

Saint Francis Memorial Hospital

Community Health Implementation Strategy 2016 – 2018

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EXECUTIVE SUMMARY

A member of Dignity Health, Saint Francis Memorial Hospital (SFMH) is located on Nob Hill, and maintains 294 licensed beds, with a staff of over 1,000 employees and 200 active physicians. The majority 66% of SFMH patients are San Francisco residents. Among the hospital's inpatient population, 55% are Caucasian, and 17% Asian. African Americans comprise 13% of patients, and Hispanics 10%. SFMH has two offsite locations: AT&T Ballpark Health Center and Center for Sports Medicine in Walnut Creek.

The hospital primarily serves San Francisco, however a number of specialized programs 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 new operating suites in the surgery department. The Centers for Sports Medicine and the Orthopedic Institute offer a full spectrum of orthopedic services. SFMH also offers inpatient psychiatric services, acute rehabilitation, and hyperbaric services.

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at <http://www.dignityhealth.org/saintfrancis/about-us/community-benefit>. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

2013 CHNA and FY16 Accomplishments:

The 2013 CHNA identified the following significant community health needs: Ensure Safe and Healthy Living Environments, Increase Healthy Eating and Physical Activity, and Increase Access to Quality Health Care and Services. The impact of actions taken in response to that CHNA includes both maintained access to medically necessary health care, and community improvement activity focused on social determinants of health. The primary expression of SFMH's community benefit activity continues to be the direct care provided to the uninsured and underinsured through the emergency department. Central to our focus on community health improvement is the Tenderloin Health Improvement Partnership (TLHIP) where strategies that address safety, community connectedness and opportunities for healthy choices are applied.

2016 CHNA and 2016-18 Plan:

Overall, the 2016 CHNA finds that health has improved in San Francisco since the 2013 CHNA:

- More than 97,000 residents have gained health insurance under the Affordable Care Act. Insurance coverage is higher in San Francisco than coverage across the state or nation.
- Since 2006 there is a steady decline in HIV diagnosis
- Between 2007 and 2013, rates of death due to cardiovascular disease, cerebrovascular disease, lower respiratory infections, poisoning and drugs decreased
- Between 2008 and 2010 the incidence rate of invasive cancers decreased
- Rates of tooth decay among school children decreased between 2007-8 and 2013-14

Further assessment of need in the Tenderloin finds ongoing health issues:

- 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.

The 2016 significant community health needs identified in the CHNA are:

- 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 the action planning steps, SFMH adopted the same 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 Eating & Physical Activity
- Behavioral Health

The FY17-18 Plan enhances and continues prior year programs and activities to address significant community health needs:

- Tenderloin Health Improvement Partnership
 - Green Mobile Health Education Kitchen
 - Tenderloin Safe Passage
 - Tenderloin Economic Development Project
 - Boys and Girls Clubs of San Francisco
 - Tenderloin Intravenous Drug Use Workgroup
- Healthright 360: Tenderloin Health Services, ED Transitions Program and Addiction Medicine
- Healthy San Francisco
- Rally Family Visitation Services

During FY16, Saint Francis Memorial Hospital accounted for \$29,728,103 in Community Benefit Dollars, including \$3,982,922 in Financial Assistance (Charity Care services), \$391,960 in Healthy San Francisco (means-tested program) and \$24,264,559 MediCal shortfall. When Medicare shortfall \$23,885,750 is included the Total reported community benefit is \$53,613,853.

This document is publicly available at the SFMH website at this address:

<https://www.dignityhealth.org/saintfrancis/about-us/community-benefit> . 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

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.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

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 maintains 288 licensed beds, located atop of San Francisco’s legendary Nob Hill; it is a member of Dignity Health. About 66% of the patients are residents of San Francisco. The hospital also has a number of specialized programs that draw patients from all over Northern California and beyond.

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.

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 met in April 2014.

The Chair of the CAC is an Executive Member of the Board of Trustees. Robert Harvey, MD, is the current Chair. Two members of the Board of Trustees serve on the CAC as well two members from the Saint Francis Foundation Board. Additionally, Dr. David Klein, President/CEO, Charles C. McGettigan, Board of Trustees Chair, and Kevin Causey, Saint Francis Foundation President, serve as ex-officios of the CAC. The CAC is accountable to the Board and reports their activities after each meeting and on an annual basis. See *Appendix A* for a roster of committee members, with affiliations.

