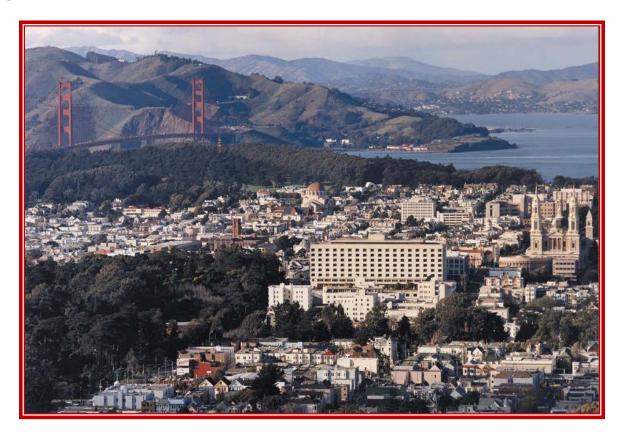
# St. Mary's Medical Center Community Benefit 2020 Report and 2021 Plan

# **Adopted October 2020**





## A message from

Jeffrey Fee, Interim CEO/President of St. Mary's Medical Center and Saint Francis Memorial Hospital, 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 2020 Report and 2021 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 voluntary 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 2020 (FY20), St. Mary's Medical Center provided \$34,043114 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$58,033,645in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2020 Report and 2021 Plan at its October 1, 2020 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 to out to St. Mary's Medical Center Community Health Office, 450 Stanyan St., San Francisco CA 94117 or by e-mail to Alexander.Mitra@DignityHealth.org.

Jeffrey Fee, Interim CEO/President

Richard Podolin, MD, Chairperson, Board of Directors

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## **At-a-Glance Summary**

# Community Served



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.

### Economic Value of Community Benefit

\$34,470,367 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

\$58,033,645 in unreimbursed costs of caring for patients covered by Medicare

Significant Community Health Needs Being Addressed The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:



#### Foundational Issues:

- Racial health inequities
- Poverty

#### Health Needs:

 Access to coordinated, culturally and linguistically appropriate care and services

#### Health Needs (Continued):

- Food security, healthy eating and active living
- Housing security and an end to homelessness
- Safety from violence and trauma
- Social, emotional, and behavioral health

FY20 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.
- 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.

• **Diabetes Services**: Provides education (individual and group), outreach and support to community members.



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 sent by mail or emailed to Alexander.Mitra@DignityHealth.org.

Mailed comments should be addressed to: St. Mary's Medical Center Community Health Department 450 Stanyan St. San Francisco CA 94117

## **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. For 163 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Our key service lines include orthopedics, cardiovascular, oncology, adolescent psychiatry, and acute rehabilitation. We offer 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

St. Mary's Medical Center delivers compassionate, highquality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of our mission, the hospital provides financial assistance to eligible patients who cannot pay for medically necessary health care services, and who otherwise may not receive these services.

A plain-language summary of the policy is at the end of this report. The financial assistance policy and plain language summary are on the hospital's web site.

## Description of the Community Served

St. Mary's Medical Center serves the City and County of San Francisco. A summary description of the community is below. Additional details can be found in the CHNA report online.

St. Mary's Medical Center is an acute care hospital and ambulatory health care provider serving a geographic



service area that includes San Francisco, Northern San Mateo County and Southern Marin County.

For Community Benefit activities we focus on the City and County of San Francisco. San Francisco, at roughly 47 square miles, is the most densely populated large city in California. Between 2011 and 2018, San Francisco grew by almost eight percent to 888,817 persons outpacing population growth in California (6 percent). By 2030, San Francisco's population is expected to total more than 980,000.

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. Although San Francisco has a relatively small proportion of households with children (19 percent) compared to the state overall (34 percent), the number of school-aged children is projected to rise.

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. Because of our proximity to Golden Gate Park, our emergency department sees a large number of people who are homeless and others lacking access to primary care.

