

St. Mary's Medical Center

Community Benefit 2023 Report and 2024 Plan

Adopted October 2023



Dignity Health™
St. Mary's Medical Center

A message from

Daryn Kumar, President, and Richard Podolin, MD, Chair of the Dignity Health St. Mary's Medical Center Community Board.

Dignity Health's 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 initiatives to deliver community benefit 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.

St. Mary's Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2023 Report and 2024 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 hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. 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 2023 (FY23), St. Mary's Medical Center provided \$41,337,950 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$31,302,976 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2023 Report and 2024 Plan at its October 5, 2023 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to St. Mary's Medical Center Community Health Office, 450 Stanyan St., San Francisco CA 94117 or by e-mail to Alexander.Mitra@Commonspirit.org



Daryn Kumar
President



Richard Podolin M.D.
Chairperson, Board of Directors

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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. The city is characterized by steep inequality with ten percent of its population living below the federal poverty level, while at the same time hosting the third most billionaires in the world.</p>
<p>Economic Value of Community Benefit</p> 	<p>\$41,337,950 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$31,302,976 in unreimbursed costs of caring for patients covered by Medicare</p>
<p>Significant Community Health Needs Being Addressed</p> 	<p>Economic Opportunity Economic opportunity refers to the financial and socioeconomic conditions which allow for an individual and community to effectively afford the tangible and intangible materials and resources necessary to thrive. Additionally, economic opportunity includes (but is not limited to) exposure to environmental/climate-related factors and/or hazards, freedom from violence and trauma, and the ability to obtain nutrient-dense, culturally relevant food items, and affordable housing.</p> <p>Access to Welcoming Healthcare Access to Welcoming Healthcare refers to the right to accessible and affordable, culturally grounded, relevant, and competent acute and preventative healthcare. Welcoming care is delivered in local neighborhoods, by healthcare professionals who are from the communities they are serving, are grounded in anti-racism and interpersonal bias, have knowledge of the community's historic relationship with (and harm done by) the healthcare system, and are equitably compensated for their work.</p> <p>Behavioral Health & Substance Use Behavioral Health and Substance Use refers to access, stigma, availability, and affordability of behavioral and mental health professionals and services. Substance use refers to substance access, use, and availability of support for substance misuse. Behavioral Health also refers to the freedom from external and environmental trauma. Community violence decreases the real and perceived safety of a neighborhood disrupting social networks by inhibiting social interactions, causing chronic stress among residents who are worried about their safety, and acting as a disincentive to engage in social interactions.</p>

FY23 Programs and Services



The hospital delivered several programs and services to help address identified significant community health needs. These included:

- **Sister Mary Philippa Health Center (SMPHC):** serves as a medical home to underinsured and uninsured patients offering primary care as well as specialty clinics. During COVID appointments being held in person and via telehealth.
- **Counseling Enriched Education Program** offers qualified students of SF Unified School District classroom instruction at St. Mary's by SFUSD teachers with mental health professionals on-site to provide intensive therapy and treatment.
- **Graduate Medical Education:** Provides graduate education to resident internal medicine physicians, orthopedic surgeons and podiatrists. Internal medicine residents also gain experience as primary care providers through the SMPHC.
- **The Joint Commission: Health Equity Standard**
The hospital set a target to reduce the readmission disparity for African-American Patients with Congestive Heart Failure. Care Coordination staff will refer all African-American patients with Congestive Heart Failure diagnosis to CalAIM's medically-tailored meals benefit to reduce their incidence of readmission.
- **Care for Patients under 5150 Holds:**
Saint Francis and St. Mary's host monthly meetings to better coordinate care for patients held on 5150 holds with San Francisco Police Department, San Francisco Fire Department and San Francisco Department of Public Health.
- **California Innovating and Expanding Medi-Care (CalAIM)**
St. Mary's engaged with partners to help guide the implementation of CalAIM. This included setting referral pathways, hosting listening and input sessions at the Hospital, educating community non-profits on the opportunities and drawbacks of participation and building awareness on how to integrate the program into service delivery.
- **Diabetes Services:** Provides education (individual and group), outreach and support to community members. Group education occurring remotely during COVID precautions.

