

Saint Francis Memorial Hospital Community Benefit 2018 Report and 2019 Plan



A message from

Dr. David Klein, President and CEO of Saint Francis Memorial Hospital, and Dr. Harris Goodman, Chair of the Dignity Health Saint Francis Memorial Hospital Board of Trustees.

Dignity Health's comprehensive approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our multi-pronged initiatives to improve community health include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Saint Francis Memorial Hospital shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2018 Report and 2019 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health produces these reports and plans for all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2018 (FY18), Saint Francis Memorial Hospital provided \$35,405,579 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. The hospital also incurred \$19,346,404 in unreimbursed costs of caring for patients covered by Medicare.

Dignity Health's Saint Francis Memorial Hospital Board of Trustees reviewed, approved and adopted the Community Benefit 2018 Report and 2019 Plan at its October 4, 2018 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at (415) 353-6000.

A handwritten signature in black ink that reads "David Klein" followed by a stylized flourish.

David Klein, MD
President/CEO

A handwritten signature in black ink that reads "Harris Goodman" followed by a stylized flourish.

Harris Goodman, MD
Chair, Board of Trustees

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AT-A-GLANCE SUMMARY

<p>Community Served</p>	<p>Located in northern California, San Francisco is a seven by seven square mile coastal, metropolitan city and county that includes Treasure Island and Yerba Buena Island, just northeast of the mainland. The only consolidated city and county in the state, San Francisco is densely populated and boasts culturally diverse neighborhoods in which residents speak more than 12 different languages. Saint Francis Memorial Hospital is the only downtown hospital in San Francisco and is located in the Nob Hill neighborhood, north of the Tenderloin - one of San Francisco’s lowest income neighborhoods. Over half of the City’s homeless population lives in the in the Tenderloin. The primary geographical focus area of the hospital’s Community Benefit Plan is the Tenderloin.</p>
<p>Economic Value of Community Benefit</p>	<p>\$35,405,579 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits.</p> <p>\$19,346,404 in unreimbursed costs of caring for patients covered by Medicare.</p>
<p>Significant Community Health Needs Being Addressed</p>	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Those needs are:</p> <ul style="list-style-type: none"> • Access to Care • Behavioral Health • Healthy Eating and Physical Activity
<p>FY18 Actions to Address Needs</p>	<p>Tenderloin Health Improvement Partnership: Led by the Saint Francis Memorial Hospital and Saint Francis Foundation, the Tenderloin Health Improvement Partnership (TLHIP) provides a framework to address health equity and improve neighborhood health outcomes in the Tenderloin.</p> <p>HealthRIGHT 360 Tenderloin Health Services (THS): A community-based clinic located in the Glide Foundation building that is a medical home to over 3000 patients, which includes Healthy San Francisco enrollees. SFMH provides supplies to THS to support clinic operations.</p> <p>HealthRIGHT 360 Tenderloin Health Services ED Navigator Program: The hospital partners with HealthRIGHT360's Tenderloin Health Services to provide patient navigator services. The Patient Navigator works closely in coordination with hospital case management, financial counseling departments and community-based clinics to case find and assist patients transitioning out of the Emergency Department into appropriate medical homes, including primary and/or specialty care appointments.</p> <p>HealthRIGHT 360 Tenderloin Health Services Alcohol & Other Drugs Counselor: A THS employed Alcohol and Other Drug (AOD) Counselor will engage with inpatient population at SFMH and assist with securing appointments for substance</p>

	<p>use disorder treatment through community-based resources, including HealthRIGHT 360’s various programs and other partners.</p> <p>Healthy San Francisco (HSF): A means-tested charity care program that links uninsured participants with a medical home which is a clinic that provides primary care, social services, case management and preventative care. The vast majority of HSF enrollees are not MediCal recipients. SFMH actively supports Healthy San Francisco through its partnership with Tenderloin Health Services.</p> <p>Rally Family Visitation Services: Through the Rally Family Visitation Services program, the hospital provides a safe and secure structured environment in which children can visit with their court-ordered non-custodial parent when there is a high level of high conflict, including domestic violence, between divorced/separated parents. The program serves predominantly low-income families.</p>
<p>Planned Actions for FY19</p>	<p>The hospital plans to enhance and continue prior year programs and activities to address significant community health needs.</p>

This document is publicly available at <https://www.dignityhealth.org/bayarea/locations/saintfrancis/about-us/community-benefits>. In addition, this document is submitted to the California Office of Statewide Health Planning and Development.

Written comments on this report can be submitted to the Community Health Office at 900 Hyde Street, San Francisco, CA 94109.

MISSION, VISION AND VALUES

Saint Francis Memorial Hospital is a part of Dignity Health, a non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

OUR HOSPITAL AND THE COMMUNITY SERVED

About Saint Francis Memorial Hospital

Saint Francis Memorial Hospital (SFMH) has been meeting the health needs of San Francisco for over 100 years. Founded in 1905 by a group of 5 physicians, SFMH continues to carry out its mission: “dedicate our resources to: delivering compassionate, high-quality, affordable health services for our sisters and brothers who are poor and disenfranchised; and partnering with others in the community to improve the quality of life.” Today, SFMH remains a thriving center of healing and innovation in medicine as well as a spiritual anchor to its community. SFMH is located on Nob Hill, and maintains 288 beds, with a staff of over 1,000 employees and an average of 175 active physicians. About 59% of the patients are residents of San Francisco. Among the hospital’s inpatient population, there are 55% Caucasian, 17% Asian, 13% African Americans, and 10% Hispanics. The hospital also has a number of specialized programs that draw patients from all over Northern California and beyond. The Bothin Burn Center is the only verified burn center in San Francisco and one of only three centers in Northern California. SFMH has a state of the art emergency department and has nine operating suites in the surgery department. SFMH also offers inpatient psychiatric services, acute rehabilitation, and hyperbaric services. The Saint Francis Orthopedic and Sports Institute offers a full spectrum of orthopedic services.

Description of the Community Served

According to the 2016 San Francisco Health Improvement Partnership Community Health Needs Assessment:

“Located in northern California, San Francisco is a seven by seven square mile coastal, metropolitan city and county that includes Treasure Island and Yerba Buena Island, just northeast of the mainland. The only consolidated city and county in the state, San Francisco is densely populated and boasts culturally diverse neighborhoods in which residents speak more than 12 different languages.

San Francisco is the cultural and commercial center of the Bay Area and is the only consolidated city and county jurisdiction in California. At roughly 47 square miles, it is the smallest county in the state, but is the most densely populated large city in California (with a population density of 18,187 residents per square mile) and the second most densely populated major city in the US, after New York City.¹ By 2030, San Francisco’s population is expected to total nearly 970,000.

The proportion of San Francisco’s population that is 65 years and older is expected to increase from 13.7 percent in 2010 to 19.9% in 2030. The proportion of the population 75 years and older will increase from 6.9% to 9.8%. At the same time, it is estimated that the proportion of working age residents (25 to 64 years old) will decrease from 63 percent in 2010 to 57.7 percent in 2030. This shift could have implications for the provision of social services.

Although San Francisco has a relatively small proportion of households with children (19 percent) compared to the state overall (36 percent), the number of school-aged children is projected to rise. As of 2013, San Francisco was home to 58,000 families with children, 29 percent of which were headed by single parents. There were approximately 114,000 children under the age of 18. Although the overall number of children under 18 decreased the number of school-aged children

is projected to rise by 28 percent by 2020. In the past 50 years, the most notable ethnic shifts have been a steep increase in the Asian and Pacific Islander population and a decrease in the Black/African American population. By 2030, growth is expected in the number of multi-ethnic and Latino residents, while the number of Black/African American residents will likely continue to drop. The white population is expected to continue to increase in numbers, but will decrease as a percentage of the total population. Currently, about one third of San Francisco’s population is foreign born and 23 percent of residents speak a language other than English at home and speak English less than “very well.” The majority of the foreign born population comes from Asia (64 percent), while 20 percent were born in Latin America, making Chinese (Mandarin, Cantonese, and other) (18 percent) and Spanish (12 percent) the most common non-English languages spoken in the City.”