San Francisco has historically been on the forefront in providing access to health services for its citizens. Since 2007, the Healthy San Francisco program has been in operation, funded by the city, employer contributions and participant fees as well as being subsidized by private hospitals including SMMC. In FY 2020 we provided \$703,667 to this means-tested program. Healthy San Francisco has offered medical services to San Franciscans regardless of their income, employment or immigration status or pre-existing medical conditions.

	San Francisco
Total Population	893,803
Race	
White - Non-Hispanic	39.5%
Black/African American - Non-Hispanic	4.7%
Hispanic or Latino	15.6%
Asian/Pacific Islander	36.1%
All Others	4.2%
Total Hispanic & Race	100.0%
% Below Poverty	5.4%
Unemployment	4.1%
No High School Diploma	11.9%
Medicaid (% of households)_	
Uninsured (% of households)	2.8%

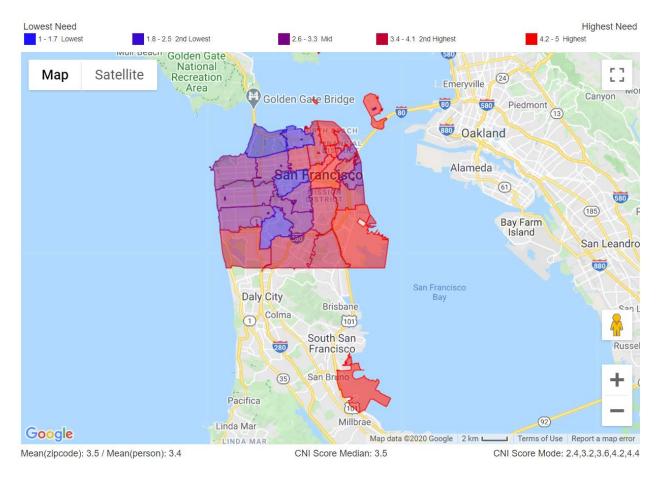
Source: Claritas Pop-Facts® 2020; SG2 Market

Demographic Module

## Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. 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.



## **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 plan and programs were identified in the most recent CHNA report, which was adopted in June of 2019.

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/bayarea/locations/stmarys/about-us/community-benefitor upon request at the hospital's Community Health office.

## Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

- 1) Access to coordinated, culturally and linguistically appropriate care and services: San Francisco continued to see gains in access to health care with 10,000 fewer residents uninsured in 2017 than in 2015. Of the estimated 31,500 uninsured residents, 15,373 have health care access through Healthy San Francisco or Healthy Kids. Approximately 2% of residents remain without access. Having insurance or an access program is only the first step; however, as true access to services is influenced by location, affordability, hours of operation, and cultural and linguistic appropriateness of health care services.
- 2) Food security, healthy eating and active living: Inadequate nutrition and a lack of physical activity contribute to 9 of the leading 15 causes of premature death in San Francisco—heart failure, stroke, hypertension, diabetes, prostate cancer, colon cancer, Alzheimer's, breast cancer, and lung cancer. Studies have shown that just 2.5 hours of moderate intensity physical activity each week is associated with a gain of approximately three years of life.

- 3) Housing security and an end to homelessness: Housing is a key social determinant of health. Housing stability, quality, safety, and affordability all have very direct and significant impacts on individual and community health. Much of California, and especially the Bay Area, is currently experiencing an acute shortage in housing, leading to unaffordable housing costs, overcrowding, homelessness and other associated negative health impacts.
- 4) Safety from violence and trauma: Violence not only leads to serious mental, physical and emotional injuries and, potentially, death for the victim, but also negatively impacts the family and friends of the victim and their community. Persons of color are more likely to be victims of violence, to live in neighborhoods not perceived to be safe and to receive inequitable treatment through the criminal justice system.
- 5) Social, emotional, and behavioral health: Mental health is an important part of community health. In San Francisco the number of hospitalizations among adults due to major depression exceed that of asthma or hypertension. Presence of mental illness can adversely impact the ability to perform across various facets of life—work, home, social settings. It also impacts the families, caregivers, and communities of those affected. Substance abuse including drugs, alcohol and tobacco, contributes to 14 of the top causes of premature death in the City—lung cancer, Chronic Obstructive Pulmonary Disease, HIV, drug overdose, assault, suicide, breast cancer, heart failure, stroke, hypertensive heart disease, colon cancer, liver cancer, prostate cancer, and Alzheimer's.

