruz County works to ensure that all children are happy, healthy and well-prepared to enter school, ready to achieve their greatest potential. Partnering with the community, First 5 is creating an integrated, comprehensive and high-quality system of care for young children and their families while strategically investing in health, early learning, and family support services.

The Baby Gateway Newborn Enrollment Program provides Medi-Cal enrollment assistance to mothers and their newborns, establishing a seamless Medi-Cal coverage process for eligible newborns, linking these newborns to a medical home before they leave the hospital. All new mothers are offered expert guidance and resources for raising healthy infants and children including information about appropriate primary care and emergency room utilization. Newborn Enrollment Coordinators connect families with available public benefit programs including CalFresh and Women, Infants and Children (WIC) programs..

In partnership with the Santa Cruz County Office of Education and Santa Cruz Community Ventures, First 5 incorporated family outreach for the new Santa Cruz County "SEEDS" children's savings account program and a consent and enrollment process that connects families and their newborns to the County Office of Education's new integrated and longitudinal data system.

SONOMA COUNTY

FACILITY:

SUTTER SANTA ROSA REGIONAL HOSPITAL

First opened in 1867, Sutter Santa Rosa Regional Hospital serves Sonoma County with a new, seismically modern 84-bed facility. While the county has less economic inequality than California as a whole, economic disparities along ethnic and regional lines affect access to resources, and 22% of the growing senior population have incomes less than 200% of the federal poverty level.

COMMUNITY INVESTMENT OUTCOMES

16 Organizations supported

7,671 People served

318 People case-managed

ACCESS TO CARE

121 Surgeries, diagnostic procedures, etc.

BEHAVIORAL HEALTH

2,856 People served

925 Received mental health services

HOUSING AND HOMELESSNESS

202 People served

46 Placed in interim housing

186 Placed in permanent housing

CARDIOVASCULAR DISEASE, STROKE AND TOBACCO USE

1,610 People served

24 People trained to be community health workers/health navigators/ peer educators

inRESPONSE

The inRESPONSE team, in coordination with the Santa Rosa Police Department, responds to calls in which individuals are experiencing a mental health crisis and are unarmed. Comprised of a licensed mental health clinician, a paramedic, and a homeless outreach specialist the inRESPONSE team is supported by a range of wraparound support service providers. inRESPONSE teams are trained in de-escalation and social work interventions as well as physical and mental health evaluations. The teams are equipped to support and provide mental health resources to individuals and families experiencing a crisis. The goal for the inRESPONSE team is to handle all calls for service where mental health is the primary concern. inRESPONSE has created a policy and procedure manual, program templates and data analysis support to ensure that processes are uniform between the several agencies collaborating in the inRESPONSE partnership, for enhanced and consistent service with community members.

WHOLE HEALTH FOR A DIVERSITY OF NEEDS

Health, wellness, stability and access to care are critical components of the services provided by Santa Rosa Community Health (SRCH). Addressing the inherent diversity, health and access disparities of Sonoma County is no small feat. Sutter Community Health has been a pivotal partner, an integral part of the history of Santa Rosa Community Health in bringing health equity, whole health perspectives and opportunities for true wellness, health and happiness to more than 40,000 residents of Sonoma County annually.

Focused on whole-person, whole-health solutions, Santa Rosa Community Health provides single, “one-stop” locations for comprehensive medical, dental and wraparound services to individuals across the County. From early childhood development analysis and interventions, dentistry or primary care services to mental health, substance use and homelessness support, SRCH addresses the inherent disparities of access and need holistically, with the ongoing support and partnership of Sutter Community Health.

From teen-only health clinics to ancillary services, like food access or application support, for unhoused populations across the county, the eight Santa Rosa Community Health facilities help people throughout the community identify personal health goals and build tools and understanding and gain access to the services they need to get and stay healthy, for themselves and their families. “The services we provide have a generational impact,” offers Senior Director of Communications and Development, Annemarie Brown. “An expectant mother gets pregnancy care at one of our facilities, from a Sutter doctor training in Family Medicine. They give birth in a Sutter Hospital, with their Santa Rosa Family Health doctor and return with their newborn for a lifetime of quality, family care, for the mother, the child, even the father and siblings.” Whole health, family medicine elevates the entire family, entire communities, through awareness, education and equal access.

