Community Benefit Plan Progress Report 2012

Based on the 2010 Community Needs Assessment

May 2013

California Pacific Medical Center Community Benefit Progress Report Prepared and Submitted by:

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Sutter Health:
Building Healthier Communities and Caring for Those in Need

California Pacific Medical Center is affiliated with Sutter Health, a not-for-profit network of 48,000 physicians, employees, and volunteers who care for more than 100 Northern California towns and cities. Together, we’re creating a more integrated, seamless and affordable approach to caring for patients.

<table>
<thead>
<tr>
<th>It’s better for patients:</th>
<th>Our stockholders are our communities:</th>
<th>Providing charity care and special programs to communities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>We believe this community-owned, not-for-profit approach to health care best serves our patients and our communities – for multiple reasons. First of all, it’s good for patients. According to the Journal of General Internal Medicine (April 2000), patients treated at for-profit or government-owned hospitals were two-to-four times more likely to suffer preventable adverse events than patients treated at not-for-profit institutions.</td>
<td>Investor-owned, for-profit health systems have a financial incentive to avoid caring for uninsured and underinsured patients. They also have a financial incentive to avoid hard-to-serve populations and “undesirable” geographic areas such as rural areas. In many Northern California underserved rural locales, Sutter Health is the only provider of hospital and emergency medical services in the community.</td>
<td>Our communities’ support helps us expand services, introduce new programs and improve medical technology. Across our network, every Sutter hospital, physician organization and clinic has a special story to tell about fulfilling vital community needs.</td>
</tr>
</tbody>
</table>

Our Commitment to Community Benefit: Meeting the health care needs of our communities is the cornerstone of Sutter Health’s not-for-profit mission. This includes directly serving those who cannot afford to pay for health care and supporting programs and services that help those in financial need.

In 2012, our network of physician organizations, hospitals and other health care providers invested $795 million in health care programs, services and benefits for the poor and underserved. This includes:

- The cost of providing charity care
- The unpaid costs of participating in Medi-Cal
- Investments in medical research, health education and community-based public benefit programs such as school-based clinics and prenatal care for patients.

Sutter Health’s commitment to delivering charity care to patients continued to grow, reaching another all-time high of $153 million in 2012 – or an average of nearly $3 million per week.
Executive Summary

The goal of the Community Benefit Program at California Pacific Medical Center (CPMC) is to make the health care system in San Francisco more accessible and equitable for the residents of the City and County of San Francisco in order to improve the health and well-being of the whole community.

CPMC provides health care to poor and underserved patients citywide through a variety of programs, including:

1. Providing charity care for patients with family incomes below 400 percent of the federal poverty level
2. Covering the unpaid costs of health care for Medi-Cal patients
3. Focusing on reducing health disparities within specific populations by improving outcomes in:
   - Adult and senior health
   - Pediatric health
   - Breast health

In addition, CPMC contributes to the broader San Francisco community through programs such as:

1. Medical education programs to train physicians, nurses and other health professionals
2. Biomedical and clinical research to advance patient care
3. Community workforce development programs that provide career development opportunities for youth

Finally, CPMC works through community partners to improve the health of San Francisco residents by providing grants and sponsorships to community-based organizations that deliver health and social services to all San Franciscans.

<table>
<thead>
<tr>
<th>2012 Community Benefit Value</th>
<th>Sutter West Bay Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits for the Poor and Underserved</td>
<td>$90,981,618</td>
</tr>
<tr>
<td>Benefits for the Broader Community</td>
<td>$56,560,010</td>
</tr>
<tr>
<td>Total Quantifiable Community Benefit</td>
<td>$147,541,628</td>
</tr>
</tbody>
</table>

The financial numbers above reflect the community benefit values for Sutter West Bay Hospitals (SWBH), the legal entity that includes California Pacific Medical Center (including St. Luke’s Hospital). Other Sutter Health affiliates that are a part of SWBH are Novato Community Hospital, Sutter Lakeside Hospital and Sutter Medical Center of Santa Rosa.
I. 2012 Progress Report on Community Benefit Plan

The following pages will provide a progress report on the community benefit programs and activities conducted during 2012 at California Pacific Medical Center. These programs respond to the 2010 Community Needs Assessment – a three-year collaborative report that helps our partners, other health providers, public agencies and leaders identify and prioritize needs as they relate to the health of our community.