The CHNA also identifies two overarching foundational issues that contribute significantly to local health needs:

- 1) Racial health inequities: Health inequities are avoidable differences in health outcomes between population groups. Health inequities result from both the actions of individuals (health behaviors, biased treatment by health professionals), and from the structural and institutional behaviors that confer health opportunities or burdens based on status.
- 2) **Poverty:** Enough income generally confers access to resources that promote health—like good schools, health care, healthy food, safe neighborhoods, and time for self-care—and the ability to avoid health hazards—like air pollution and poor quality housing conditions.

### 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.

## 2020 Report and 2021 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 FY20 and planned activities for FY21, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community

health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate



impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

## Creating the Community Benefit Plan

St. Mary's Medical Center 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.

Rooted in CommonSpirit Health's mission, vision and values, St. Mary's Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Benefit staff and Community Board. The board is composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

This year the hospital worked together with community health providers, San Francisco Department of Public Health and three equity coalitions to create the 2019 San Francisco Community Health Needs Assessment (CHNA). The Needs Assessment identified the top health issues facing San Franciscans. The City's Health Commission adopted the 2019 CHNA in May 2019 and St. Mary's Community Board adopted the document in June 2019. In reviewing the CHNA, St. Mary's Medical Center's Community Board decided that it would focus its efforts on the following needs identified by the CHNA for the fiscal years 2020 - 2022:

- Access to coordinated, culturally and linguistically appropriate care and services
- Food security, healthy eating and active living
- Housing security and an end to homelessness
- Safety from violence and trauma
- Social, emotional, and behavioral health

The community benefit plan reflects programs within SMMC that can reasonably respond to the identified areas of focus. At SMMC, some of our prominent Community Benefit programs serve to efficiently steward community health care costs. One example of this is the Sister Mary Philippa Health Center, which, by providing a Medical Home and improving appropriate access to health care, strives to prevent disease progression. SMMC chose to focus on the priorities that is has the institutional capacity to address.

## Impact of the Coronavirus Pandemic

As coronavirus spread across San Francisco, all the health needs of those living in San Francisco were exacerbated. Homelessness was the first need exacerbated by COVID as the shelters and navigation centered closed to new referrals. Neighborhoods like the Haight and the Richmond saw homeless encampments increase. Community providers saw an increase in food pantry and senior food delivery applications as more people became unemployed due to COVID and fear of the virus kept residents indoors. Mental health issues have increased and residents are dealing with both existential dread and the loss of person to person connection due to the shelter in place orders. Finally, the 2019 San Francisco Community Health Needs Assessment points out that income plays an outsized factor in health outcomes, and this continues to play out in the coronavirus pandemic. Lower-income communities that typically work service-sector jobs are more exposed to coronavirus while also having fewer resources to receive care and quarantine should they contact the virus.

Work has been done to alleviate some of these issues: the City leased hotel rooms to put homeless residents in so they could have shelter and be socially distant, food distribution programs increased their scope and new street patterns were put into place by SFMTA to provide outdoor space for residents and families to congregate.

In FY 2020, the hospital responded to the increased community needs by zeroing in on its core mission to provide compassionate acute health care so that our neighbors would have access to the care they need. Hospital staff worked tirelessly to increase capacity and prepare our staff to diagnose, contain, and treat patients with COVID. In the early days when information about the pandemic was ever-changing, Dignity Health set up free virtual care visits so that patients could meet with primary care doctors to diagnosed symptoms and get up-to-date information while reducing potential transmission of the coronavirus.

St. Mary's worked with our FY20 grantees to change grant activities to meet the evolving needs of their population. The Asian Health Collaborative took advantage of this to fund the continuation of food pantries in Chinatown, conduct wellness calls for isolated seniors and develop nine new videos for the health collaborative's YouTube Channel on issues ranging from yoga, meditation, and COVID-related health topics.