The relationship between Sutter Community Health and Santa Rosa Community Health has continued for more than 27 years, allowing SRCH to expand services and build locations to serve the growing and diverse population of Santa Rosa and Sonoma County. From capital support for the opening and development of new facilities to operational funding and support, the relationship between the two has allowed SRCH to fully become what it is today, for the community. It’s a reciprocal relationship, where physicians learn family medicine and a community in need is supported by quality healthcare professionals. “Sutter shares in our commitment to service the diversity of human needs in Sonoma County,” says Brown. “This partnership is essential and we could not do what we do without the support of Sutter.”

On the horizon for Santa Rosa Community Health is more training and partnerships, efforts in workforce development and the tools, training and resources required to attract and retain family medicine doctors, nurse practitioners, medical assistants and mental health professionals. “The need for workforce development, retention and recruitment is pressing, across the country,” adds Annmarie, “with mental health and psychiatry an acute issue across Sonoma County. We’re hopeful and in discussions to address these pressing needs and are assured in Sutter’s commitment to helping us meet these and emerging needs in the future.”

WHOLE HEALTH, FAMILY MEDICINE ELEVATES THE ENTIRE FAMILY, ENTIRE COMMUNITIES, THROUGH AWARENESS, EDUCATION AND EQUAL ACCESS.

ALAMEDA, SAN MATEO, SANTA CLARA AND SANTA CRUZ COUNTIES

FACILITY:

PALO ALTO MEDICAL FOUNDATION

Palo Alto Medical Foundation (PAMF) is a not-for-profit organization caring for 1 million patients across Alameda, San Mateo, Santa Clara and Santa Cruz counties. As part of Sutter Health, PAMF provides its patients a network of care that includes 50 sites with access to hundreds of specialists, including rare specialties like gynecologic oncology and pediatric neurology.

COMMUNITY INVESTMENT OUTCOMES

62 Organizations supported

100,335 People served

HEALTHCARE ACCESS AND DELIVERY

37,100 People served

979 Received services from APCP

2,917 Health screenings provided

BEHAVIORAL HEALTH

36,501 People served

597 Received mental health services

1,390 People trained to be community health workers/health navigators/peer educators

HOUSING AND HOMELESSNESS

8,985 People served

309 Retained permanent housing

FOOD SECURITY, HEALTHY EATING AND ACTIVE LIVING

15,907 People served

40,165 Meals provided

1,107 Provided with nutrition education

GOODNESS VILLAGE

Goodness Village is an affordable tiny home program intentionally designed to end homelessness for our chronically unsheltered neighbors. The growing tiny-home community provides formerly unhoused neighbors a safe and supportive community to live independently, heal and thrive. Twenty-four-seven support staff provide guidance and resources to residents, from helping Veterans navigate the Veterans Affairs system and getting neighbors connected with rehab services, to making community meals and creating a fun and welcoming atmosphere.

Goodness Village is currently 28, single-occupancy, tiny homes, with 38-40 homes and a community center planned for phase two. Each home includes a bathroom, shower, kitchenette, HVAC, and a porch. Goodness Village has been carefully planned to include efficient but practical living. The Village is designed to provide homes at an affordable price with supportive services, community resources, and activities that encourage relationship building and connection. Support staff create wrap-around services that residents need to experience a safe and supportive community. Supporting thriving for each individual, services and support can include resources for overcoming chemical dependency or reconnecting with family. Others can find new opportunities building new life skills through a vocational training program and job placement services or living comfortably during one's twilight years.