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.

SFMH’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 activities are described in this report.

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.⁴ 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.

City and County of San Francisco 2016		
Population	865,948	
	White Non-Hispanic	40.9%
	Black/African American Non-Hispanic	5.0%
	Hispanic or Latino	13.9%
	American Indian & Alaska Native	0.5%
	Asian/Pacific Islander	34.4%
	2+ Races	5.0%
	All Others	0.3%
	Total Hispanic & Race	100.0%
Median Income	\$86,478	
Unemployment	5.1%	
No High School Diploma	13.3%	
Medicaid *	23.0%	
Uninsured	5.4%	

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

Source: © 2016 The Nielsen Company, © 2016 Truven Health Analytics Inc.

Community Needs Index (CNI)

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.

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 Dignity Health CNI findings are in alignment with the other health indicator data found on the SFHIP.org website. See Appendix D the CNI for San Francisco.

The Tenderloin (94102)

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 will take into account the Dignity Health goals and metrics and the SFMH Strategic
- Primary focus on geographical area of the Tenderloin

The SFMH Community Benefit Plan focuses on the health needs of the Tenderloin - 94102 where:

- Approximately 26,000 residents live in the 94102 zip code.
- The Tenderloin has a slightly older and more ethnically diverse population when compared to San Francisco: 32% White, 10% Black, 18% Latino/a, 33% API, 6% Other and a majority of which are between the ages of 25-44, followed by 45-64 and 65+ (American Community Survey 5-Year Estimates, 2009-2013; American Community Survey 5-Year Estimates, 2010-2014).
- 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.

Implementation Strategy Development 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 Process

The most recent Community Health Needs Assessment (CHNA) was adopted in June 2016 by SFMH's Board of Trustees. SFMH conducted the 2016 CHNA in partnership with the City and County of San Francisco through the San Francisco Health Improvement Partnership (SFHIP), a collaborative body whose mission is to improve community health and wellness in San Francisco. SFHIP membership includes the San Francisco Department of Public Health, San Francisco's non-profit hospitals, UCSF, the San Francisco Unified School District, The Office of the Mayor, community representatives from the Asian and Pacific Islander Health Parity Coalition, Human Service Network, Chicano/Latino/Indigena Health Equity Coalition, African American Community Health Council, Community Clinic Consortium, Faith based organizations, and philanthropic partners. The 2016 CHNA takes a broad view of health conditions and status in San Francisco, collecting information on the health of San Franciscans via three methods: Community Health Status Assessment, Assessment of Previous Assessments, and Community Engagement.

Community Health Status Assessment

Recognizing the essential role social determinants of health play in the health of San Franciscans, the Community Health Status Assessment examined population level health determinants and outcome variables. Overall, the CHNA finds that health has improved in San Francisco:

- More than 97,000 residents have gained health insurance under the Affordable Care Act. Insurance coverage is higher in San Francisco than coverage across the state or nation.
- Since 2006 there have been steady declines in HIV diagnosis
- Between 2007 and 2013, rates of death due to cardiovascular disease, cerebrovascular disease, lower respiratory infections, poisoning and drugs decreased
- Between 2008 and 2010 the incidence rate of invasive cancers decreased
- Rates of tooth decay among school children decreased between 2007-8 and 2013-14

Assessment of Previous Assessments

Over the years, a variety of valuable health needs assessments have been completed in San Francisco. To ensure existing knowledge was integrated in the CHNA, SFHIP conducted an assessment of twenty one health assessments that met the following inclusion criteria: included primary data collection with data available for San Francisco; collected in 2010 or later; data collection methods were identified and assessment topics included social determinants of health or health outcomes.

Community Engagement

SFHIP also worked with community partners to engage with community members representing a broad spectrum of San Francisco residents. Targeted resident populations included those not included in a recent health assessment, those that were reachable through an existing community group, and those

known to have health disparities with little information describing health of that population. About 121 participants participated in 11 meetings that focused on actions that can be taken to improve health and on what assets and barriers exist in their communities regarding health.

The CHNA report is available at www.sfhip.org and is also posted on the hospital's website.