FY24 Planned Programs and Services



The hospital plans to continue prior year programs and activities to address significant community health needs. As the coronavirus pandemic continues, the hospital will work with its partners to continue to address the evolving health needs.

This document is publicly available online at <https://www.dignityhealth.org/bayarea/locations/stmarys/about-us/community-benefit>.

Written comments on this report can be submitted to the St. Mary's Medical Center

Community Health Department
450 Stanyan St.
San Francisco CA 94117
or by e-mail to Alexander.Mitra@Commonspirit.org.

Our Hospital and the Community Served

About St. Mary's Medical Center

St. Mary's Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health. The hospital was founded by the Sisters of Mercy and has cared for the people of the San Francisco Bay Area since 1857. In 1986 it was one of the founding hospitals of Dignity Health. A fully accredited teaching hospital in the heart of San Francisco, it has 275 licensed beds, over 1000 employees, and 476 physicians and credentialed staff.

For 166 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Key service lines include orthopedics, cardiovascular, oncology, adolescent psychiatry, and acute rehabilitation. St. Mary's offers a full range of diagnostic services and a 24-hour Emergency Department.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

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 18,595 residents per square mile) and the second most densely populated major city in the US, after New York City.

San Francisco has a 2020 population of 873,965. It has grown by 8.5% since 2010. Of note, the City and County of San Francisco experienced a change in population in 2020 due to the COVID pandemic. Despite an average household income of \$160,396, there remain significant pockets of poverty (as evidenced in the Community Needs Index which follows) particularly in the African American and Hispanic/Latino communities.



The population is aging and the ethnic shifts continue with an increase in the Asian and Pacific Islander population, increase in multiethnic populations and a decrease in the Black/African American population. San Francisco has a relatively small proportion of households with children (19 percent) compared to the state overall (34 percent).

Despite areas of affluence, there remain significant pockets of poverty (as evidenced in the Community Needs Index which follows), particularly in the African American and Hispanic/Latino communities.

Total Population	832,003
Race	
Asian/Pacific Islander	34.6%
Black/African American - Non-Hispanic	5.6%
Hispanic or Latino	16.1%
White Non-Hispanic	38.1%
All Others	5.6%
% Below Poverty (families)	5.1%
Unemployment	3.7%*
No High School Diploma	11.4%
Medicaid	18%
Uninsured	3.7%