Health inequities related to both income and race are identified in the community health needs assessment as foundational issues.

SFMH is the only hospital located in downtown San Francisco. Patients accessing the hospital’s services encompass both the city’s richest to poorest residents. Of the six identified zip codes in the SFMH catchment area, five of them rate as “highest need.” These zip codes include 94102 (Tenderloin), 94103 (SOMA), 94104 (Downtown), 94108 (Chinatown), and 94133 (North Beach), which allow further focus or refinement of the Community Benefit intervention for maximum and strategic impact. The primary geographical focus area of the SFMH Community Benefit Plan is 94102 Tenderloin.

	San Francisco	94102 Tenderloin
Total Population	884,998	36,539

Race		
White - Non-Hispanic	40.1%	38.4%
Black/African American - Non-Hispanic	4.8%	11.0%
Hispanic or Latino	15.4%	20.2%
Asian/Pacific Islander	35.5%	26.2%
All Others	4.2%	4.1%
Total Hispanic & Race	100.0%	99.9%

Median Income	\$103,876	\$38,562
Unemployment	3.9%	3.4%
No High School Diploma	12.5%	17.1%
Medicaid *	19.6%	44.3%
Uninsured	6.5%	16.7%

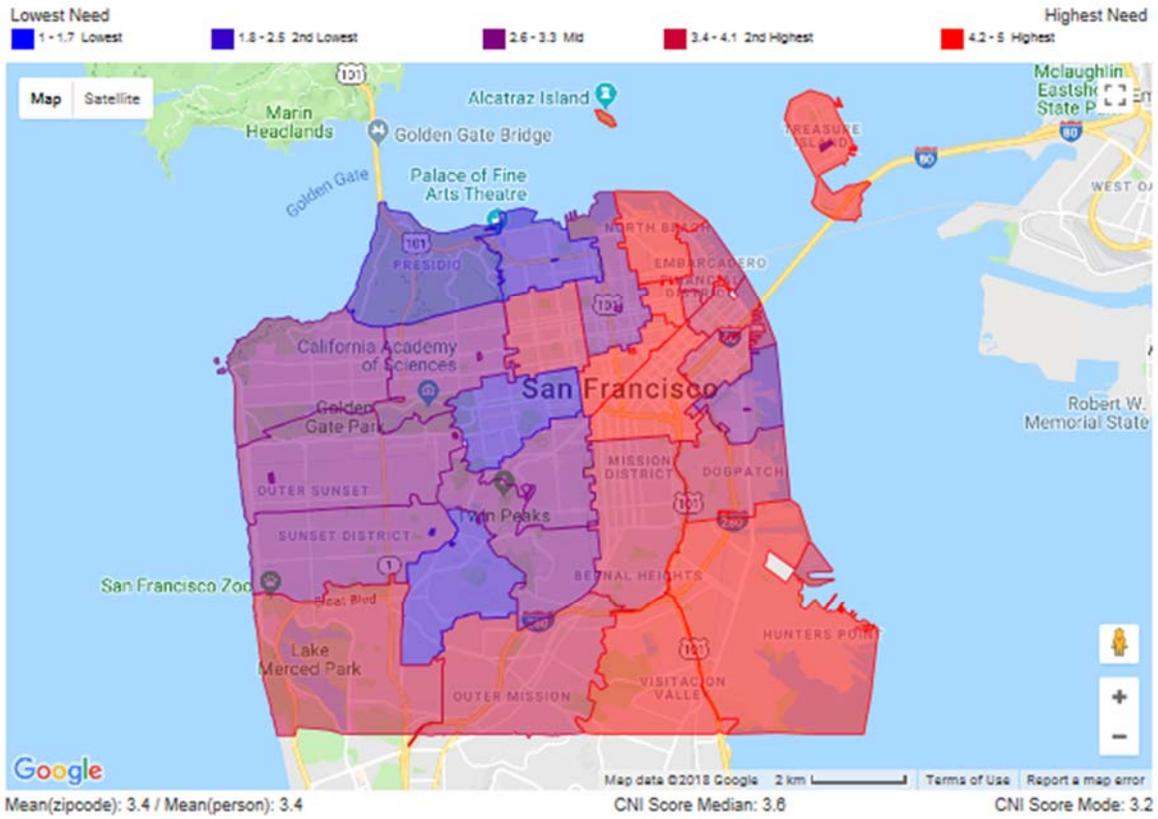
* Does not include individuals dually-eligible for Medicaid and Medicare.

Source: © 2018 IBM Watson Health

Additionally, according to the San Francisco Department of Public Health (SFPDH):

- The Tenderloin is one of San Francisco’s lowest income neighborhoods, where 1 in 3 live in poverty – 34% are at or below 100% of FPL and 64% are at or below 200% of FPL. Housing is an important concern in the Tenderloin, with over half of the City’s homeless population living in the neighborhood in 2015: 3,836 homeless individuals compared to 2,850 homeless individuals (San Francisco Homeless Count Survey, 2005 – 2013).
- There is significant momentum to increase healthy food access for all residents of the Tenderloin. The Healthy Retail SF Program has worked to convert 5 corner stores into retailers that sell affordable food and minimize the visibility of alcohol and tobacco products. 57% of retailers accept CalFresh benefits, compared to 40% San Francisco.
- The Tenderloin has the highest rate of severe and fatal pedestrian injuries in the City, with 50 per 100 road miles, compared to 8 per 100 road miles San Francisco. Vision Zero SF is refocusing city resources and investment on the streets that have the most severe and fatal traffic injuries so that we can get to zero traffic deaths by 2024.
- Crime and safety are important issues in the Tenderloin, with violent crime rate of 260.3 per 1,000 residents compared to 56.5 San Francisco.
- The leading causes of death 2011-2015 in the Tenderloin is accidental poisoning and exposure to noxious substances, followed by Ischemic Heart Diseases, Lung Trachea/Bronchial Cancer, Hypertensive Diseases, and Dementias, Alzheimer’s, and Other Degenerative Diseases of the Nervous System. (CDPH, Death Statistical Master File, 2011 – 2015). Mental health and substance use disorder are top health issues for Tenderloin residents. Tenderloin residents are hospitalized more often for ambulatory care sensitive chronic diseases, 148.1 hospitalizations-age adjusted rate per 10,000 residents, compared to 60.6 hospitalizations-age adjusted rate per 10,000 residents San Francisco (OSHPD, Hospital Discharge Data, 2012-2014).
- The Tenderloin has a high rate of new HIV diagnoses, with 189 new HIV diagnoses per 100,000 compared to 83 new HIV diagnoses per 100,000 San Francisco (SFDPH HIV Epidemiology Report, 2014).
- More Tenderloin residents have insurance as a result of the ACA. Healthy SF enrollment dropped by 75-85% between 2010 and 2015, in both the Tenderloin and Citywide, indicating more individuals moved to MediCal or health insurance through the exchange. About 4% of Tenderloin residents were still enrolled in Healthy SF as of December 2015.
- In comparison to their proportion of the total population, more Tenderloin residents access care at Zuckerberg San Francisco General (ZSFG) and DPH Primary Care Clinics. The most popular DPH clinics accessed include Curry Senior Center, Tom Waddell Urban Health Center, Larkin St. Medical Clinic, Maxine Hall Health Center, and Positive Health Program at ZSFG.

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. The Dignity Health CNI findings are in alignment with the other health indicator data found on the SFHIP.org website.