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 the 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.
- **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.

- **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.(citation 1) 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.

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 areas.

Creating the Implementation Strategy

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. Driven by a place-based approach 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 created 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 has become 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 toward the long-term goal of reducing preventable emergency department visits and ambulatory care sensitive conditions. 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 Community Advisory Committee (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.

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 which includes the core community priorities of safety, community connectedness and opportunities for healthy choices.

Additionally, 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:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration:** Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

Planning for the Uninsured/Underinsured Patient Population

SFMH seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial 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 FY16 is listed in the Economic Value of Community Benefit section of this report.

SFMH notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

2016-2018 Implementation Strategy

This section presents strategies, programs and initiatives the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed “program digests” on select initiatives.

STRATEGY AND PROGRAM PLAN SUMMARY

The 2016-2018 Implementation Strategy aims to address in whole or in part, in ways consistent with its mission and capabilities, the significant community health needs identified in the 2016 CHNA: Access to Care, Healthy Eating & Physical Activity, and Behavioral Health. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

The plan embraces the following SFHIP values:

- **Health Equity:** Providing opportunities for all San Franciscans to enjoy the highest level of health.
- **Community Engagement:** Partner with residents and community-based organizations to support health and well-being.
- **Alignment:** Ensuring maximum impact of resources to advance health priorities.

Tenderloin Health Improvement Partnership (TLHIP)*

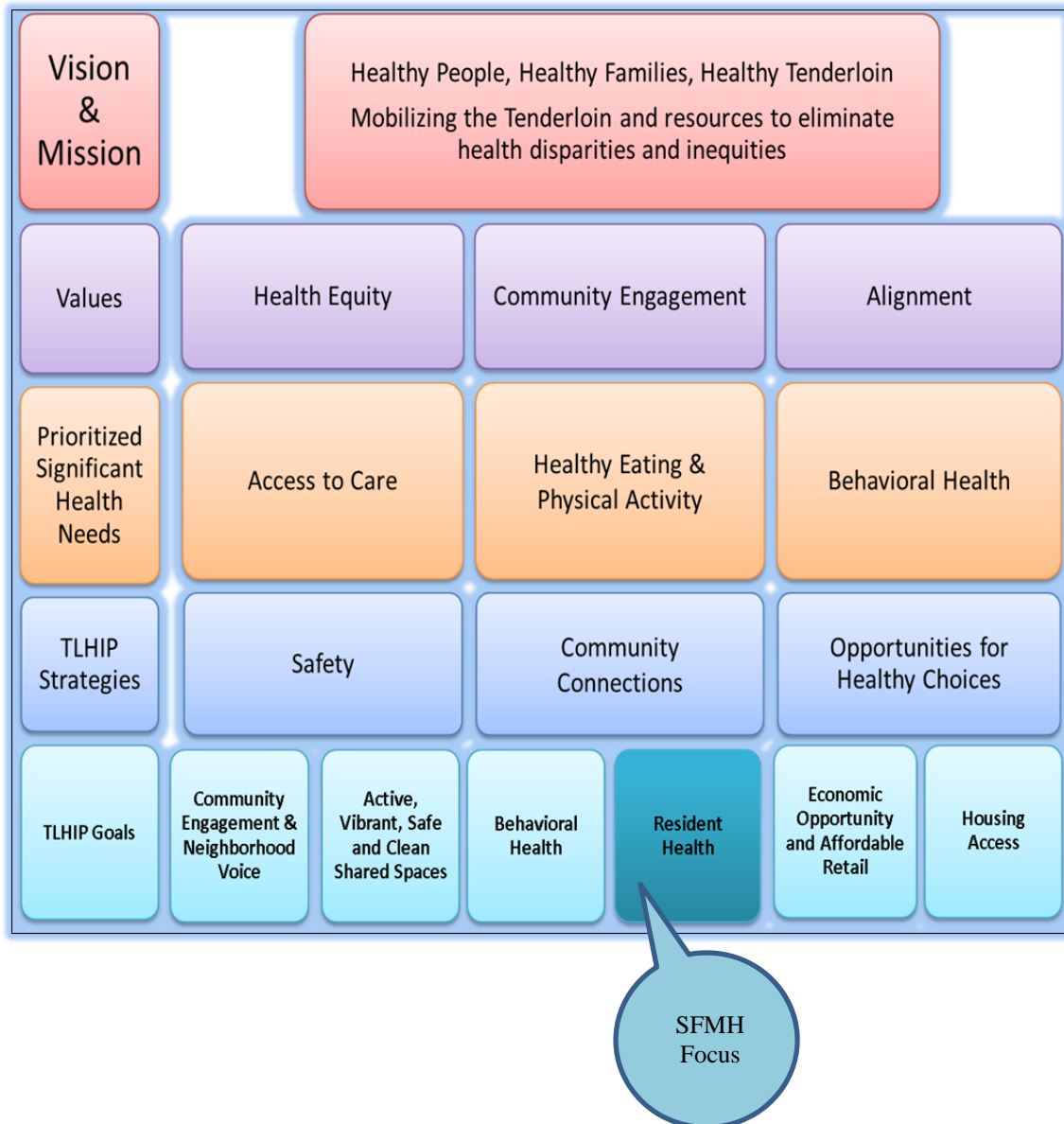
Building on the success of the last two years, SFMH will continue to partner with the SFF through TLHIP to strengthen and enhance the capacity of Tenderloin organizations for broader, targeted, and systemic solutions to emerge and to influence the social determinants of health. Collective Impact literature indicates that change in the overall population and systems level happens after eight years.