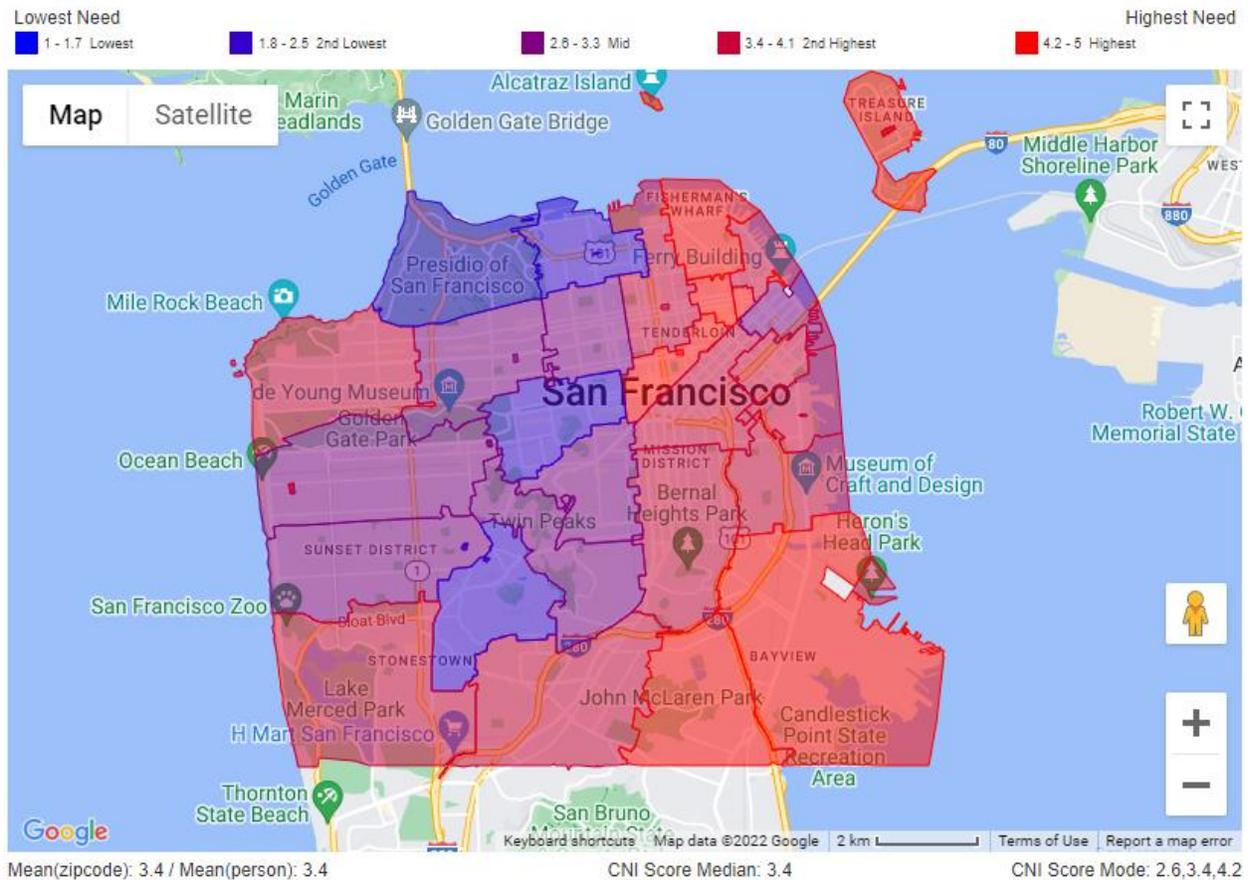
Source: Census Bureau, 2020 Census.

*Employment Development Department, May 2022

+ American Community Survey, 2015-2019

Community Needs Index

One tool used to assess health need is the Community Need Index (CNI). 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, educate, 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.



List of San Francisco zip codes and Community Health Needs score for each Zip Code

Zip Code	CNI Score	Population	City	County	State
94102	4.4	37485	San Francisco	San Francisco	California
94103	4	35895	San Francisco	San Francisco	California
94104	4.2	434	San Francisco	San Francisco	California
94105	2.6	11802	San Francisco	San Francisco	California
94107	3.4	34441	San Francisco	San Francisco	California
94108	4.6	13717	San Francisco	San Francisco	California
94109	3.6	58196	San Francisco	San Francisco	California
94110	3.4	74270	San Francisco	San Francisco	California
94111	3.8	5337	San Francisco	San Francisco	California
94112	3.6	85036	San Francisco	San Francisco	California
94114	2.6	32501	San Francisco	San Francisco	California
94115	3.2	34756	San Francisco	San Francisco	California
94116	2.8	45656	San Francisco	San Francisco	California
94117	2.4	40715	San Francisco	San Francisco	California
94118	3.2	40156	San Francisco	San Francisco	California
94121	3.6	43420	San Francisco	San Francisco	California
94122	3	58819	San Francisco	San Francisco	California
94123	2.4	26194	San Francisco	San Francisco	California
94124	4.6	40035	San Francisco	San Francisco	California
94127	2	19612	San Francisco	San Francisco	California
94128	4.4	69	San Francisco	San Mateo	California
94129	2.4	4279	San Francisco	San Francisco	California
94130	4.2	3400	San Francisco	San Francisco	California
94131	2.6	28622	San Francisco	San Francisco	California
94132	3.4	31045	San Francisco	San Francisco	California
94133	4.2	28086	San Francisco	San Francisco	California
94134	4.2	44657	San Francisco	San Francisco	California
94143	2.6	394	San Francisco	San Francisco	California
94158	3.4	9434	San Francisco	San Francisco	California