In FY 2021 the Hospital plans to continue its work increase capacity to meet the acute care needs of COVID pandemic, and also leverage its community grants to help meet the needs of the community. The Hospital has recommended that three applications be moved forward that aid rapid rehousing for low-income students at San Francisco State University, mental health checks and food services to low-income Asian seniors and create more safe outdoor spaces in communities of color. All these programs are done with anchor organizations deeply rooted in the communities they serve.

# 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: Access to coordinated, culturally and linguistically appropriate care and services

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Sr. Mary Philippa Health Center	Serves as Medical Home to low income patients where participants in 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.	$\boxtimes$	
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.	$\boxtimes$	
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	$\boxtimes$	
San Francisco Health Improvement Partnership	We participate with other local providers to conduct the Community Health Needs Assessment as well as collaborate to help meet those needs.		
HICAP	We collaborate with Health Insurance Counseling and	$\boxtimes$	$\boxtimes$

	Advocacy Program to provide space and secretarial assistance for volunteer counselors.	
Community Grant to the San Francisco Care and Justice Alliance	Shanti, The Justice and Diversity Center of the Bar Association and the AIDS Legal Referral Panel provide intensive care navigation and legal services to persons living with HIV/AIDS and Hepatitis C Virus.	

**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, Shanti, The Justice and Diversity Center of the Bar Association and the AIDS Legal Referral Panel, San Francisco Health Improvement Partnership, HICAP

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## Health Need: Food security, healthy eating and active living

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Community Grant to St. Dominic's Church for "Feed the Hungry"	Provides meals and groceries to low income families and individuals experiencing homelessness.	$\boxtimes$	
Community Grant to Asian Health Collaborative	Providing meals, groceries and WeChat exercise videos and wellness checks to homebound seniors especially in response to shelter in place orders.		
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.		
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.		
Senior Yoga	Weekly gentle yoga class with yoga instructor. Suspended during COVID.	$\boxtimes$	$\boxtimes$

**Impact:** Through these programs we assist people to make better food choices as well as assist with access to healthy foods.

**Collaboration:** Nutrition Services, Diabetes Education, St. Dominic's Church, Asian Health Collaborative and Volunteer Certified Yoga instructor



## Health Need: Housing security and an end to homelessness

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Linen Service for Community Shelters	Donation of linens for Jazzie's Place, the only LGBT homeless shelter in San Francisco	$\boxtimes$	$\boxtimes$
Donations of clothing, meals and transportation to homeless patients	Upon discharge the hospital offers homeless patients clothing, a meal and transportation to their home		
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.		
Rapid Re-Housing Program with Lyric and Third Street Clinic	This project seeks to ensure that students of SF State receive rehousing services both on and off campus. Rapid-Rehousing services emergency rental stipends, housing deposits, rental subsidies and case management from two organizations that serve as coordinated entry sites for homeless or marginally housed transitional age youth.		

**Impact:** Provide aid to and partner with organizations that support persons experiencing homelessness

**Collaboration:** Dolores Street Community Services, LYRIC, Third Street Clinic, San Francisco State University



## Health Need: Social, emotional and behavioral health

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
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. On hold due to COVID	$\boxtimes$	
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 Unified School District, Psychologist leader of support group



## **Health Need: Safety From Violence and Trauma**

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Human Trafficking Awareness	Work with internal and external stakeholders to train staff to identify and refer survivors of human trafficking.	$\boxtimes$	$\boxtimes$
Community Grant to Community Grows	Creates more community spaces in the Western Addition for young and transitional-aged youth		$\boxtimes$

**Impact:** Identify and refer individuals suspected of being trafficked and create safe spaces in the community for young and transitional aged youth.

**Collaboration:** Community Grows, Booker T. Washington Community Services Center, African American Arts and Culture Complex, San Francisco Collaborative Against Human Trafficking

## **Community Grants Program**

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

In FY20, the hospital awarded the grants below totaling \$124,099. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Self Help for the Elderly	Asian Health Collaborative	\$40,000
Shanti	San Francisco Care and Justice Alliance	\$55,456
St. Dominic's Catholic Church	Feed the Hungry	\$35,456

## **Program Digests**

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. 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.