ALAMEDA AND CONTRA COSTA COUNTIES

FACILITY:

SUTTER EAST BAY MEDICAL FOUNDATION

Sutter East Bay Medical Foundation (SEBMF) is an integrated healthcare delivery system working in partnership with local hospitals, community physicians and healthcare organizations. Part of the Sutter Health network, SEBMF offers high-quality medical care close to patients and their families, with care centers in Albany, Antioch, Berkeley, Brentwood, Castro Valley, Oakland, Orinda and Richmond.

COMMUNITY INVESTMENT OUTCOMES

4 Organizations supported

618 People served

184 People case-managed

153 Provided with employment services

RUBICON PROGRAM REENTRY SUCCESS CENTERS

To break the cycle of poverty, Rubicon Programs supports individuals in the key life skills areas of assets, income, wellness and connections, equipping and empowering people to develop the tools to move out of poverty.

Rubicon Programs Reentry Success Center (RSC) ALPHA Program is a resource for individuals reentering society after incarceration; the program also supports families during, and after their loved ones are in prison or jail.

Based in six locations throughout Alameda and Contra Costa Counties, the programs provide services designed to allow individuals to attain economic mobility through financial literacy, health and wellness and social support. While at the Reentry Success Center, staff, volunteers, community members and returning residents work together to help previously incarcerated people transition to good jobs, place deposits on apartments and reconnect with their friends and family.

Sutter East Bay Medical Foundation supports the Reentry Success Center's ALPHA Program, a comprehensive nine-week program, held three times per year, covering 225 curriculum hours for formerly incarcerated individuals to help avoid recidivism, reintegrate into society and thrive.

SAN FRANCISCO, MARIN AND SONOMA COUNTIES

FACILITY:

SUTTER PACIFIC MEDICAL FOUNDATION

Sutter Pacific Medical Foundation doctors offer primary, specialty and complex medical care throughout San Francisco, Marin and Sonoma counties. The more than 230 doctors who practice there are dedicated to providing excellent care, combining the latest in medical knowledge and technology with a personal touch. With an extensive network of Sutter facilities, patients have access to exceptional care.

COMMUNITY INVESTMENT OUTCOMES

12 Organizations supported

14,015 People served

262,050 Meals provided

SIMPLY THE BASICS

The most basic human needs are to feel safe and healthy. Inspired by Abraham Maslow's "Hierarchy of Needs," Simply the Basics believes that people are unable to focus on any achievements higher than their current level of need. If a person is unable to meet their basic needs (food, shelter, clothing, education and hygiene) they will be incapable of moving up in the pyramid to reach greater goals (employment, sobriety or mental health).

Simply the Basics' goals are to improve and sustain the overall health and well-being of the low-income community, people at risk of homelessness, and those currently experiencing homelessness and to save the time and resources of partner organizations by effectively managing, securing and redistributing in-kind and hygiene-related resources. Simply the Basics has launched the first large-scale Hygiene Bank in the nation with the aim of ensuring that all people have their basic hygiene needs met, delivering through partnerships with organizations serving the homeless and low-income community and through direct distribution to people in need. We remove the dehumanization of handouts and empower our most underserved community members to have the dignity and benefits that come with good hygiene and choice.

The "Hygiene Bank" ensures that organizations serving homeless and low-income populations always have a source for basic needs and to redistribute unused items to avoid waste. Streamlining supplies to partner organizations allows these organizations to focus on their core support services, facilitating a greater overall impact. By integrating our services with existing organizations, rather than duplicating programs, we are able to more effectively end homelessness and serve the larger community. Additionally, Simply the Basics hosts Public Hygiene Markets in the community so individuals and families can come and "shop" for the items that require, with a variety of brands, sizes and types of products to meet a diversity of needs.

Launched in 2022, the Simply the Basics "National Hygiene Bank Association" was launched, providing tools, resources and access to speakers for "member" organizations to provide greater awareness for stronger donations and volunteerism in communities, expanding advocacy and awareness of hygiene health as a public health requirement.

sutterhealth.org/community-benefit