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its 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, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital’s community benefit report and programs were identified in the most recent CHNA report, which was adopted in June, 2019. The health issues identified in the 2022 CHNA form the basis of the community benefit plan.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/content/dam/dignity-health/pdfs/chna/2022-chna/st-marys-med-center-chna-2022.pdf> or upon request at the hospital’s Community Health office.

Significant Health Needs

The 2022 CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

These foundational issues play a significant role in creating and intensifying the health needs identified in the community health needs assessment:

Significant Health Need	Description	Intend to Address?
Access to Welcoming Healthcare	Access to Welcoming Healthcare refers to the right to accessible and affordable, culturally grounded, relevant, and competent acute and preventative healthcare. Welcoming care is delivered in local neighborhoods, by healthcare professionals who are from the communities they are serving, are grounded in anti-racism and interpersonal bias, have knowledge of the community's historic relationship with (and harm done by) the healthcare system, and are equitably compensated for their work.	•

Significant Health Need	Description	Intend to Address?
Behavioral Health & Substance Use	Behavioral Health and Substance Use refers to access, stigma, availability, and affordability of behavioral and mental health professionals and services. Substance use refers to substance access, use, and availability of support for substance misuse. Behavioral Health also refers to the freedom from external and environmental trauma. Community violence decreases the real and perceived safety of a neighborhood disrupting social networks by inhibiting social interactions, causing chronic stress among residents who are worried about their safety, and acting as a disincentive to engage in social interactions.	●
Economic Opportunity	Economic opportunity refers to the financial and socioeconomic conditions which allow for an individual and community to effectively afford the tangible and intangible materials and resources necessary to thrive. Additionally, economic opportunity includes (but is not limited to) exposure to environmental/climate-related factors and/or hazards, freedom from violence and trauma, and the ability to obtain nutrient-dense, culturally relevant food items, and affordable housing.	●

Significant Needs the Hospital Does Not Intend to Address

The hospital intends to take actions to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.

2023 Report and 2024 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 FY23 and planned activities for FY24, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Hospital and health system participants included Care Coordination, Emergency Department, Nursing, Graduate Medical Education, Surgery, Business Development, Mission, and Palliative Care. Department leaders were asked about their staff and patient needs, connection to community resources, and department goals. Staff shared that valuable insights such as need to break down silos in the organization, support patients with services pre- and post- hospitalization, access city services and increase safety for staff in the Emergency Department.

Community input or contributions to this implementation strategy included the Asian Health Collaborative and the San Francisco Health Improvement Partnership. Through these groups St. Mary's was able to understand the need for coordination of services and access issues due to the complex nature of San Francisco care delivery system.

The programs and initiatives described here were selected on the basis of existing programs with evidence of success and impact, research into effective interventions, access to appropriate resources and addressing immediate goals of the hospital.

Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.