Zip Code	CNI Score	Population	City	County	State
94102	4.4	36539	San Francisco	San Francisco	California
94103	4.2	32871	San Francisco	San Francisco	California
94104	4	285	San Francisco	San Francisco	California
94105	3.6	11406	San Francisco	San Francisco	California
94107	3.4	32139	San Francisco	San Francisco	California
94108	4.4	13713	San Francisco	San Francisco	California
94109	3.2	58378	San Francisco	San Francisco	California
94110	3.6	75028	San Francisco	San Francisco	California
94111	3.6	4928	San Francisco	San Francisco	California
94112	3.6	85839	San Francisco	San Francisco	California
94114	2.6	32775	San Francisco	San Francisco	California
94115	3.6	35162	San Francisco	San Francisco	California
94116	3	45882	San Francisco	San Francisco	California
94117	2.4	41330	San Francisco	San Francisco	California
94118	3.2	40894	San Francisco	San Francisco	California
94121	3.2	43891	San Francisco	San Francisco	California
94122	3.2	59833	San Francisco	San Francisco	California
94123	2.4	28228	San Francisco	San Francisco	California
94124	4.6	38304	San Francisco	San Francisco	California
94127	2	19653	San Francisco	San Francisco	California
94129	2.4	4374	San Francisco	San Francisco	California
94130	4.2	3395	San Francisco	San Francisco	California
94131	2.8	29266	San Francisco	San Francisco	California
94132	3.4	31128	San Francisco	San Francisco	California
94133	4.4	28884	San Francisco	San Francisco	California
94134	4.2	44987	San Francisco	San Francisco	California
94158	3.2	8090	San Francisco	San Francisco	California

COMMUNITY ASSESSMENT AND PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Advisory Committee and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment

The significant needs that inform the basis of the hospital's community health programs were identified in the most recent Community Health Needs Assessment (CHNA), which was adopted in June 2016 by SFMH's Board of Trustees.

SFMH conducts a CHNA at least every three years to inform its community health strategy and program planning. The CHNA report contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods, including: the data used; how the hospital solicited and took into account input from a public health department, members or representatives of medically underserved, low-income and minority populations; and the process and criteria used in identifying significant health needs and prioritizing them;
- Presentation of data, information and assessment findings, including a prioritized list of identified significant community health needs;
- Community resources (e.g., organizations, facilities and programs) potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

CHNA Significant Health Needs

To identify the most significant health needs in San Francisco, the SFHIP Steering Committee, and the SFHIP Implementation Plan Subcommittee met on October 8, and November 4th, 2015. Participants identified health needs through a multistep process. First participants reviewed data and information from the Community Health Status Assessment, the Assessment of Prior Assessments, and the Community Engagement, as well as the health priorities from the 2013 Community Health Improvement Plan. Then, using the Technology of Participation approach to consensus development, participants engaged in small group focused discussions about the data. Finally, participants developed consensus on the health needs. Throughout the process needs were screened and prioritized and ranked using pre-established criteria – severity of the needs, disparities in the community, priority to the community, and feasibility to affect change. Through this process two foundational issues and seven health needs were identified and prioritized. Foundational issues are needs which affect health at every level and must be addressed to improve health in San Francisco.

The two foundational issues identified were:

- Racial health inequities
- Economic barriers to health

The seven significant community health needs identified were:

- Safety and Violence prevention
- Substance abuse
- Psychosocial health
- Housing stability/homelessness
- Physical activity
- Healthy eating
- Access to quality health care and services

In order to focus its action planning steps, SFMH adopted the three significant community health needs selected by SFHIP, affirming the needs are reflective of the community served by the hospital and align with and complement other health improvement efforts and resources happening in the neighborhood.

The three prioritized significant health needs are:

- **Access to Care:** Healthy People 2020 defines access to health care as “the timely use of personal health services to achieve the best possible health outcomes”. Access can be influenced by many factors, such as the availability of providers, location, affordability, hours and cultural and linguistic appropriateness of health care services.
- **Behavioral Health:** Behavioral Health is a term used to address mental health and wellness, and the spectrum of substance use disorders. Risk factors for mental health disorders include both individual level (e.g. genetics, stress, trauma, thinking patterns) and environmental (e.g., social, cultural, economic) factors. Poor mental health is related to greater participation in risky health behaviors (e.g. smoking, low physical activity, insufficient sleep, excessive drinking) which can also lead to chronic disease. Substance abuse has serious consequences in San Francisco. The number of hospitalizations due to acute and chronic alcohol abuse is greater than for diabetes, hypertension, or COPD.
- **Healthy Eating & Physical Activity:** A lack of physical activity and poor nutrition contributes to at least 5 of the top 10 causes of death in San Francisco--heart failure, stroke, hypertension, colon cancer, Alzheimer’s, and other dementias--as well as to the 11th top cause of death, diabetes.

Health Needs which Saint Francis Memorial Hospital chose not to name in the Community Benefit Plan are:

- Safety and Violence prevention
- Housing stability/homelessness

While these needs are significant in the Tenderloin Community and the needs are being addressed by TLHIP, the hospital’s resources are focused on the three named priority significant health needs above.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is public available at www.sfhip.org and is also posted on the hospital’s website.

Creating the Community Benefit Plan

Rooted in Dignity Health’s mission, vision and values, SFMH is dedicated to improving community health and delivering community benefit with the engagement of its management team, Board of Trustees and Community Advisory Committee (CAC). The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource (see Appendix A). These parties review community benefit plans and program updates prepared by the hospital’s community health director and other staff.

The CAC was established in 1997 by the SFMH Board of Trustees and exists to guide and participate in the planning and as appropriate, the development and implementation of projects and programs aimed at improving the health of the hospital’s communities. The CAC represents diverse sectors of the community and interacts to raise issues and identify areas for community outreach opportunities. The CAC also serves as a catalyst for relationship building and partnering with community organizations, the business community, and the individuals who live in the community. On November 15, 2013, the CAC agreed to reconstitute the membership to guide the work of the new Tenderloin Health Improvement Partnership (TLHIP) initiative and the newly reconstituted committee began meeting in April 2014.

The Chair of the CAC is an Executive Member of the Board of Trustees. Dr. Robert Harvey is the current Chair. Two members of the Board of Trustees serve on the CAC as representatives from the Saint Francis Foundation Board. Additionally, Dr. David Klein, President/CEO, Dr. Harris Goodman, Board of Trustees Chair, and Ann Lazarus, Saint Francis Foundation Interim President, serve as ex-officio members of the CAC. The CAC is accountable to the Board and reports their activities after each meeting and on an annual basis.

The roles and responsibilities of the CAC are defined by its charter and include the following: review and approval of the Community Health Needs Assessment; oversee the development and provide strategic direction of the Community Benefit Report and Plan; oversee and advance the mission and vision of TLHIP; make budget decisions; review and guide program target and content informed by use of explicit priority setting criteria and staff feedback; determine program continuation or termination; and monitor programs.

Saint Francis Memorial Hospital’s community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, community health improvement services and health professions education. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – including by addressing the social determinants of health – through Dignity Health’s Community Investment Program. Current investment projects are summarized in Appendix B.

As a matter of Dignity Health policy, the hospital’s community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs

- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

Recognizing that many of the upstream contributing factors to health outcomes require a long term effort and commitment, SFMH and the Saint Francis Foundation (SFF) partnered to explore a different approach to address the health of Tenderloin residents. Using a place-based strategy rooted in the vision, values of alignment and health equity and priorities of SFHIP and the 2013 CHNA, the Tenderloin Health Improvement Partnership (TLHIP) was launched in the fall of 2013 to improve the health, safety and well-being of Tenderloin residents, becoming the first neighborhood-specific coalition to pilot the vision of SFHIP.

Over the last several years with the support from the SFF and SFMH, TLHIP is integral to the hospital's community benefit plan and implementation strategy, supporting and enhancing the community building capacity of Tenderloin organizations to work in alignment to address social determinants of health. Positively disrupting organizational silos is a hallmark of the work of TLHIP, convening stakeholders around complex issues to build consensus around community needs, identifying neighborhood priorities, and making strategic investments has fueled momentum and catalyzed change.