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 to include a set of 6 TLHIP focus areas and guides TLHIP’s place-based strategy which focuses on 10 blocks in the Tenderloin, organized into 4 Action Zones. The 6 TLHIP focus areas are: Community Engagement and Neighborhood Voice; Active Vibrant, Safe, and Clean Shared Spaces; Behavioral Health; Resident Health; Economic Opportunity and Affordable Retail; and Housing Access. Strategies to achieve these goals include supporting access to care, healthy food, and physical activity opportunities.

SFMH will focus on the area of Resident Health as part of its 2017 Community Benefit Plan. The goal of Resident Health is to support access to healthcare, healthy food, and opportunities for physical activity in an effort to ultimately help reduce preventable emergency room visits and preventable hospitalizations due to ambulatory care sensitive conditions (chronic diseases - heart failure, hypertension, diabetes). Strategies include the following: Pilot HealthRight360 partnership to address behavioral health and substance use disorders patients need for connection to community based services; implement Primary Care Physician (PCP) Connect 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 (e.g. convenings); analyze hospital data to better understand readmissions and ER visits and identify the evidenced-based practices around preventable hospitalizations to identify potential additional strategies.

**Tenderloin Health Improvement Partnership
Community Benefit Plan – FY17
Implementation Plan FY17-FY18**



Other Ongoing Community Benefit Programs:

Access to Care

- **Healthy San Francisco***
- **Tenderloin Health Services (formerly Glide Health Services)***
- Delancey Street Foundation*
- Enrollment Assistance for Government Programs and Charity Care*
- Support to the MD Charity Care Programs*
- Radiation Oncology Medical Residency Rotation*
- **ED Transitional Care Program***
- Health Fair screenings and education*
- Burn Support Group*
- Us Too Prostate Cancer Support Group *
- Better Breathers Program*
- Clinical Pastoral Education Program*
- Meeting Rooms (e.g. Alcoholic Anonymous, Bipolar Support and SMART Groups, Little Brothers Friends of the Elderly)*

Healthy Eating & Physical Activity

- Burn Education*
- Tenderloin Safe Passage*
- Boys and Girls Clubs of San Francisco*
- **Green Mobile Health Education Kitchen***
- Tenderloin Economic Development Project*

Behavioral Health

- **Rally Family Visitation Services***
- **Intravenous Drug Use Workgroup**

Anticipated Impact

The anticipated impacts of specific, major program initiatives, including goals and objectives, 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 care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Advisory Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program by conducting Community Health Needs Assessments every three years.

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.