Health Need: Economic Opportunity

Strategy or Program Name	Summary Description	Active FY23	Planned FY24
Community Grant to Asian Health Collaborative	Provide post-discharge support for Asian patients and families. Includes linkages to short term family housing, and case management.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Low cost meals for seniors	All seniors receive a significant discount in the hospital cafeteria. Suspended during COVID. Plan to resume when it is safe to do so.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes Education Program	Our diabetes educators provide a continuously repeating 6 week series of classes on aspects of diabetes self-care for any member of the community. Done remotely during COVID.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cal-AIM	Cal-AIM is a re-imagining of the Medi-Cal system to create investments into upstream determinants of health. Saint Francis and St. Mary's are looking to ensure staff know how to refer patients to program perks like case management, medically tailored meals and housing navigation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tiny Homes Pilot with DignityMoves	St. Mary's and Saint Francis, along with the Homeless Health Initiative from CommonSpirit Health, supported the building of 70 tiny homes on a safe sleeping site with wrap around services to support clients. We are	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	further engaging to support work to get each client a case manager and medical services through CalAIM.		
Sr. Mary Philippa Health Center	Social worker at the health clinic connects patients to rent support and housing resources to continue to live in place. Connect patients with lawyers who can assist them.	☒	☒
Donations of clothing, meals and transportation to homeless patients	Upon discharge the hospital offers homeless patients clothing, a meal and transportation to their destination.	☒	☒

Impact: The hospital’s initiatives to address housing security and homelessness are anticipated to result in: improved pathways to employment and opportunities for healthy choices and wraparound services among currently or formerly homeless individuals.

Collaboration:

Homeless Health Initiative: San Francisco Department of Homelessness and Supportive Housing, Brilliant Corners, Citywide Case Management, Felton Case Management

San Francisco Police Department, San Francisco Department of Homelessness and Supportive Housing, San Francisco Department of Public Health, GLIDE, Tenderloin Community Benefit District, DignityMoves, San Francisco Health Plan.

 **Health Need: Access to Welcoming Healthcare**

Strategy or Program Name	Summary Description	Active FY23	Planned FY24
Sr. Mary Philippa Health Center	Serves as Medical Home to low income patients where participants in the Graduate Medical Education program serve as primary care providers with supervision by preceptors.	☒	☒
Financial assistance for uninsured/underinsured and low income residents	The hospital provides discounted and free health care to qualified individuals, following Dignity Health’s Financial Assistance Policy. Fundraising is also done to assist with providing care.	☒	☒
Graduate Medical Education	Residents in medicine, orthopedics, and podiatry are prepared in a clinical setting while providing direct services to people in need.	☒	☒
Internships for health professionals in training	Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Dietician, Marriage Family Therapy and Nursing Assistant students are supervised in clinical settings.	☒	☒

Breast Cancer Second Opinion Panel	Multidisciplinary panel reviews cases and makes clinical recommendations at no cost to patients.	☒	☒
HIV Services	Education in various topics as well as assistance to patients in obtaining needed drugs.	☒	☒
Transportation Assistance	Van service, taxi vouchers or bus tokens provided to patients who need assistance with access to our facilities	☒	☒
San Francisco Health Improvement Partnership	St. Mary's co-chaired the San Francisco Health Improvement Partnership during its refresh, and led the prioritization process to select the issues to focus on.	☒	☒
Human Trafficking Awareness	Work with internal and external stakeholders to train staff to identify and refer survivors of human trafficking.	☒	☒

Impact: People have better access to care and education that will keep them healthy. Health professions students and interns will have clinical experiences and mentoring that further their skills.

Collaboration: University of San Francisco, Samuel Merritt University, Dominican University, San Francisco State University, Unitek, City College of San Francisco, UCSF, UC Berkeley, University of St. Augustine, USC, San Diego State University, Self-Help for the Elderly, All-American Medical Group, San Francisco Health Improvement Partnership



Health Need: Behavioral Health & Substance Use

Strategy or Program Name	Summary Description	Active FY23	Planned FY24
Counseling Enriched Education Program	Offers qualified students of SF Unified School District classroom instruction by SFUSD teachers with mental health professions on-site to provide intensive therapy and treatment. Resumed during COVID following protocols.	☒	☒
Convening Group on the Care for Patients under 5150 holds	With the support of St. Mary's and Saint Francis Emergency Department leadership, the hospital began convening meetings with SFPD: CIT, SFDPH: Comprehensive Crisis Services around coordinating care for patients under 5150 holds. The meetings have grown to encompass SFPD: SCRT and SFDPH: AOT, and have been helpful in creating clearer connections between the various partners worked	☒	☒
Breast Cancer Support Group	Ongoing group offered support free of cost. Meeting held remotely during COVID.	☒	☒

Impact: Students in need of behavioral health care receive it along with the opportunity to complete appropriate level of classroom education.