The work of TLHIP is guided by the CAC, ensuring that the TLHIP staff is supporting the alignment of efforts across the neighborhood, seeding new ideas for further research and exploration, and providing input on the evolution of TLHIP implementation strategy. After reviewing the 2016 Community Health Needs Assessment report, the CAC affirmed the applicability of the findings to the Tenderloin in May 2016. In July 2016, the CAC reviewed the hospital's existing community benefit programs and initiatives against the CHNA and the TLHIP strategy, as well as identified additional opportunities for collaboration in the Tenderloin.

Additionally, the SFMH Community Benefit Plan is built upon the following guiding principles:

- The plan encompasses a 3-year period and recognizes that many of the upstream contributing factors to health outcomes require a long term effort and commitment.
- The strategies are to build upon assets and resources and are evidenced-based or best practice strategies, wherever possible.
- Work with our partners to align our efforts to enhance impact and to avoid unnecessary duplication of services.
- These strategies take into account the Dignity Health goals and metrics and the SFMH Strategic Plan.

The implementation strategy seeks to weave the benefits of collective impact and alignment, place-based initiatives based on evidenced-based, best and promising practices, investments, and backbone infrastructure and resources. Programs and initiatives are selected and informed by the implementation and ongoing monitoring of the TLHIP geographic, place-based strategy.

2018 REPORT AND 2019 PLAN

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY18 and planned activities for FY19, with statements on anticipated impacts, planned collaboration, and patient financial assistance to address access. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

Report and Plan Summary

Building on the success of the last four years, SFMH continues to partner with the Saint Francis Foundation as the backbone of TLHIP to strengthen and enhance the capacity of Tenderloin organizations using a place-based strategy for broader, targeted, and systemic solutions to emerge and address the social determinants of health. The three core community priorities of safety, community connections, and opportunities for healthy choices, which were identified through a robust community stakeholder process in 2014, were enhanced in 2016 to include a set of five TLHIP focus areas known as *TLHIP Pathways to Health*. The *TLHIP Pathways to Health framework* includes five focus areas: Active Vibrant, Safe, and Clean Shared Spaces; Behavioral Health and Mental Health; Resident Health; Economic Opportunity and Affordable Retail; and Housing Access. Underlying these focus areas are the priorities of community engagement and neighborhood voice and equity.

In FY18 TLHIP achieved the following:

- Hosted 10 CAC meetings to align partners to *TLHIP Pathways to Health Framework* and increase learning and engagement in health improvement efforts.
- Hosted TLHIP Stakeholder Alignment Meetings on August 31, 2017 and March 28, 2018. This forum was designed to engage and align partners, get updates on place-based initiatives, share resources and lessons learned, and identify new opportunities for alignment.
- Launched the Central Market Tenderloin Data Portal (www.cmtldata.org) in partnership with SF Department Public Health, SF Planning Department, and SF Office of Economic and Workforce Development.
- Participated as one of six regional cohorts in Annie E. Casey Results Based Accountability training together with Metta Fund.
- Completed Institute for Healthcare Improvement SCALE grant (1.0) and SCALE bridge period grants, in partnership with UCSF and Boys and Girls Club.
- Selected by the Institute of Healthcare Improvement as one of 22 SCALE communities to participate in second phase of SCALE and continue to advance community health and improvement science skills, knowledge, and equity. This included participation in a national conference and host of two local Community Health Improvement Leadership Academy (CHILA) conferences to expand and scale this knowledge within the Tenderloin community.
- Helped launch the Turk & Hyde Mini Park initiative to begin providing park stewardship, programming, and other activities to attract users to park and ensure all visitors feel safe accessing park.

- Supported the Tenderloin People’s Congress as they convened over 150 residents for a TL People’s Summit to align around neighborhood needs and solutions in March 2018.
- Liaised with City Agencies, including the San Francisco Office of the Mayor, Board of Supervisors, Office Economic and Workforce Development (OEWD), San Francisco Police Department (SFPD), San Francisco Department of Public Health (SFDPH) and the San Francisco Planning Department.
- Participated in Supervisor Breed’s Task Force on Safe Injection Services.
- Continued to support the “Safer Inside” Taskforce to catalyze and lead discussions on Supervised Injection Services that resulted in engaging active users, performing community outreach, developing an operational plan. Helped facilitate an informational panel with members of Safer Inside on injection drug use in the Tenderloin during the Center for Care Innovations Spring Meeting for the Safety Net Innovation Network on May 3. Meeting summary and presentations are available here: <https://www.careinnovations.org/resources/11-takeaways-from-exploring-the-intersections-of-health-and-wellbeing/>.
- Participated in SFPD/SFDPH Law Enforcement Assisted Diversion (LEAD) pilot project in San Francisco.
- Keynote for 100 Million Healthier Lives National Webinar on December 17, 2017 sharing how TLHIP has engaged with an array of community partners, including people with lived experience, in developing innovative solutions to improve community health.
- Published a series of four case studies under the American Hospital Association (AHA)’s Hospital’s Against Violence initiative for our efforts with Boeddeker Park, Golden Gate Safety Group, 826 Valencia Podcasting, and Tenderloin Safe Passage accessible at: <https://www.aha.org/hav/case-study/tenderloin-health-improvement-partnership>
- Presented a webinar on June 13, 2018 hosted by American Hospital Association (AHA), *Innovations in Hospital and Community Health Partnerships: Rethinking Hospital Community Benefit at the Neighborhood Level to Improve Resident Health*. The recording is available at: http://connect.healthforum.com/WB-2018-06-13-AHA-St-Francis-Foundation-Webinar_.html
- Launched partnership with Felton Institute to pilot Felton Engagement Specialist Team (FEST) which is comprised of Engagement Specialists (skilled outreach case managers) working in close collaboration with San Francisco Departments of Public Health, Public Works, and Homelessness and Supportive Housing, as well as the Police Department to provide rapid response, community engagement, service linkage and relationship-building services to San Franciscans surrounding the hospital who are insecurely housed or not housed. Engagement Specialists provide outreach and service linkage to support clients to address their substance use and/or mental health needs, address physical health needs, secure housing, and promote wellness, recovery, and safety.
- Published 4-year TLHIP Impact Report and an expanded series of case studies demonstrating how community partners are working together, with the support of TLHIP and funders, to create change. The report is available at: <https://www.saintfrancisfoundation.org/highlight/tenderloin-health-improvement-partnership-impact-report-2014-2017/>.

2016-18 Strategy and 2018 Program Plan Summary

In addition to the TLHIP focus area of Resident Health, SFMH expands its focus in the area of Behavior Health as part of its 2018 Community Benefit Plan which is aligned with the priority needs identified in the 2016 CHNA. The goal of Behavioral Health is to build resiliency to heal community trauma; promote and restore sense of identity, purpose and community; and address systemic impacts of behavioral health,

addiction and mental health. The goal of Resident Health is to support access to healthcare, healthy food, and opportunities for physical activity in an effort to address preventable emergency room visits and preventable hospitalizations due to ambulatory care sensitive conditions (chronic diseases - heart failure, hypertension, and diabetes). Strategies include the following: Pilot HealthRIGHT 360 partnership to address behavioral health and substance use disorders patients need for connection to community-based services; implement Patient Navigator program; develop workflow for Mobile MD to share information between community care providers and hospital (medical director, practice manager, administrators, etc.) at Tom Waddell, Curry Senior Center, and others; facilitate better collaboration among primary care provider clinics, SF Health Plan, DPH, Community Clinic Consortium; analyze hospital data to better understand readmissions and ED visits and identify the evidenced-based practices around preventable hospitalizations to identify potential additional strategies.