Counseling Enriched Education Program		
Significant Health Needs Addressed	<ul> <li>✓ Access to coordinated, culturally and linguistically appropriate care and services</li> <li>✓ Food security, healthy eating and active living Housing security and an end to homelessness</li> <li>✓ Safety from violence and trauma</li> <li>✓ Social, emotional, and behavioral health</li> </ul>	
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 classroom instruction by SFUSD teachers with mental health professions on-site to provide intensive therapy and treatment. While at the program students receive a healthy lunch and supervised during physical activities.	
Community Benefit Category	A2-c Community-Based Clinical Services - Behavioral health services	
	FY 2020 Report	
Program Goal / Anticipated Impact	Emotional and/or psychiatric problems that interfere with functioning in school will be addressed.	
Measurable Objective(s) with Indicator(s)	The Counseling Enriched Education Program uses the Child and Adolescent Needs and Strengths (CANS) assessment tool to evaluate the effectiveness of the program.	
	The measurable objective is to increase the ability of children to mitigate problems that interfere with functioning at school.  Indicator: Percentage of clients who either maintain or develop at least 2 useful or centerpiece strengths.  Goal: 100%  FY20 percentage: 100%	
Intervention Actions for Achieving Goal	Comprehensive evaluation; Ongoing intensive therapy and treatment; Educational services for adolescents who are unable to successfully participate in comprehensive community-based academic programs and outpatient therapeutic services.	
	The program was suspended on March 16th, 2020 due to San Francisco's	

	Shelter-in-Place order starting on March 16 <sup>th</sup> . On March 30 <sup>th</sup> St. Mary's family therapists began tele therapy for individual therapy, family therapy and group therapy for students of the program. In early April, SFUSD began running virtual lessons for students.
Collaboration	St. Mary's Medical Center receives a grant from the San Francisco Department of Public Health and San Francisco Unified School District. The School District provides the teachers for the classes and screens students for eligibility and refers them to CEEP.
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	\$1,084,420: Hospital provides professional psychiatric staff, space and support to the program.
	FY 2021 Plan
Program Goal / Anticipated Impact	Counseling services for students will help the students integrate into the broader community, while keeping up with their studies.
Measurable Objective(s) with Indicator(s)	The Counseling Enriched Education Program uses the Child and Adolescent Needs and Strengths (CANS) assessment tool to evaluate the effectiveness of the program.
	The measurable objective is to increase the ability of children to mitigate problems that interfere with functioning at school.  Indicator: Percentage of clients who either maintain or develop at least 2 useful or centerpiece strengths.  Goal: 100%
Intervention Actions for Achieving Goal	Comprehensive evaluation; Ongoing intensive therapy and treatment; Educational services for adolescents who are unable to successfully participate in comprehensive community-based academic programs and outpatient therapeutic services. Continuation of tele therapy services to serve students.
Planned Collaboration	St. Mary's plans to continue this longstanding partnership with the San Francisco Unified School District and the San Francisco Department of Public Health.

Sister Mary Philippa Health Center		
Significant Health Needs Addressed	<ul> <li>Access to coordinated, culturally and linguistically appropriate care and services</li> <li>Housing security and an end to homelessness</li> <li>Social, emotional, and behavioral health</li> </ul>	
Program Description	The Sister Mary Philippa Health Center (SMPHC) serves as a Medical Home to more than 2,000 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.	
Community Benefit Category	Financial Assistance, Medicaid, Means-Tested Programs	
	FY 2020 Report	
Program Goal / Anticipated Impact	Our goal is to continue to serve underinsured and uninsured patients through the Clinic. Our new fiscal year began with 268 Healthy San Francisco (HSF) patients, 657 Medi-Cal, and 800 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.  In March the clinic has moved to a telehealth model to continue to serve	
Measurable Objective(s)	patients and ensure they had access to care and medication.  Objective: Provide care for underinsured and uninsured patients of the	
with Indicator(s)	community. Indicator: Increase clinic population of Medi-Cal & Medicare patients by 10%.	
Intervention Actions for Achieving Goal	Proactively reached out to patients to schedule check-ups and preventative care.  Added specialty clinics in psychiatry, gynecology, and ophthalmology. Institute a telehealth model to continue to serve patients during COVID.	