Collaboration: San Francisco Police Department, San Francisco Fire Department, San Francisco Department of Public Health, San Francisco Unified School District, Psychologist leader of support group

Community Health Improvement 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. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY23, the hospital awarded the grants below in conjunction with St. Francis Memorial Hospital totaling \$116,000 for both hospitals. St. Mary's share:

Grant Recipient	Project Name	Amount
Community Grows	Uplifting Community Gardens & Cooking Classes	\$18,000 (\$36,000 total*)
Self Help for the Elderly	Asian Health Collaborative	\$40,000 (\$80,000 total*)

*Saint Francis and St. Mary's jointly funded these projects

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

 Sister Mary Philippa Health Center	
Significant Health Needs Addressed	<ul style="list-style-type: none"> • Economic Opportunity • Access to Welcoming Healthcare • Behavioral Health and Substance Abuse
Program Description	<p>The Sister Mary Philippa Health Center (SMPHC) serves as a Medical Home to approximately 1279 underinsured and uninsured patients. The Clinic offers adult primary care and specialty care to citizens of San Francisco who meet financial eligibility criteria. Specialties include: HIV/AIDS services, Cardiology, Gastroenterology, General surgery, Oncology, Optometry, Orthopedics, Psychiatry, Podiatry, Pulmonary, Urgent Care, Urology. Additional ancillary services include case management, and pharmacy. The hospital provides staff, space, and supplies. Participants in the Graduate Medical Education Program serve as primary care physicians and are supervised by preceptors.</p>
Population Served	Underinsured and uninsured patients
Program Goal / Anticipated Impact	<p>Our goal is to continue to serve underinsured and uninsured patients through the Clinic. The fiscal year began with 281 Healthy San Francisco (HSF) patients, 317 Medi-Cal, and 600 Medicare patients who are on fixed or low income and qualify for a secondary charity allowance at our Clinic and Hospital. The last two groups represent a new opportunity for the Clinic to express its mission by serving those people some private practices will not see and for whom access to quality medical care is critical.</p> <p>During COVID, the clinic moved to a telehealth model to continue to serve patients and ensure they had access to care and medication. Blood pressure monitors were provided to patients who needed them for home use. As the pandemic progressed, patients are seen in person with appropriate precautions or by telehealth when needed.</p>
FY 2023 Report	
Activities Summary	Enrolled patients provided with ongoing care either in person or via telehealth.
Performance / Impact	The Sister Mary Philippa Health Center provides Medical Home services for primary care, specialty and ancillary services. On-site pharmacy, interpreter services, social work services, diabetes education services, and HIV services, continue to be available to support our patient population. In FY23 the clinical director worked to increase the

Hospital's Contribution / Program Expense	The hospital highly subsidizes care for patients of the clinic to increase access to primary care.
FY 2024 Plan	
Program Goal / Anticipated Impact	Our goal is to continue to serve underinsured and uninsured patients through the Clinic. Our focus will be to create linkages to the Emergency Department at SMMC to connect patients that use to the ED for primary care services.
Planned Activities	Connect Clinic staff to High Utilizer meetings



Counseling Enriched Education Program

Significant Health Needs Addressed	Access to Welcoming Healthcare Behavioral Health and Substance Abuse
Program Description	St. Mary's Medical Center partners with the San Francisco Unified School District and San Francisco Department of Public Health to host a Counseling Enriched Education Program in St. Mary's McAuley building. The program offers qualified students of SFUSD specialized academic instruction and support by SFUSD teachers with mental health professions on-site to provide intensive therapy and treatment. While at the program students receive a healthy breakfast and lunch and are supervised during physical activities.
Population Served	Qualifying students as determined by the SFUSD
Program Goal / Anticipated Impact	Students in need of behavioral health care will receive it along with the opportunity to complete appropriate level of classroom education.