Other Community Benefit Programs:

Health Need: Access to Care			
Strategy or Activity	Summary Description	Active FY18	Planned FY19
Healthy San Francisco (HSF)	<ul style="list-style-type: none"> Means tested charity care program that links uninsured participants with medical home - a clinic that provides primary care, social services, case management and preventative care. The vast majority of HSF enrollees are not MediCal recipients. 	☒	☒
HealthRIGHT 360 Tenderloin Health Services (THS)	<ul style="list-style-type: none"> HealthRIGHT 360 THS is a community-based clinic located in the Glide Foundation building and is a medical home to over 3,000 patients, with 221 persons enrolled in Healthy San Francisco FY18. SFMH provides supplies to THS to support clinic operations. Note: As of FY17, SFMH no longer reimburses for the cost of drugs and drug dispensing since the clinic is now operated by HealthRIGHT360 THS, which is a covered entity under the 340B drug purchasing program so it can buy drugs directly. 	☒	☒
Delancey Street Foundation	<ul style="list-style-type: none"> SFMH partners with Delancey Street Foundation to provide Delancey's residential substance abuse rehabilitation and vocational training participants with health services at the Saint Francis Memorial Hospital Health Center. 	☒	☒
Physician Support for Charity Care Programs	<ul style="list-style-type: none"> Physicians are reimbursed for coverage to indigent patients in the ED and for patients in the Hospitalist program. 	☒	☒
HealthRIGHT 360 Tenderloin Health Services Emergency Department Navigator Program	<ul style="list-style-type: none"> Because of various barriers to primary care, the Emergency Department is the primary source of care for many MediCal and uninsured. The hospital partners with HealthRIGHT360's Tenderloin Health Services to provide patient navigator services. The 	☒	☒

	Patient Navigator works closely in coordination with hospital case management, financial counseling departments and community-based clinics to case find and assist patients transitioning out of the hospital setting into appropriate medical homes, including primary and/or specialty care appointments.		
Burn Support Group	<ul style="list-style-type: none"> Working in collaboration with the Alisa Ann Ruch Burn Foundation, provides monthly support groups for burn survivors free of charge. 	☒	☒
Us Too Prostate Cancer Support Group	<ul style="list-style-type: none"> Serves as a resource of volunteers with peer-to-peer support and educational materials to help men and their families/caregivers make informed decisions about prostate cancer detection, treatment options and related side effects. Meetings are free of charge and open to newly-diagnosed patients, patients currently undergoing treatment, prostate cancer survivors, their spouses/partners, family members and friends, and health care professionals interested in sharing information and learning more about prostate cancer. 	☒	☒
Easy Breathers Program	<ul style="list-style-type: none"> A support group for individuals with COPD, asthma, lung cancer, and other chronic lung diseases, and their caregivers featuring and discussing educational presentations on various topics, including medications, environmental triggers, nutrition, home exercise, and supplemental oxygen. Led by trained facilitators and guest speakers, individuals learn skills that will help them manage their pulmonary conditions and improve their quality of life. 	☒	☒
Clinical Pastoral Education Program	<ul style="list-style-type: none"> One-year program that provides CPE students with a collaborative, interfaith and clinical learning environment to develop their skills in pastoral reflection, pastoral formation, pastoral competence and pastoral specialization. 	☒	☒
Meeting Rooms	<ul style="list-style-type: none"> Meeting space is at a premium in San Francisco. Community-based organizations (CBO) are often unable to find affordable venues to hold meetings. SFMH offers free and low cost meeting space to CBO's. (e.g. Overeaters Anonymous, Alcoholic Anonymous, Depression and Bipolar Support Alliance, SMART Recovery, NAMI, Little Brothers Friends of the Elderly, Rotoplast International) 	☒	☒
<p>Anticipated Impact: The hospital's initiatives to address access to care are anticipated to result in improved access to health care and social services (including providers, location, affordability, hours, cultural and linguistic appropriateness). Accessible health care can prevent disease and disability, detect and treat illnesses, maintain quality of life, and extend life expectancy. From a population health perspective, regular access to quality health care and primary care services also reduces the number of unnecessary emergency room visits and hospitalizations and can save public and private</p>			

dollars. While access to health care and social services in San Francisco is better than many other places, significant disparities exist by race, age, and income.

Health Need: Behavioral Health			
Strategy or Activity	Summary Description	Active FY18	Planned FY19
Rally Family Visitation Services	<ul style="list-style-type: none"> Provides a safe and secure structured environment in which children can visit with their court-ordered non-custodial parent when there is a high level of high conflict, including domestic violence, between divorced/separated parents. The program serves predominantly low-income families. 	☒	☒
HealthRIGHT 360 Tenderloin Health Services (THS) Alcohol and Other Drugs	<ul style="list-style-type: none"> A THS employed Alcohol and Other Drug (AOD) Counselor will be stationed to serve SFMH Inpatient areas to assist patients in securing and keeping their appointments for substance use disorder treatment through HealthRIGHT 360's various programs and other community-based partner sites. 	☒	☒
Supervised Injection Services	<ul style="list-style-type: none"> Participate in the "Safer Inside" Taskforce, a community-sponsored effort to improve the health of the neighborhood by addressing the public injection drug usage and improperly discarded drug paraphernalia. Improve access to supervised injection services and Harm Reduction Strategies. 	☒	☒
<p>Anticipated Impact: The hospital's initiatives to address behavioral health are anticipated to result in improved access to expanded harm-reduction based drug and alcohol resources including supervised injection services.</p>			

Health Need: Healthy Eating & Physical Activity			
Strategy or Activity	Summary Description	Active FY18	Planned FY19
Boys & Girls Clubs of San Francisco: Boeddeker Park	<ul style="list-style-type: none"> Managed by the Boys & Girls Clubs of San Francisco, Boeddeker Park is a hub of positive and healthy activities for the entire community. 	☒	☒
Trust for Public Land: <ul style="list-style-type: none"> Park Renovations at Turk and Hyde Mini Park and Sergeant Macaulay Park Tenderloin Wellness Trail 	<ul style="list-style-type: none"> For several months, The Trust for Public Land (TPL) and SF Recreation and Parks Department have been engaged in a community input process to inform improvements and designs for upcoming renovations to Sgt. Macaulay Park and Hyde-Turk Mini Park in the Tenderloin. Leveraging the safe and active community hub at Boeddeker Park, these parks aim to expand program offerings for safe and healthy activities in the community, including pilot programming and activation during before the renovation. In October 2016, TPL established the Tenderloin Wellness Trail Project to identify and map a network of passageways between the parks and open spaces of the 	☒	☒

	Tenderloin. In partnership with Safe Passage, a program of Tenderloin Community Benefit District (TLCBD), TPL conducted focus groups to identify three potential routes that prioritize the streets and sidewalks between all Tenderloin Parks.		
Tenderloin Community Benefit District and Tenderloin Safe Passage	<ul style="list-style-type: none"> • TLCBD consolidated with Safe Passage, and Epicenter SF increasing Safe Passage corner captains, hours of operation to serve seniors and attendance at TL Police Captain’s monthly meetings. • Implements and monitors new cleaning contract as of May 2017, working with Downtown Streets Team and Code Tenderloin to clean, build job readiness and support park programming and activation to improve access to healthy options for residents. 	☒	☒
Green Mobile Health Education Kitchen	<ul style="list-style-type: none"> • Provides a series of cooking demonstrations, classes, and theater experiences onsite at Tenderloin’s SRO hotels to engage residents, families, and children in hands-on learning on how to cook meals more safely using induction stove technology; how to access healthier, affordable fresh foods; and how to use environmentally sustainable materials and cleaning products. 	☒	☒
Sidewalk Activation	<ul style="list-style-type: none"> • The Golden Gate Safety Group continues to meet regularly and organize positive daily activities and monthly 4-Corner Friday events to activate the sidewalks of the Tenderloin. Building on the success of advocating and supporting positive use of community spaces like Big Boy Market which is now 826 Valencia on the corner of Golden Gate and Leavenworth, the Golden Gate Safety Group also takes responsibility for the positive, community-friendly activation of problem areas that impact the entire community (e.g. 101 Hyde Street). The coordinated work of the Golden Gate Safety Group has visibly changed two blocks of Golden Gate and moved negative and criminal activity out of the corridor. • Block Safety Groups 	☒	☒
Anticipated Impact: The hospital’s initiatives to address access to healthy eating and physical activity are anticipated to result in improved access to healthy eating and physical activity options.			