CPMC is a founding member of Building a Healthier San Francisco (BHSF), a citywide collaborative of San Francisco non-profit hospitals, the San Francisco Department of Public Health, health plans, and community-based health organizations. BHSF conducts a community health needs assessment every three years to determine where the members of the collaborative should focus efforts to improve the health of San Francisco residents.

Based on the 2010 Community Needs Assessment, BHSF defined the following four priority areas:

1. Improve access to care
2. Prevent chronic disease and increase wellness
3. Reduce the incidence of communicable disease
4. Engage in violence prevention

As a member of the BHSF collaborative, CPMC is committed to forwarding these goals through its Community Benefit Program.

For more information about the 2010 Community Needs Assessment, including quantitative and qualitative data, please visit our website at www.healthmattersinsf.org.
### Priority Need 1: Improve Access to Care

<table>
<thead>
<tr>
<th>Link to Community Needs Assessment</th>
<th>Identify areas for improvement to accessing culturally competent and compassionate care for San Francisco’s diverse communities.</th>
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</thead>
<tbody>
<tr>
<td>Program Description</td>
<td>Some of the programs affiliated with our CPMC campuses and our collaborations with community-based partners and public programs:</td>
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<tr>
<td></td>
<td>• St. Luke’s Health Care Center and HealthFirst, an affiliated center for disease prevention and health education, make services more readily available to publicly insured and uninsured patients in communities south of Market Street.</td>
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<td></td>
<td>• Kalmanovitz Child Development Center offers multidisciplinary assessment and treatment at multiple locations for children with difficulties in learning, social interaction, speech skills, motor skills and eating.</td>
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<td></td>
<td>• Bayview Child Health Center offers routine, preventive and urgent pediatric care in one of San Francisco’s most medically underserved neighborhoods.</td>
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<td></td>
<td>• The African American Breast Health Program, Sister to Sister Breast Health Program and St. Luke’s Breast Health Partnerships offer education and screening, as well as access to mammograms, diagnostic testing and other treatment at no cost to uninsured and underinsured women.</td>
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<tr>
<td></td>
<td>• The Lions Eye Foundation and CPMC partner together to provide complex eye procedures and surgeries to those without health insurance.</td>
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<td></td>
<td>• Operation Access engages CPMC physicians and staff to provide specialty procedures and surgical care to patients with limited financial means.</td>
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<td></td>
<td>• Coming Home Hospice provides 24-hour care for terminally ill clients and their families in a caring, homelike setting. CPMC ensures that high-quality residential hospice care is accessible to terminally ill patients regardless of their ability to pay, by covering the difference between the full cost of providing these services and government reimbursement rates.</td>
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<td></td>
<td>• CPMC volunteers help Project Homeless Connect provide medical and social services to San Francisco’s most impoverished residents, including primary medical care, eye exams, wheelchair repair, dental treatment, substance abuse connections, and even acupuncture and massage.</td>
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<td></td>
<td>• CPMC participates in Healthy San Francisco (HSF), a citywide program that makes health care services accessible and affordable for uninsured San Francisco residents. Through partnerships with North East Medical Services (NEMS) community clinic and Brown &amp; Toland Medical Group, CPMC provides free hospitalization and select specialty care to HSF participants who are enrolled with NEMS or Brown &amp; Toland as their medical home.</td>
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<td></td>
<td>• A key part of CPMC’s Medi-Cal program is the Medi-Cal Managed Care partnership with NEMS and San Francisco Health Plan (SFHP), a licensed community health plan that provides affordable health care coverage to over 70,000 low- and moderate-income families. Working together with NEMS, CPMC served as the hospital partner for 16,000 of these Medi-Cal beneficiaries in 2012, which was 22% of SFHP’s total membership.</td>
</tr>
<tr>
<td>Goals and Objectives</td>
<td>To make the health care system in San Francisco more accessible and equitable for all San Franciscans by decreasing disparities in access and outcomes in underserved populations, and by enabling uninsured and underinsured residents to receive appropriate, quality health care.</td>
</tr>
</tbody>
</table>
| **Strategy** | • Provide health services through Traditional Charity Care and Medi-Cal at CPMC’s four campuses and affiliated centers, to those who are underserved.  
• Identify needs and gaps in service to develop programs through which CPMC provides direct patient care to those who would not otherwise be able to afford or access needed services.  
• Provide funds and other resources to community-based clinics and other non-profit organizations that deliver health and social services to subpopulations and neighborhoods most likely to face health disparities and inequities; build the viability and capacity of organizations that strengthen the safety net that contributes to the overall health of San Francisco residents. |
|---|---|
| **Baseline Information** | • There are over 85,000 adults in San Francisco who lack health insurance.  
• An estimated 4,550 to 7,550 people in San Francisco are homeless.  
• Most health disparities are rooted in longstanding unequal social and environmental conditions; in San Francisco, rates of injury, illness, and death vary significantly by neighborhood, income, ethnicity, and other factors. Many of these health disparities can be prevented and eliminated with intentional and coordinated responses from both public and private institutions. |
| **Affiliate’s Contribution or Program Expense** | CPMC’s quantifiable expenditures for services to the poor and underserved totaled almost $90 million in 2012. |
| **Results** | • 21,000 Medi-Cal patients and 8,500 Charity Care recipients received care at CPMC campuses.  
• Over 14,000 unique patients were seen at St. Luke’s Health Care Center, with over 46,000 patient visits; HealthFirst had almost 1,600 patient visits.  
• Child Development Center locations together counted just over 20,000 visits, and Bayview Child Health Center had almost 3,400 visits.  
• Over 400 breast exams, diagnostic screening tests, and services were provided to underserved women through the African American Breast Health and Sister to Sister programs.  
• Lions Eye Foundation performed over 400 surgical procedures, including laser surgeries.  
• Nearly 100 procedures and evaluations were performed by CPMC staff in partnership with Operation Access.  
• Coming Home Hospice served nearly 150 patients.  
• CPMC staff donated an estimated 600 volunteer hours to Project Homeless Connect. |
| **Amendment to Community Benefit Plan** | No amendment necessary. |
### Priority Need 2: Prevent Chronic Disease and Increase Wellness