Collaboration

The clinic collaborates with referral partners to connect patients to the services they need. Partners include: Q Foundation, Shanti, and SFDPH.

Performance / Impact	The Sister Mary Philippa Health Center provides Medical Home services to over 2,000 patients 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.
Hospital's Contribution / Program Expense	The hospital highly subsidizes care for patients of the clinic to increase access to primary care.
	FY 2021 Plan
Program Goal / Anticipated Impact	Our goal is to continue to serve underinsured and uninsured patients through the Clinic. Our new fiscal year began with 268 Healthy San Francisco (HSF) patients, 657 Medi-Cal, and 800 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.
Measurable Objective(s) with Indicator(s)	Objective: Provide care for underinsured and uninsured patients of the community.  Indicator: Increase clinic population of Medi-Cal & Medicare patients by 10%.
Intervention Actions for Achieving Goal	Strengthen pipeline for patients presenting at St. Mary's Hospital without primary care to be served at the Sr. Mary Philippa Clinic. Explore ways to bring grow the clinic as the medical home for the community.
Planned Collaboration	Continue collaborations with community based providers through the HIV/AIDS Provider Network, the San Francisco Department of Public Health and other care providers.

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## **Diabetes Education Program**

Significant Health Needs Addressed	<ul> <li>✓ Access to coordinated, culturally and linguistically appropriate care and services</li> <li>✓ Food security, healthy eating and active living Housing security and an end to homelessness Safety from violence and trauma Social, emotional, and behavioral health</li> </ul>	
Program Description	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.  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. Ongoing group classes	

	are free. Community classes are free and all are welcome. Sponsored community events are attended and health screenings and education are provided.	
Community Benefit Category	A1-a Community Health Education - Lectures/Workshops	
	FY 2020 Report	
Program Goal / Anticipated Impact	Ease the burden of care for patients with diabetes and physicians through comprehensive diabetes self-management education for all community members despite ability to pay. Improve community health with ongoing free classes including self-care, problem resolution, healthy eating, and exercise support. Reduce hospital admissions and readmissions for reasons of diabetes. Continue community outreach and education all age groups.	
Measurable Objective(s) with Indicator(s)	Reduce harm to people with diabetes out of control Survey program participants for stress reduction as a result of education and support. Quantify participation in small gardening plot on site. Qualify provider satisfaction with program. Quantify hospitalizations for diabetes after education.	
Intervention Actions for Achieving Goal	Obtain referrals for individual counselling for patients with diabetes out of control for more intensive management.  Provide satisfaction survey to class participants annually.  Provide satisfaction survey to community physicians referring to program.	
Collaboration	Participated in community events as requested, health fairs, for example. Collaborated with area physicians needs for diabetes education and support. Collaborated with Medical Education, Nursing Education, Hospital Quality Committee, and national accrediting organization. Acted as a resource for other area education programs that are experiencing reduction in service due to current pandemic conditions. Provided cooking classes through community partnership.	
Performance / Impact	Showed quality improvement in population outcome measures and designed improvement plans for new indicators. Incorporated telemedicine for individuals and added second weekly support and education group through video conferencing. Maintained and improved effectiveness of educators through maintenance of national certification. Maintained education capacity through video conferencing and telemedicine.	
Hospital's Contribution / Program Expense	\$40,000 for salaries, unreimbursed clinical care, which is markedly increased due to billing barriers with telemedicine.	
FY 2021 Plan		
Program Goal /	Remodel approach to care utilizing video conferencing and limiting in-	