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 Improvement Partnership (TLHIP)	
Significant Health Needs Addressed	X Access to Care X Healthy Eating & Physical Activity X Behavioral Health
Program Emphasis	X Focus on Disproportionate Unmet Health-Related Needs X Emphasize Prevention X Contribute to a Seamless Continuum of Care X Build Community Capacity X Demonstrate Collaboration
Community Benefit Category	- Direct costs absorbed by SFMH Community Benefit Operations - In kind contributions and direct donation by the SFF
Hospital's Contribution / Program Expense	- Direct costs absorbed by SFMH Community Benefit Operations - In kind contributions and direct donation by the SFF

Program Description

Founded in partnership with the Saint Francis Foundation (SFF) in 2013, TLHIP is an expression of the hospital's Community Benefit Plan and is a multi-sector collective impact initiative committed to improve the health, safety and well-being of residents in San Francisco's Tenderloin neighborhood. Driven by a place-based strategy rooted in the vision, values of alignment and health equity and priorities of the San Francisco Health Improvement Partnership (SFHIP), TLHIP is designed support and enhance community building capacity nonprofits, businesses, government agencies, and funders operating within a single neighborhood, the Tenderloin, to work together in more coordinated ways to improve residents' health outcomes.

Intervention Actions for Achieving Goal

TLHIP strategies include a variety of approaches to increasing collaboration and alignment, funding, programmatic support, and learning:

- Adopting a Collective Impact model and building backbone support
- Forging public/private partnerships for greater impact/alignment
- Attracting public and private investment in a pooled fund/shared strategy
- Nurturing trusted relationships to foster collaboration and build consensus for change
- Funding place-based initiatives through a community-driven, geographic strategy
- Seeding solutions to complex issues with multi-sector support
- Ensuring shared learning and accountability

2016 Program Performance / Outcome

- Engaged more than 200 organizations with TLHIP, adapting to a collective impact framework that fosters collaboration and alignment.
- Leveraged the learnings from IHI SCALE initiative to co-design a series of issue-oriented convenings with community partners focused on safety and resident engagement.
- Created public private partnership as demonstrated by the integration of TLHIP's place-based strategy into San Francisco's Central Market/Tenderloin Strategy.
- Continued to **work in alignment with city agencies**, including the Office of Economic and Workforce Development, the Department of Public Health and the Planning Department, refining measures for to **develop a neighborhood data reporting** tool to inform policy and strategy, inform community leaders, and allow community members to see data reflect changes in the community.
- Facilitated stabilization of the Tenderloin Community Benefit District's (TLCBD)

- Facilitated transference of Tenderloin Safe Passage under the umbrella of the TLCBD to strengthen their ability to meet their goals.
- Supported the work of multi-sector representatives who recognized an opportunity to reduce environmental trauma associated with an increasing number of improperly discarded syringes and public drug injection drug. This has led to the **development of a “Harm Reduction Community Action Plan” as a Three-Year Demonstration Project** that proposes to develop public education campaigns, coordinate outreach, replicate drug user resource centers, including a clinically supervised safe injection site, improve treatment and recovery options, enforce local laws and enhance police training, and monitor and evaluate the implementation and outcome of the priority actions outlined in the Plan.
- Continued to **strengthen, bolster and align partnerships focused on neighborhood sidewalk/street activations**, including the daily activations and 4Corner Friday initiative led by Golden Gate Avenue Safety Group, the Larkin Street Youth Force Program, Tenderloin Safe Passage, and Livable Cities’ Sunday Streets program.
- Partnered with Trust for Public Land to ensure the planning and execution of **park renovations at Turk and Hyde Mini Park and Sergeant Macaulay Park** are community driven and reflect the needs of Tenderloin residents as part of a neighborhood wide open space plan that serves the many constituencies that live, work and access open space in the Tenderloin. This facility and activation planning is particularly critical given the density of the neighborhood and the fact that it is particularly “park poor”, with 3.7% access to open space at compared with 22.8% City wide.

FY 17-18 Plan

Program Goal / Anticipated Impact

Of the six TLHIP issue areas outlined in the updated implementation plan, SFMH will focus on the area of Resident Health as part of its 2017 Community Benefit Plan. The goal of Resident Health is to support access to healthcare, healthy food, and opportunities for physical activity in an effort to ultimately help reduce preventable emergency room visits and preventable hospitalizations due to ambulatory care sensitive conditions (chronic diseases - heart failure, hypertension, diabetes).