#### Link to Community Needs Assessment
Utilize community clinics, health plans, and non-profit providers and advocacy groups to improve the health status of San Francisco residents.

#### Program Description
- St. Luke’s Health Care Center (SLHCC) and HealthFirst together form one of the city’s largest private community health centers. SLHCC’s clinicians and staff are bilingual in English and Spanish, assuring culturally competent and sensitive care, including a full range of obstetric and gynecological care at its Women’s Center; well-baby care, well-child care, and care for ill or injured children at its Pediatric Clinic; and primary, acute, and chronic care at its Adult Internal Medicine Clinic for teenagers and adults.

HealthFirst, an affiliated center for health education and prevention, offers the community access to prevention, outreach, and education services. Over the past five years, HealthFirst has concentrated on best practices in chronic disease management, and particularly on integrating community health workers (CHWs) into the multidisciplinary health care team. CHWs provide health education, assist patients to improve their self-management skills, and encourage them to receive timely and comprehensive care. In addition to working closely with SLHCC patients, CHWs conduct self-management sessions for adult patients with chronic illnesses.

- CPMC also participates in community health fairs throughout San Francisco.

#### Goals and Objectives
To reduce chronic disease and increase wellness through education and preventive health strategies.

#### Strategy
- Clinical preventive care, primary care, emergency services, and long-term and rehabilitative care are available through CPMC’s campuses and our partners.
- Support and provide health screenings and health education at community health fairs specifically for low-income individuals in underserved neighborhoods.

#### Baseline Information
- Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in San Francisco.
- Community Health Workers have been shown to be effective as frontline care providers in a comprehensive approach to strengthening health systems in resource-poor settings.

#### Affiliate’s Contribution or Program Expense
- Besides operating St. Luke Health Care Center and HealthFirst, CPMC partnered with community organizations and presented grants and sponsorships to provide care within San Francisco communities.
- CPMC provided free screenings and health education at community health fairs in the Western Addition, Tenderloin, Chinatown and Bayview-Hunters Point.

#### Results
- Over 480 chronically ill patients were served at HealthFirst, with almost 1,600 total patient visits; over 14,000 unique patients were seen at St. Luke’s Health Care Center, with over 46,000 patient visits.
- A three-year evaluation of HealthFirst’s approach to managing chronic adult diabetes showed significant improvement in the health of those adults enrolled in the program.
- Almost 400 flu shots and glucose/cholesterol tests were given at health fairs.