Health Need: Other			
Strategy or Activity	Summary Description	Active FY18	Planned FY19
Burn Education	SFMH nurses and physicians provide burn education to nurses and health professionals.	☒	☒

Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY18, the hospital awarded two grants totaling \$120,294. Below is a complete listing of FY18 grant projects; some projects may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
HealthRight360/Tenderloin Health Services Care Transitions Coordination:	<ul style="list-style-type: none">• Emergency Department Patient Navigator Program• Alcohol and Other Drug (AOD) Counselor	\$120,294

Anticipated Impact

The anticipated impacts of the hospital's activities on significant health needs are summarized above, and for select program initiatives are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

Planned Collaboration

Resources potentially available to address the significant health needs are vast in San Francisco. The organized health care delivery systems include the Department of Public Health, University of California, Sutter Health, Kaiser Permanente, Dignity Health Saint Francis Memorial Hospital and St. Mary's Medical Center and the San Francisco Community Clinic Consortium. In addition there are numerous health and social service non-profit agencies, many of which are supported by local government funds. Faith-based organizations, private and public school systems and health equity councils also contribute resources to address these identified needs. All of these organizations are represented on the San Francisco Health Improvement Partnership (SFHIP) steering committee, in which SFMH participates. In the Tenderloin, TLHIP has and will continue to engage community-based partners that represent a spectrum of agencies providing services vital to the Tenderloin community, including but not limited to: Glide Foundation, St Anthony's Foundation, Bay Area Women's and Children's Center, Tenderloin Neighborhood Development Corporation. In the public sector, key TLHIP partners include the San Francisco Department of Public Health (DPH); Office of Economic and Workforce Development; Recreation and Parks; and the University of California, San Francisco.

Financial Assistance for Medically Necessary Care

SFMH delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. The amount of financial assistance provided in FY18 is listed in the Economic Value of Community Benefit section of this report.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.

Actions Taken to Notify and Inform the Community:

- Community Benefit Report: Included the policy's plain language summary and a statement about the availability of financial assistance in the report posted online.
- Community Health/Community Benefit Committee: Shared the policy or plain language summary with the committee, which includes community representatives.
- Other Actions: Submitted plain language summary to SFDPH Charity Care Report.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Tenderloin Health Services (THS)	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Healthy Eating & Physical Activity
Core Principles Addressed	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	HealthRIGHT 360 THS is located at the Glide Methodist Church in the Tenderloin District of San Francisco and provides primary care, mental health, HIV/AIDS and recovery services to adults. THS works with Saint Francis Memorial Hospital through the hospital's ED Navigator and Healthy San Francisco (HSF) programs to provide inpatients and outpatient services for HSF participants that identify THS as their medical home.
Community Benefit Category	A2-a Community-Based Clinical Services - Primary care
FY 2018 Report	
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> Provide inpatient services to Healthy San Francisco participants that identify THS as their medical home. Sustain fiscal support of outpatient diagnostic services for THS patients.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> Provided inpatient services to Healthy San Francisco participants that identify THS as their medical home. Sustained fiscal support of outpatient diagnostic services for THS patients. Sustained implementation of Health Information Exchange.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Quarterly utilization meetings and report re: HSF utilization.
Planned Collaboration	Saint Francis Memorial Hospital and THS.
Program Performance / Outcome	Total Unduplicated Patient Count: 3,615; Medical and Behavioral Total Visits: 10,462 (Medical: 8,635; Behavioral Health: 1,827). This includes 221 patients who were enrolled in HSF.
Hospital's Contribution / Program Expense	<ul style="list-style-type: none"> Net Benefit: -\$1,468 (Total Expense \$1,468 - Offsetting revenue \$0) *Direct clinical services are accounted for within the traditional care dollar. Note: As of FY17, SFMH no longer reimburses for the cost of drugs and drug dispensing since the clinic is now operated by HealthRIGHT360 THS and is a covered entity under the 340B drug purchasing program so it can buy drugs directly.
FY 2019 Plan	
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> Provide inpatient services to Healthy San Francisco participants that identify THS as their medical home. Sustain fiscal support of outpatient diagnostic services for THS patients.

Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • Provide inpatient services to Healthy San Francisco participants that identify THS as their medical home. • Sustain fiscal support of outpatient diagnostic services for THS patients. • Sustain implementation of Health Information Exchange.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Quarterly utilization meetings and report re: HSF utilization.
Planned Collaboration	Saint Francis Memorial Hospital and THS.

Healthy San Francisco	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Healthy Eating & Physical Activity <input type="checkbox"/> Behavioral Health
Program Emphasis	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	Healthy San Francisco is a program to provide a system of health care services to the uninsured. Healthy San Francisco links participants with a Medical Home, a clinic that provides primary care, social services, case management and preventative care. Healthy San Francisco has approximately 13,615 participants enrolled in 35 medical homes and participating hospitals (according to online FY16-17 annual report). Saint Francis actively supports Healthy San Francisco through its partnership with Tenderloin Health Services. The numbers of person enrolled in Healthy San Francisco has declined as eligible individuals enroll in MediCal.
Community Benefit Category	Means-Tested Programs
FY 2018 Report	
Program Goal / Anticipated Impact	Provide financial support for the pharmaceuticals for the projected 400 Healthy San Francisco patients enrolled at the THS clinic. Sustain fiscal support of outpatient diagnostic services for THS patients.
Measurable Objective(s) with Indicator(s)	Secured HSF funding for pharmaceutical support from DPH/SFHP/THS
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Secured HSF funding for pharmaceutical support from DPH/SFHP/THS • Tracked and monitored utilization and expenses.
Planned Collaboration	Continued collaboration with SF Department of Public Health, Tenderloin Health Services (THS) and SF Health Plan.
Program Performance / Outcome	Provided hospital services for 176 persons. THS FY18 HSF enrollment 221 unduplicated patients.
Hospital's Contribution / Program Expense	Net Benefit: \$291,537 (Total Expense \$332,266 - Offsetting revenue \$40,729)
FY 2019 Plan	
Program Goal / Anticipated Impact	Provide outpatient diagnostics and financial support for Healthy San Francisco patients enrolled at the THS clinic.
Measurable Objective(s) with Indicator(s)	Secure HSF funding for pharmaceutical support from DPH/SFHP/THS.

Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Secure HSF funding for pharmaceutical support from DPH/SFHP/THS • Track and monitor utilization and expenses.
Planned Collaboration	Continue collaboration with SF Department of Public Health and Tenderloin Health Services (THS) and SF Health Plan.

Patient Navigator Program (formerly called ED Navigator Program/Transitions)

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Healthy Eating & Physical Activity
Core Principles Addressed	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	Because of various barriers to primary care, the Emergency Department is the primary source of care for many MediCal and uninsured. The hospital partners with HealthRIGHT360's Tenderloin Health Services to provide patient navigator services. The Patient Navigator works closely in coordination with hospital case management, financial counseling departments and community-based clinics to case find and assist patients transitioning out of the hospital setting into appropriate medical homes, including primary and/or specialty care appointments. This iteration of the program builds on previous navigator programs which began in FY2010 as partnership with the San Francisco Health Plan and Department of Public Health.
Community Benefit Category	A3-e Health Care Support Services - Information & referral

FY 2018 Report

Program Goal / Anticipated Impact	Increase the ability of patients to access primary care follow-up appointments and retain those appointments with the help of Navigator to address emergency room visits for preventable ambulatory care sensitive conditions.
Measurable Objective(s) with Indicator(s)	Projected: 12 month; average 110 encounters/month
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Continued focus on managed care MediCal patients. • Tracked show rates for select clinics. • Continued to improve communications between ED and medical homes.
Planned Collaboration	HealthRIGHT 360 THS and Saint Francis Memorial Hospital.
Program Performance / Outcome	12 month; average 61 encounters/month Of the 733 encounters in FY18, 553 appointments were made or 75%. Show rates included 69% at Tenderloin Health Services (THS), 62% at Tom Waddell Health Clinic (TWHC), 73% Curry, and 93% at St. Anthony.
Hospital's Contribution / Program Expense	Office Space Community Grants Program: \$71,385

FY 2019 Plan

Program Goal / Anticipated Impact	Increase the ability of patients to access primary care follow-up appointments and retain those appointments with the help of Navigator to address the over-use of the emergency room for ambulatory care sensitive conditions.
Measurable Objective(s) with Indicator(s)	Projected: 12 month; average 100 encounters/month. Of these encounters, secure at least 75% appointments and have at least 65% show rate at each clinic.

Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Continue focus on managed care MediCal patients. • Continue to track show rate for selected clinics and explore how to measure repeat visits to Emergency Department. • Continue to improve communications between ED and medical homes.
Planned Collaboration	HealthRIGHT 360 THS and Saint Francis Memorial Hospital.

Rally Family Visitation Services	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Healthy Eating & Physical Activity
Core Principles Addressed	<input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	Rally Family Visitation Program provides a safe and secure structured environment in which children can visit with their court-ordered non-custodial parent when there is a high level of conflict, including domestic violence, between divorced/separated parents, as well as when they have been removed from the care of their parents and have become dependents of the court. The goal of the program is to ensure the safety of children and adult victims. The program serves predominantly low-income families.
Community Benefit Category	C5-Women's and Children's Services
FY 2018 Report	
Program Goal / Anticipated Impact	Provide supervised visitation to families in need of supervised visitation to families in three Bay Area Counties.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • Expanded services at Sequoia Hospital – provide accessibility to families in the South Bay. • Continued to expand funding to cover needed services. • Serves 300 families throughout the Bay Area. • Facilitated third party payment opportunities for therapeutic sessions
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Continued to work closely with the court and program funders to achieve goals and objectives.
Planned Collaboration	Rally Family Visitation Services collaborates with service providers that provide services to the population served. Service providers include domestic violence, substance abuse and other related services.
Program Performance / Outcome	<ul style="list-style-type: none"> • Provided a secure and safe environment for visits. • Ensured children have access to both parents in a healthy environment. • Ensured safety for victims of domestic violence while at Rally. • FY18: 3000 Exchanges, 2000 hours of supervised, facilitated and therapeutic visits. Provided 300 intakes to approximately 800 families.
Hospital's Contribution / Program Expense	Expenses: \$802,360 Revenue: \$298,153, Benefit: \$504,207
FY 2019 Plan	
Program Goal / Anticipated Impact	Provide supervised visitation to families in need of supervised visitation to families in three Bay Area Counties.

Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • Provide a secure and safe environment for visits • Ensure children have access to both parents in a healthy environment • Ensure safety for victims of domestic violence while at Rally • FY19: 3000 hours of Exchanges, 2000 hours of supervised, facilitated and therapeutic visits. Provide 500 intakes to approximately 250 families.
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ECONOMIC VALUE OF COMMUNITY BENEFIT

Saint Francis Memorial Hospital

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2017 through 6/30/2018

	Persons Served	Net Benefit	% of Org. Expenses
<u>Benefits for Living in Poverty</u>			
Financial Assistance	2,332	4,303,997	1.7
Medicaid *	15,572	29,385,229	11.8
Means-Tested Programs	176	291,537	0.1
Community Services			
A - Community Health Improvement Services	930	11,390	0.0
C - Subsidized Health Services	1,033	757,715	0.3
E - Cash and In-Kind Contributions	6	290,048	0.1
G - Community Benefit Operations	0	119,712	0.0
Totals for Community Services	1,969	1,178,865	0.5
Totals for Living in Poverty	20,049	35,159,628	14.1
<u>Benefits for Broader Community</u>			
Community Services			
A - Community Health Improvement Services	204	3,435	0.0
B - Health Professions Education	644	127,735	0.1
E - Cash and In-Kind Contributions	6,839	108,847	0.0
F - Community Building Activities	35	5,934	0.0
Totals for Community Services	7,722	245,951	0.1
Totals for Broader Community	7,722	245,951	0.1
Totals - Community Benefit	27,771	35,405,579	14.2
Medicare	21,345	19,346,404	7.8
Totals with Medicare	49,116	54,751,983	22.0

Net Benefit equals costs minus any revenue from patient services, grants or other sources.

* The hospital was required to record some Medicaid Provider Fee revenue in FY18 that was attributable to FY17 services. If all FY17 Medicaid Provider Fee revenue had been recorded in FY17, the hospital's FY18 net benefit for Medicaid would have been \$30,536,788.

The economic value of community benefit for patient financial assistance is calculated using a cost-to-charge ratio, and for Medicaid and other categories of community benefit using a cost accounting methodology.

APPENDIX A: COMMUNITY ADVISORY COMMITTEE

First Name	Last Name	Organization
Andrew	Desruisseau, MD	Tenderloin Health Services
Barry	Stenger	St. Anthony Foundation
Carmela	Gold	NOMNIC/TEDP
Darryl	Burton	CMS
David	Knego	Curry Senior Center
Del	Seymour	Code Tenderloin
Don	Falk	TNDC
Kenneth	Kim	GLIDE
Michael	Schrader	Saint Francis Memorial Hospital
Michaela	Cassidy*	Aspen Affiliates
Pat	Zamora	Boys & Girls Clubs of San Francisco
Paula	Fleisher	UCSF
Pedro	Torres	Center for Open Recovery
Robert	Harvey, MD*	Saint Francis Memorial Hospital
Shally	Iyer	Metta Fund
Sonia	Melara	Rally Family Visitation Services
Simon	Bertrang	Tenderloin Community Benefit District
David	Klein***	Saint Francis Memorial Hospital
Ann	Lazarus***	Saint Francis Foundation
Andrea (Andi)	Nelson***	SF Planning
Juan Carlos	Cancino****	SF Office of Economic and Workforce Development
Meg	Wall***	SF Department of Public Health
Teresa	Ewins***	SF Police Department: Tenderloin Police Station

SFMH Board of Trustees, ** SFF Board Member, *Ex-Officios*

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Advocacy

SFMH staff advocate for local and state health policy. SFMH staff engages with elected and appointed officials at the local, state and federal level as well as a diversity of healthcare thought leaders from the public and private sector in support of SFMH and TLHIP strategic objectives.

Charity Care

SFMH continues to work hand in hand with the Department of Public Health on the issues of health reform and Charity Care. The Charity Care Workgroup, which includes representatives from the San Francisco Department of Public Health and all of the city's hospitals, meets periodically throughout the year to discuss the annual citywide Charity Care Report and examine issues related to charity care.

ED Behavioral Health Taskforce

Under the auspices of the San Francisco section of the Hospital Council of Northern and Central California, SFMH staff participates in the Taskforce whose goal is to diagnose and address the challenges of San Francisco's Emergency Departments. Taskforce objectives includes identifying the type, quantity, location and funding of additional and behavioral and mental health capacity needed to relieve the strain on the Emergency Departments.

Healthy San Francisco

The goal of Healthy San Francisco is to make healthcare services accessible and affordable to uninsured San Francisco residents. The program is not designed as insurance but as an innovative reinvention of the City's healthcare safety net, enabling and encouraging residents to access primary and preventive care. The San Francisco Health Plan, in partnership with the San Francisco Department of Public Health, administers Healthy San Francisco.

High Users of Multiple Systems (HUMS)

SFMH staff participates in this workgroup of providers caring for the patients with high rates of utilization of Emergency Medical Services (ambulances), hospital emergency departments, sobering services and a variety of case management services. The aim of the program is to reduce recidivism through case conferencing and intensive service delivery on a case by case basis.