Measurable Objective(s) with Indicator(s)

- By end of 2017, improve the method/ability to share patient information between hospitals and primary care providers in order to improve transition from acute care to primary care.
- By end of 2017, establish protocols (through Mobile MD) with 5 (top priority) providers in SF to ensure secure and timeline sharing of patient data.
- By end of 2017, develop pilot of OneDegree professional interface.
- By end of 2017, implement HealthRight360 pilot.

Intervention Actions for Achieving Goal

- Design, implement and evaluate HealthRight360 pilot to create connections for services for Behavioral Health and Substance Use Disorder patients aimed at reducing ED and Acute readmissions.
- Implement Primary Care Physician (PCP) Connect 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 (e.g. convenings)

- Analyze hospital data to better understand readmissions and ER visits, identify the evidenced-based practices around preventable hospitalizations to identify potential additional strategies

Planned Collaboration

Dignity Health, One Degree, Mobile MD, Patient Navigators, Care Management, Community-Based Organizations, Healthy Hearts, DPH

Tenderloin Health Services (THS)	
Significant Health Needs Addressed	X Access to Care <input type="checkbox"/> Healthy Eating & Physical Activity <input type="checkbox"/> Behavioral Health
Program Emphasis	X Focus on Disproportionate Unmet Health-Related Needs X Emphasize Prevention X Contribute to a Seamless Continuum of Care X Build Community Capacity X Demonstrate Collaboration
Program Description	Formerly Glide Health Clinic and now under the management of HealthRight360, 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 transitions 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	Poor-Community Health Improvement Services
Implementation Strategy: Planned Actions for 2016 - 2018	
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. Continue to monitor reduction in hospitalizations of patients enrolled in THS diabetes collaborative.
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. Sustained fiscal support of outpatient diagnostic services for THS patients. Sustain conversion to drug discount program (340b). Sustain implementation of Health Information Exchange. Continue to monitor reduction in hospitalizations of patients enrolled in THS diabetes collaborative.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Quarterly utilization meetings and report re: HSF utilization. Facilitate contractual and operations processes for 340b project.
Planned Collaboration	Saint Francis Memorial Hospital and THS.

Healthy San Francisco	
Significant Health Needs Addressed	X Access to Care <input type="checkbox"/> Healthy Eating & Physical Activity <input type="checkbox"/> Behavioral Health
Program Emphasis	X Focus on Disproportionate Unmet Health-Related Needs

	X Emphasize Prevention X Contribute to a Seamless Continuum of Care X Build Community Capacity X 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 upwards of 31,965 participants enrolled in 36 medical homes. Saint Francis actively supports Healthy San Francisco through its partnership with Glide Health Services. The numbers of person enrolled in Healthy San Francisco is declining as eligible individuals enroll in MediCal.
Community Benefit Category	Poor-Community Health Improvement Services
Implementation Strategy: Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Provide financial support for the pharmaceuticals for the projected 400 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	Continued collaboration with SF Department of Public Health and Tenderloin Health Services (THS).

ED Transitions Program	
Significant Health Needs Addressed	X Access to Care <input type="checkbox"/> Healthy Eating & Physical Activity <input type="checkbox"/> Behavioral Health Behavioral Health
Program Emphasis	X Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention X Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity X Demonstrate Collaboration
Program Description	In FY13, THS was granted funds to employ the Transition Coordinator. The program began in FY2010 as a partnership with the San Francisco Health Plan and the Department of Public Health, with the aim to assist patients in securing and keeping primary care appointments at community clinics in a clinically appropriate timeframe. The program built on a previous navigator programs.
Community Benefit Category	Poor-Community Health Improvement Services
Implementation Strategy: Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Increase the ability of patients to access primary care follow-up appointments and retain those appointments with the help of Transitions Coordinator, thereby decreasing the over-use of the emergency room for primary care sensitive conditions.
Measurable Objective(s) with Indicator(s)	Projected: 12 month; avg 110 encounters/month 1320 encounters; appts made 924 (70%); show rate at THS 75%

Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Continue focus on managed care MediCal patients • Continue to track show rate data • Develop methods to track impact of program on emergency department return rate and decreased readmission rate. • Continue to improve communications between ED and medical homes.
Planned Collaboration	HealthRight 360 and Saint Francis Memorial Hospital.