FY 2023 Report

Activities Summary	Intensive therapy and treatment provided as well as nutritious meals and physical activity.
Performance / Impact	Students in need of behavioral health care receive it along with the opportunity to complete appropriate level of classroom education.
Hospital's Contribution / Program Expense	\$587,999: Hospital provides professional psychiatric staff, space and support to the program.

FY 2024 Plan

Program Goal / Anticipated Impact	Counseling services for students will help the students integrate into the broader community, while keeping up with their studies.
Planned Activities	St. Mary's plans to continue this longstanding partnership with the San Francisco Unified School District and the San Francisco Department of Public Health.



Diabetes Education Program

Significant Health Needs Addressed	Access to Welcoming Healthcare
Program Description	<p>St. Mary’s provides support for individual and community education of people and families with diabetes in order to increase self-management abilities and reduce the risk of serious complications.</p> <p>The outpatient education program is a nationally certified program of excellence, maintained by compliance with specific quality indicators and outcome measures. Some services are free. Community classes are free and all are welcome. Sponsored community events are attended and health screenings and education are provided. (Currently provided online due to social distancing requirements). We partner with community support groups to provide free cooking classes to our patients. The Foundation has provided funding for food cards for those that are food insecure.</p>
Population Served	Program is open to all members of the community.
Program Goal / Anticipated Impact	<p>Routine communication with area physicians regarding program services to increase participation in community classes</p> <p>Increased class participation by offering twice-weekly electronic education/support meetings</p> <p><u>Support Healthy eating</u>: Provided appropriate video content regarding healthy eating and eating decisions</p> <p>Acted as a resource for medical education in care for clinic patients with diabetes, and opportunities to spend time with educators. Support clinic nurses’ decision making and knowledge base.</p>
FY 2023 Report	
Activities Summary	<p>Maintained access to community education and support by adding additional weekly class in electronic format. Now that restrictions for in person are lessened, classes are now weekly.</p> <p>Implemented additional resources for education, exercise and support through video offerings from appropriately recognized sources.</p> <p>Resident physicians were included in education appointments and classes when scheduled by Medical Education.</p> <p>Marketing to area physicians which increased the network of physicians referring to our program.</p> <p>Continued individual education and support for those with diabetes and their families.</p> <p>Cooking Class twice yearly via collaboration with Cooking Matters to help our participants learn to cook healthily while mindful about cost.</p>
Performance / Impact	Maintained consistent once weekly on line presence for population with diabetes, pre-diabetes and/or their families.

	<p>Provided opportunity for lifelong learning for people with diabetes and their families including health focused attention to stress management, healthy eating and increasing activity</p> <p>Provided education in care of people with diabetes to providers.</p> <p>Maintained nationally recognized quality education program thereby developing effectiveness of educators and education.</p>
Hospital's Contribution / Program Expense	\$7,685 in staffing costs and materials.
FY 2024 Plan	
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> -Increase participation and access to community classes and referrals through increase marketing and communication to physicians and class participants. -Continue semiannual Cooking Matters class and increase participation rate. - Add community resources through the SF Food Bank to our clinic such as the “Pop Up Food Bank”. -Increase access to technology for our patients care for their diabetes by increasing access to CGM technology to ease the care burden of DM.
Planned Activities	<ul style="list-style-type: none"> -Routine communication with area physicians regarding program services to increase participation in community classes -Collaborate with Marketing Department to increase referrals to new community physicians -Increase class participation by offering electronic education/support meetings -Support healthy eating: Provide appropriate video content regarding healthy eating and eating decisions. “Food as Medicine” Cooking Class in partnership through Cooking Matters. -Provide available resources to those in need of home support through referrals to community programs like Project Open Hand, UCSF Chef DM study. -Be a resource for medical education and clinic staff in care for clinic patients with diabetes, and provide opportunities to spend time with educator and provide ongoing support and education..