#### Amendment to Community Benefit Plan
No amendment necessary.
### Priority Need 3: Reduce the Incidence of Communicable Disease

| Link to Community Needs Assessment | • Hep B Free Campaign  
| • HIV/AIDS Case Management |
| Program Description | • **San Francisco Hep B Free** is a citywide campaign that brings community education and free, confidential testing and vaccinations to city locations, workplaces, and events with high-density Asian and Pacific Islander (API) populations.  
| • CPMC’s **HIV/AIDS Case Management Program** was established in the 1980s in response to the onset of the HIV/AIDS epidemic. When state funding of the program was eliminated in 2009, CPMC continued to provide grant funding, thereby ensuring that high-quality case management services continue to be available to CPMC patients regardless of their ability to pay. Services offered include enrollment of patients in the AIDS Drug Assistance Program (ADAP) and coordination of care to increase quality of life. |
| Goals and Objectives | • To identify and manage every resident with existing hepatitis B virus, and to vaccinate and protect those at significant risk for infection.  
| • For those diagnosed with symptomatic HIV disease or AIDS: to promote independence and maximal functioning in the home environment; to provide needed services; to avoid crises; and to normalize and enhance quality of life with the disease. |
| Strategy | • Hep B Free Campaign: provide free hepatitis B testing and vaccinations to Asians and Pacific Islanders and other at-risk adults at locations throughout the city. To support this effort, San Francisco physicians are asked to join the Hep B Free Honor Roll by agreeing to screen all their API patients for hepatitis B.  
| • HIV/AIDS Case Management: coordination of care along the continuum of illness, decreased fragmentation of care, and the facilitation of access to benefits, community support programs, and home-based services. Enrollment in the AIDS Drug Assistance Program (ADAP) is often a starting place for help with managing other issues. |
| Baseline Information | • Because the hepatitis B virus can hide inside the body, many people do not know they have the virus until they get tested. HBV infection, and the liver cancer and liver failure strongly associated with it, are preventable through vaccination.  
| • Asians and Pacific Islanders have the highest risk of hepatitis B of any ethnic group. Because API residents comprise 34% of the city’s population, San Francisco has the highest liver cancer rate in the U.S. **San Francisco is also the first city in the nation to comprehensively address this life-threatening disease.**  
| • In the mid-to-late 1990s, advances in HIV treatments led to dramatic declines in AIDS deaths and slowed the progression from HIV infection to AIDS. Better treatments have also led to an increase in the number of persons who are living with AIDS. |
| Affiliate’s Contribution or Program Expense | • CPMC physicians Stewart Cooper, MD, and Robert Gish, MD, joined with citywide partners to bring their expertise to designing and implementing the Hep B Free Campaign. The CPMC team of clinical and nonclinical volunteers developed a mobile program that brings community education and free, confidential testing to city locations, workplaces, and events with high-
density API populations. The team also provides free vaccination and follow-up care based on test results. CPMC funds a portion of the program coordinator’s salary.

- HIV/AIDS Case Management continues to be available to CPMC patients, regardless of their ability to pay for these services. CPMC supplies a registered nurse case manager and a licensed clinical social worker, both of whom serve as resources for medical, financial and emotional issues.

<table>
<thead>
<tr>
<th>Results</th>
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<tbody>
<tr>
<td>• In 2012, CPMC volunteers made hepatitis B testing available at various locations and events that attract the API community, including the annual Asian Heritage Festival, and partnered with the San Francisco Premier Lions Club and Knights of Columbus to provide screenings to their church members throughout San Francisco.</td>
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<table>
<thead>
<tr>
<th>Amendment to Community Benefit Plan</th>
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</thead>
<tbody>
<tr>
<td>No amendment necessary.</td>
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</tbody>
</table>
## Priority Need 4: Engage in Violence Prevention

<table>
<thead>
<tr>
<th>Link to Community Needs Assessment</th>
<th>Prevention of child abuse and domestic and other forms of violence.</th>
</tr>
</thead>
</table>
| **Program Description**           | • CPMC’s Bayview Child Health Center is particularly attuned to the impact of community violence, poverty, and childhood trauma on children’s mental and physical health, offering onsite psychological and case management services to client families; 42% of the patients at BCHC have been victims of trauma.  
   CPMC also partners with community organizations on a number of programs focused on preventing and treating the effects of violence, including:  
   • APA Family Support Services promotes healthy Asian/Pacific Islander children and families by providing family support services to prevent child abuse and domestic violence through prevention, early/crisis intervention and clinical treatment services.  
   • San Francisco Child Abuse Prevention Center provides supportive services to children and families; education for children, caregivers and service providers; and advocacy for systems improvement and coordination. |
| **Goals and Objectives**          | To prevent child abuse and domestic violence. |
| **Strategy**                     | Provide direct services to prevent abuse and treat its effects, and collaborate with other non-profit organizations that provide child and family services and community education in this area. |
| **Baseline Information**         | Child abuse and trauma are linked to chronic diseases like cancer, heart problems, and mental illness. Children who are abused are 40% more likely to be arrested for a violent crime; twice as likely to become alcoholics; and three times as likely to develop a drug addiction. |
| **Affiliate’s Contribution or Program Expense** | CPMC partnered with and gave financial support to APA Family Support Services for crisis/early intervention and clinical treatment services. CPMC also partnered with and gave financial support to San Francisco Child Abuse Prevention Center to create San Francisco’s only child advocacy center. |
| **Results**                      | Almost 1,000 children received comprehensive primary care services at the Bayview Child Health Center, with almost 3,400 total patient visits, and over 450 mental health visits. |
| **Amendment to Community Benefit Plan** | No amendment necessary. |
II. 2012 Community Benefit Values