Rally Family Visitation Services	
Significant Health Needs Addressed	X Increase Access to High Quality Health Care and Services <input type="checkbox"/> Increase Healthy Eating and Physical Activity X Ensure Safe and Healthy Living Environments
Program Emphasis	<input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs X 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	Poor-Subsidized Health Services
Implementation Strategy: Planned Actions for 2016 - 2018	
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)	Specify one or more measurable objectives with quantifiable indicators related to the program goal. How will you measure impact? <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 • FY2016: 3000 Exchanges, 2000 hours of supervised, facilitated and therapeutic visits. Provide 300 intakes to approximately 800 families.
Intervention Actions for Achieving Goal	Continue to work closely with the court and program funders to achieve goals and objectives.
Planned Collaboration	Rally collaborates with service providers that provide services to the population served. Service providers include domestic violence, substance abuse and other related services.

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

FIRST NAME	LAST NAME	ORGANIZATION
Michael	Anderer	DeMarillac Academy
Darryl	Burton	Centers for Medicare and Medicaid Services
Michaela	Cassidy	Aspen Affiliates*
Andrew	Desruisseau, MD	Tenderloin Health Services
Teresa	Ewins	Tenderloin Police Station
Don	Falk	Tenderloin Neighborhood Development Corporation
Paula	Fleisher	University of California, San Francisco
Steve	Gibson	Tenderloin Community Benefit District
Carmela	Gold	North of Market Improvement Corporation
Robert	Harvey, MD	Saint Francis Memorial Hospital*
Shalini	Iyer	Metta Fund***
David	Knego	Curry Senior Center
Kenneth	Kim	Glide
Henry	Liu	Mercy Housing
Sonia	Melara	Rally Family Visitation Services
Ashley	McCumber	Meals on Wheels
Lee	Moore	Stanford Children's Health**
Del	Seymour	Code Tenderloin
Barry	Stenger	St. Anthony Foundation
Pedro	Torres	Center for Open Recovery
Meg	Wall Shui	San Francisco Department of Public Health
Pat	Zamora	Boys and Girls Clubs of San Francisco

*Saint Francis Memorial Hospital Board of Trustees

**Saint Francis Foundation Board

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.

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.

Immaculate Conception Academy

SFMH has partnered with Immaculate Conception Academy (ICA) in a work-study program in which students are placed in entry-level, clerical positions exposing them to hospital-based work at SFMH. ICA is an all-girls Catholic high school that offers college preparatory education in the Dominican Tradition. Membership in the Cristo Rey Network allows ICA to open its doors to capable students desiring faith-based high school education but without the means to afford it.

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.

Palliative Care Task Force

SFMH staff participants in the Palliative Care Task Force which focuses on ensuring that San Franciscans have access to palliative care now and in the future, and that the delivery of this care is a collaborative effort between all stakeholders, the San Francisco Department of Public Health (SFDPH) and San Francisco Department of Aging and Adult Services (DAAS) are co-sponsoring the San Francisco Palliative Care Task Force. The San Francisco Palliative Care Task Force brings together a diverse group of representatives from leading health care and community organizations, advocacy and professional associations, as well as

consumers and caregivers, to summarize and evaluate the current state of palliative care in San Francisco and make recommendations for the future.

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.

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.