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services 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.

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.

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 SFMH community health plan and strategy 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.

Economic Value of Community Benefit

09/21/2023

226 St. Mary's Medical Center (San Francisco)

Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare and Bad Debt)

For period from 07/01/2022 through 06/30/2023

	<u>Persons</u>	<u>Expense</u>	<u>Offsetting Revenue</u>	<u>Net Benefit</u>	<u>% of Expenses</u>
<u>Benefits for Poor</u>					
Financial Assistance	5,552	\$4,295,460	\$0	\$4,295,460	1.5%
Medicaid	7,492	\$61,124,656	\$35,019,498	\$26,105,158	9.0%
Other Means Tested Programs	1,721	\$980,250	\$443,385	\$536,865	0.2%
Community Services					
A - Community Health Improvement Services	23,619	\$490,809	\$0	\$490,809	0.2%
E - Cash and In-Kind Contributions	3	\$62,027	\$0	\$62,027	0.0%
G - Community Benefit Operations	4	\$518,515	\$0	\$518,515	0.2%
Totals for Community Services	23,626	\$1,071,351	\$0	\$1,071,351	0.4%
Totals for Benefits for Poor	38,391	\$67,471,717	\$35,462,883	\$32,008,834	11.1%
<u>Benefits for Broader Community</u>					
Community Services					
A - Community Health Improvement Services	873	\$1,855,234	\$897,112	\$958,122	0.3%
B - Health Professions Education	496	\$11,240,994	\$2,946,430	\$8,294,564	2.9%
E - Cash and In-Kind Contributions	3	\$13,986	\$0	\$13,986	0.0%
G - Community Benefit Operations	Unknown	\$62,444	\$0	\$62,444	0.0%
Totals for Community Services	1,372	\$13,172,658	\$3,843,542	\$9,329,116	3.2%
Totals for Broader Community	1,372	\$13,172,658	\$3,843,542	\$9,329,116	3.2%
Totals - Community Benefit	39,763	\$80,644,375	\$39,306,425	\$41,337,950	14.3%
Medicare	18,296	\$80,133,977	\$48,831,001	\$31,302,976	10.8%
Totals Including Medicare	58,059	\$160,778,352	\$88,137,426	\$72,640,926	25.1%

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

Hospital Board and Committee Rosters

Richard Podolin, M.D.	Board Chair/ Medical Staff	St. Mary's Medical Center
Mark Savant M.D.	Medical Staff	St. Mary's Medical Center
Heather Fong	Retired Chief	San Francisco Police Department
Eric Gold	Healthcare Attorney (Retired)	Community Leader
Kelvin Quan	Retired Director	University of San Francisco School of Nursing & Health Professions
Hans Yu, D.O.	Medical Staff	St. Mary's Medical Center
John Christian	Attorney	Archdiocese of San Francisco
Pamela Lewis M.D.	Medical Staff	St. Mary's Medical Center
Sr. Amy Bayley, RSM	Sponsor	Sisters of Mercy
Anni Chung	Self Help for the Elderly	Community Leader
Nolan Highbaugh	KIPP Foundation	Community Leader
Sandra Mori	Retired Development Director, Kimochi, Inc.	Community Leader

Ex-Officio Board Members		
Daryn Kumar	President and CEO	St. Mary's Medical Center & Saint Francis Memorial Hospital
Remo Morelli, M.D.	Chief of Medical Staff	St. Mary's Medical Center
Sr. Amy Bayley, RSM	Sponsor	Sisters of Mercy