Human Trafficking

In the fall of 2014, Dignity Health launched the Human Trafficking Response (HTR) Program to ensure that trafficked persons are identified in the health care setting and that they are appropriately assisted with victim-centered, trauma-informed care and services. SFMH staff leads a local, facility taskforce to implement the HTR Program which provides staff education and response procedures.

Law Enforcement Assisted Diversion San Francisco (LEAD SF)

On April 20th, 2017, San Francisco received notification of a 26-month grant award from the Board of State and Community Corrections to implement the Law Enforcement Assisted Diversion program in San

Francisco (LEAD SF) which is a multi-agency collaborative project overseen by a Policy Committee composed of partner agency representatives and co-chaired by: Chief of Police, District Attorney, and Director of Health; TLHIP is represented on the LEAD Policy Committee. Based on the model developed in Seattle, LEAD SF is an innovative pre-booking diversion program that will refer repeat, low-level drug offenders, at the earliest contact with law enforcement, to community-based health and social services as an alternative to jail and prosecution. San Francisco's program focuses on the Tenderloin and Mission District.

Long Term Care Coordinating Council (LTCCC)

SFMH staff participates in the LTCCC whose purpose is to guide the development of an integrated network of home, community-based, and institutional long term care services for older adults and adults with disabilities.

Post Acute Care Collaborative

Mission: To identify implementable, financially sustainable solutions to the post-acute care challenge for high-risk individuals in San Francisco. (*High-risk individuals are defined as non-benefited, under-benefited and/or hard to transition.*)

Project Purpose: To identify solutions to improve the availability and accessibility of post-acute care services for vulnerable populations and MediCal beneficiaries in San Francisco; and, to make responsive post-acute care policy, research, and operational recommendations to the Health Commission and Hospital Council.

S.F. Safe Injection Services Taskforce

On April 11th, 2017, the San Francisco Board of Supervisors enacted a resolution charging the Department of Public Health (DPH) with convening a Safe Injection Services Task Force whose goal is to develop recommendations on the operation of supervised injection services (SIS) in SF. DPH brings together a diverse group of 15 stakeholders to consider potential opportunities and obstacles associated with supervised consumption services, the community need for such services, and the feasibility of providing such services. The task force held a series of public meetings to solicit input from the public and from stakeholder groups, and to submit a report to the Mayor and the Board of Supervisors within three months of its initial meeting. This effort launched as AB 186 was recently introduced by the California Assembly to remove the prohibition on supervised injection sites by legalizing injection drug use under the supervision of health care professionals which would ensure the use of clean equipment, prevention of overdoses, and access to addiction counseling services.

“Safer Inside” Taskforce/Community Partnership for a Healthier Tenderloin

Since the spring of 2015, the Community Partnership for a Healthier Tenderloin (“Safer Inside” Taskforce), a multi-sector community-driven collaboration comprised of leaders representing business, education, philanthropy, health care, public health and other government, law enforcement, and social service non-profit organizations has grappled with two priority issues related to injection drug use. Key stakeholders representing children’s services and local business catalyzed a working group to tackle these concerns. Group members noticed what appears to be a direct correlation between increased homelessness and higher incidents of public injection drug use and improper syringe disposal in the Tenderloin. Children on their way to school, their parents, other Tenderloin residents and families, and people who work or travel through the streets of the Tenderloin are directly exposed to people injecting drugs in plain sight in doorways, alleys, stairwells, behind dumpsters and other unsanitary places. This led to the rising community outrage over environmental trauma to the community and the associated public health hazard

of discarded syringes and other drug paraphernalia. The group is deeply concerned about the health of people who inject drugs (PWID) and the health of the Tenderloin community. The goal of the taskforce is to improve the health of the Tenderloin Community and individual drug user health. The Taskforce has developed a Community Action Plan which recommends implementation of harm reduction strategies in FY18/19, including piloting supervised injection services (SIS), that positively impact drug user and community health.

San Francisco Health Improvement Partnership (SFHIP)

SFMH staff are active in the SFHIP leadership and steering committees. SFHIP is motivated by a common vision, values, and community-identified health priorities and as such SFHIP will drive community health improvement efforts in San Francisco. The road map for SFHIP is San Francisco's Community Health Improvement Plan (CHIP), the development process for which engaged close to 700 community residents and local public health system partners. The CHIP identifies San Francisco's health priorities as well as goals, objectives, measures, and strategies for each priority. Building on this foundation, SFHIP will "move the needle" on community health in the next three to five years, and future iterations of the CHIP will drive SFHIP going forward. The SFMH CB plan is designed to align with SFHIP priorities.

San Francisco Hep B Free

SFMH continues to be an active partner in the Hepatitis B Coalition, participating in coalition activities including sponsoring the annual gala.

Community Investment Programs

Mercy Housing (Mercy Family Plaza)

Dignity Health's original loan of \$1,500,000 is enabling Mercy Housing to finance 36 units of affordable housing for low income families at 333 Baker Street, San Francisco, known as Mercy Family Plaza. This loan matures in 2022.

San Francisco Housing Development Corp

Dignity Health's original loan of \$500,000 is being used to acquire and refurbish properties for low-income families and individuals in the Bayview-Hunters Point area of San Francisco. This loan matures in 2021.

Housing Accelerator Fund

In 2015 Dignity Health approved a 7-year \$5,000,000 loan for start-up capital to an innovative new public-private partnership that provides the City and County of San Francisco with powerful new tools for producing additional affordable housing. Affordable housing is scarce in San Francisco, a city with the largest income gap and most severe affordability crisis in the nation.

Tipping Point Community (TPC)

In 2018 Dignity Health approved a 7-year \$5,000,000 loan to TPC toward this philanthropic community development organization to purchase land in San Francisco for the construction of permanent housing with supportive services for the chronically homeless population. TPC's goal is to eradicate chronic homelessness (defined as living on the streets for more than a year) in San Francisco.

Bay Area Video Coalition (BAVC)

BAVC has been a partner with Dignity Health for over 20 years. This nonprofit organization has inspired social change by empowering media makers to develop and share diverse stories through art, education, and technology. The organization directs its services to under-represented and at risk youth, dislocated workers, and others looking to work in the tech industry, as well as nonprofit organizations that need digital media support. Dignity Health's current \$200,000 line of credit approved in 2018 for another year is enabling BAVC to manage cash flow while it waits for reimbursement from city contracts.

Mission Neighborhood Centers (MNC)

In 2016 Dignity Health approved a 3-year \$400,000 loan to MNC, enabling this nonprofit community development organization to repurpose and renovate St. Peter's church convent to accommodate a full-service family support center (Centro de Alegria) in the largely Latino neighborhood of the Mission District. MNC serves more than 3,000 low-income children, youth, young adults, seniors, and families each year, especially focusing on the Latino immigrant community.

Larkin Street Youth Services (Larkin Street)

Larkin Street is San Francisco's largest nonprofit provider dedicated to the unique needs of homeless youth. The agency serves more than 3,000 youth per year, ages 12-24, through a broad array of programs that move homeless youth from crisis to stability. Dignity Health's 7-year \$1,600,000 loan approved in 2015 was used to purchase a six-bedroom facility to shelter homeless HIV-positive youth.

HealthRIGHT 360 (HR360)

In 2015 Dignity Health approved a 5-year \$3,000,000 participation loan with Nonprofit Finance Fund to help HR360 construct its new headquarters and intake center where low-income patients primarily with addictive-related disorders and/or HIV-positive can receive primary care and other services.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health’s Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital’s Financial Assistance Policy and financial assistance application forms are available online at your hospital’s website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to “Admitting” or “Registration”). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital’s website, in your hospital’s Admitting area, or by calling your hospital’s telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital’s Admitting area and can be reached at the telephone number listed below for your hospital.

Saint Francis Memorial Hospital 900 Hyde St, San Francisco, CA 94109 | **Financial Counseling** 415-353-6136 | **Patient Financial Services** 888-488-7667 | www.dignityhealth.org/saintfrancis/paymenthelp