Anticipated Impact	person visits.  Maintain collaborative supportive relationship with certifying agency and professional groups for navigation through changes in model of care. Increase exercise participation by providing 10 minute exercise class at beginning of each video group class.  Support self-care and promote actions to secure ongoing personal support for clients. Improve program reach by providing access to clients and providers from other programs.
Measurable Objective(s) with Indicator(s)	Quantify referrals from outside sources.  Quantify attendance at classes by persons from other programs  Maintain provider satisfaction with provision of telemedicine.  Positive participant satisfaction with telemedicine  Clinical indicator improvements?
Intervention Actions for Achieving Goal	Continue individual in person visits as needed regardless of ability to pay or to bill.  Continue individual electronic visits with emphasis on goal setting and behavior change as well as stress management  Continue group electronic classes including exercise classes  Continue nursing education  Communicate with area providers regarding the ongoing nature of diabetes education and support services.  Continue to meet requirements for national certification.
Planned Collaboration	Continue to collaborate with area providers. Collaborate with previously outside providers who now refer due to limitations in other programs' services. Collaborate with nursing and medical education, community care as requested. Collaborate with cooking class provider if possible to provide classes on line.

## 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

SMMC staff advocate for local and state health policy. SMMC 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 SMMC's strategic objectives.

#### **Charity Care**

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

### **ED Behavioral Health Taskforce**

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

#### **Healthy San Francisco**

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

### **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. SMMC staff leads a local, facility taskforce to implement the HTR Program which provides staff education and response procedures.

### San Francisco Health Improvement Partnership (SFHIP)

SMMC 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 SMMC community health plan and strategy is designed to align with SFHIP priorities.

#### San Francisco Hep B Free

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

**Community Investment Programs: Active Loans** 

#### San Francisco Housing Development Corp

Dignity Health's original loan of \$447,500 is being used to acquire and refurbish properties for lowincome families and individuals in the Bayview-Hunters Point area of San Francisco. This loan matures in 2021.

#### San Francisco Housing Accelerator Fund

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

### **Bay Area Video Coalition (BAVC)**

BAVC has been a partner with Dignity Health for over 21 years. This nonprofit organization has inspired social change by empowering media makers to develop and share diverse stories through art, education, and technology. The organization directs its services to under-represented and at risk youth, dislocated workers, and others looking to work in the tech industry, as well as nonprofit organizations that need digital media support. CommonSpirit Health approved the extension of a line of credit with BAVC for \$144,167in June of 2020 for 2-years, enabling BAVC to manage cash flow while it waits for reimbursement from city contracts.

#### La Cocina

In 2018, Dignity Health approved a 7-year, \$1,000,000 loan to La Cocina to help finance the construction and equipment costs for the Tenderloin Municpal Marketplace in San Francisco. La Cocina is a California 501(c)(3) nonprofit formed in 2007 to cultivate low-income food entrepreneurs as they formalize and grow their businesses by providing affordable kitchen space, industry-specific technical assistance, and access to market and capital opportunities.

#### **Larkin Street Youth Services (Larkin Street)**

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

#### HealthRIGHT 360 (HR360)

In 2015 Dignity Health approved a 5-year \$3,000,000 participation loan with Nonprofit Finance Fund to help HR360 construct its new headquarters and intake center where low-income patients primarily with addictive-related disorders and/or HIV-positive can receive primary care and other services. This loan matured in December 2019.

#### **RSF Social Finance (RSF)**

In 2017 Dignity Health approved a 5-year \$500,000 loan to RSF for purposes of financing loans to progressive or innovative enterprises engaged in high-impact projects involving the repurposing of waste into valuable products, creating sustainable materials, and employing traditionally underserved populations.

#### **Mission Neighborhood Centers (MNC)**

In January, 2020 CommonSpirit Health approved a 7-year \$4,000,000 loan to MNC, enabling this nonprofit community development organization to acquire a 30,000-square-foot facility at 2929 19th Street in San Francisco. The facility will be part of a consortium and provide necessary vocational medical assistant training classes, culinary and hospital programs, and program services for youth and child development. It will also preserve a "land-banking" opportunity for a future affordable senior housing development.