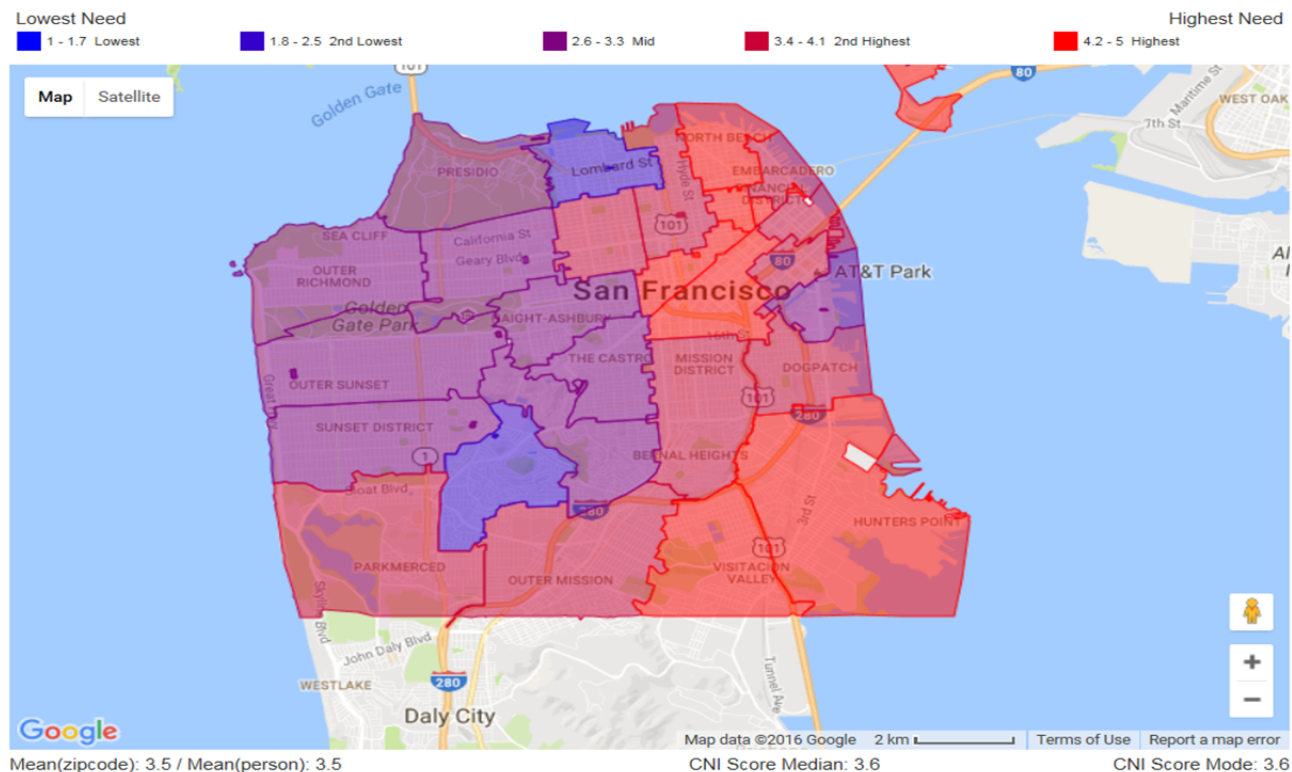
You will never be required to make advance payment or other payment arrangements in order to receive emergency services. Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital 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

APPENDIX D: COMMUNITY NEEDS INDEX – SAN FRANCISCO



Zip Code	CNI Score	Population	City	County	State
94102	4.6	34064	San Francisco	San Francisco	California
94103	4.4	31739	San Francisco	San Francisco	California
94104	4.4	285	San Francisco	San Francisco	California
94105	3.4	9016	San Francisco	San Francisco	California
94107	3.4	30756	San Francisco	San Francisco	California
94108	4.6	13839	San Francisco	San Francisco	California
94109	3.6	57910	San Francisco	San Francisco	California
94110	3.6	74528	San Francisco	San Francisco	California
94111	4	4579	San Francisco	San Francisco	California
94112	3.6	84252	San Francisco	San Francisco	California
94114	2.6	32496	San Francisco	San Francisco	California
94115	3.6	34739	San Francisco	San Francisco	California
94116	3.2	45255	San Francisco	San Francisco	California
94117	2.6	40987	San Francisco	San Francisco	California
94118	3	40399	San Francisco	San Francisco	California
94121	3.2	43363	San Francisco	San Francisco	California
94122	3.2	59438	San Francisco	San Francisco	California
94123	2.4	25710	San Francisco	San Francisco	California
94124	4.6	36936	San Francisco	San Francisco	California
94127	2	19707	San Francisco	San Francisco	California
94129	2.6	4243	San Francisco	San Francisco	California
94130	4.4	3289	San Francisco	San Francisco	California
94131	2.6	28644	San Francisco	San Francisco	California
94132	3.6	30336	San Francisco	San Francisco	California
94133	4.6	28111	San Francisco	San Francisco	California
94134	4.2	44500	San Francisco	San Francisco	California
94158	3.2	6827	San Francisco	San Francisco	California