#### **Tenderloin Neighborhood Development Corporation**

The Tenderloin Neighborhood Development Corporation (TNDC) is a nonprofit affordable housing developer founded over 37 years ago in the City of San Francisco (City). As the City's largest affordable housing developer, TNDC owns 41 buildings in eight neighborhoods and has total assets of almost \$900 million. In September, 2019 Dignity Health approved a \$5,000,000, 7-Year loan to TNDC for design and construction of 88 units of affordable housing plus commercial space and on-site social work services for low-income and homeless individuals.

### **Mercy Housing (Mercy Family Plaza)**

Dignity Health's original loan of \$1,219,955 is enabling Mercy Housing to finance 36 units of affordable housing for low income families at 333 Baker Street, San Francisco, known as Mercy Family Plaza. This loan matures in 2022.

## **Economic Value of Community Benefit**

St. Mary's Medical Center Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2019 through 6/30/2020

	Persons Served	Net Benefit	% of Org. Expenses
Benefits for Living in Poverty			
Financial Assistance	2,744	3,314,292	1.31
Medicaid	8,348	19,459,494	7.70
Means-Tested Programs	256	703,667	0.28
Community Services			
A - Community Health Improvement Services	26,213	325,672	0.13
E - Cash and In-Kind Contributions	5,227	395,830	0.16
G - Community Benefit Operations	2	699,786	0.28
Totals for Community Services	31,442	1,421,288	0.47
Totals for Living in Poverty	42,790	24,898,741	9.86
Benefits for Broader Community Community Services			
A - Community Health Improvement Services	1,868	1,419,366	0.56
B - Health Professions Education	388	8,078,906	3.20
E - Cash and In-Kind Contributions	79	19,134	0.01
F - Community Building Activities	5	1,605	0.01
G - Community Benefit Operations	0	52,615	0.01
Totals for Community Services	4,869	9,571,626	3.80
Totals for Broader Community	4,869	9,571,626	3.80
Totals - Community Benefit	34,258	34,470,367	13.7
Medicare	28,825	58,033,645	22.9
Totals with Medicare	75,843	92,504,012	36.6

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**

St. Mary's Medical Center San Francisco, California Community Board 2019-20

Richard Podolin, M.D.	Board Chair/	
	Medical Staff	St. Mary's Medical Center
Mark Savant M.D.	Medical Staff	St. Mary's Medical Center
Hoother Fond	Retired Chief	Can Francisco Dolico Department
Heather Fong		San Francisco Police Department
Eric Gold	Healthcare Attorney	Community Leader
	(Retired)	
Sr. Phyllis Hughes, RSM	Sponsor	Sisters of Mercy
Kelvin Quan	Chief Executive Officer	May View Community Health
		Center
Hans Yu, D.O.	Medical Staff	St. Mary's Medical Center

Ex-Officio Board Members			
Jeff Fee	Interim President and CEO	St. Mary's Medical Center & Saint Francis Memorial Hospital	
Kecia Kelly	Interim VP, COO/CNO and Division Chief Nursing Officer, Northern California	St. Mary's Medical Center, Saint Francis Memorial Hospital	
Robert Murray, M.D.	VP, Medical Staff Affairs	St. Mary's Medical Center	
Carl Bricca, M.D.	Chief of Medical Staff	St. Mary's Medical Center	

Staff		
Todd Strumwasser, MD	Senior VP	Dignity Health Bay Area
Margine Sako	VP, Philanthropy	St. Mary's Medical Center

## **Financial Assistance Policy Summary**

## **Summary Of Financial Assistance Programs**

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured 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 250% 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 250-350% 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.

Dominican Hospital 1555 Soquel Dr, Santa Cruz, CA 95065 | Financial Counseling 831-462-7831 Patient Financial Services 831-457-7001 | www.dignityhealth.org/dominican/paymenthelp

Sequoia Hospital 170 Alameda de las Pulgas, Redwood City, CA 94062 | Financial Counseling 650-367-5551 Patient Financial Services 888-488-7667 | www.dignityhealth.org/sequoia/paymenthelp

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

St. Mary's Medical Center 450 Stanyan St, San Francisco, CA 94117 | Financial Counseling 415-750-5817 Patient Financial Services 888-488-7667 | www.dignityhealth.org/stmarys/paymenthelp

Bay Area\_CA2016