Sutter Health affiliates and many other health care systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

The community benefit value for CPMC is calculated in two categories: Benefits for the Poor and Underserved and Benefits for the Broader Community. Below are definitions for each community benefit activity:

Benefits to the Poor and Underserved
- Traditional Charity Care – Free or discounted health care services provided to the uninsured and underinsured populations.
- Unreimbursed Cost to Medi-Cal – The “shortfall” created when the facility receives payment below the costs of treating public beneficiaries.

Benefits for the Broader Community
- Non-Billed Services – Activities with no individual patient bill, therefore no deduction from revenue is shown in the traditional statement of revenues and expenses.
- Cash Donations and In-Kind Donations – Dollars and other items such as staff time and supplies donated by a facility to a community-based program or agency.
- Education & Research – All community, patient, and medical education such as community lectures, nursing student rotations and physician/clinician training.
## Community Benefit Summary 2012

Sutter Health West Bay Hospitals

### Benefits for the Poor and Underserved

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Charity Care</td>
<td>$22,020,179</td>
</tr>
<tr>
<td>Unpaid costs of public programs:</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>$54,601,275</td>
</tr>
<tr>
<td>Other public programs</td>
<td>$5,062,980</td>
</tr>
<tr>
<td>Other Benefits for the Poor and Underserved</td>
<td>$9,297,184</td>
</tr>
<tr>
<td><strong>Total Quantifiable Benefits for the Poor and Underserved</strong></td>
<td><strong>$90,981,618</strong></td>
</tr>
</tbody>
</table>

### Benefits for the Broader Community

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonbilled Services</td>
<td>$1,384,860</td>
</tr>
<tr>
<td>Education and Research</td>
<td>$54,445,236</td>
</tr>
<tr>
<td>Cash and in-kind donations</td>
<td>$637,914</td>
</tr>
<tr>
<td>Other Community Benefits</td>
<td>$92,000</td>
</tr>
<tr>
<td><strong>Total Quantifiable Benefits for the Broader Community</strong></td>
<td><strong>$56,560,010</strong></td>
</tr>
</tbody>
</table>

The financial information above reflects the community benefit values for Sutter Health West Bay Hospitals. This includes the total benefits for the poor and underserved and broader community for the following hospitals:

- California Pacific Medical Center (including St. Luke’s Hospital)
- Novato Community Hospital
- Sutter Lakeside Hospital
- Sutter Medical Center of Santa Rosa

For further detail regarding the community benefit values specifically for California Pacific Medical Center, please contact Emily Webb, Director Community Health Programs, at (415) 600-7526 or WebbE@sutterhealth.org
III. 2012 List of Community Partners

At times, CPMC community benefit efforts may involve investing in partnerships that fundamentally improve community health. In doing so, we acknowledge that our role goes beyond providing care or a service to supporting those organizations that have shown measurable impact in meeting an identified community need.

We are proud to support the following community organizations as we work collaboratively to help create healthier communities.

- AfroSolo
- American Red Cross
- Asian & Pacific Islander Wellness Center
- Asian Perinatal Advocates Family Support Services
- AsianWeek Foundation
- Bay Area Physicians for Human Rights
- Bayview Hunters Point Multipurpose Senior Center
- Boys Hope Girls Hope
- Brothers for Change
- Calvary Presbyterian Church
- Center for Youth Wellness
- Chinese Historical Society
- Chinese Hospital
- Clinic by the Bay
- Compass Family Services
- Conard House
- Curry Senior Center
- De Marillac Academy
- Episcopal Charities
- Episcopal Community Services
- Galileo Academy of Science and Technology
- Glide Foundation
- Gum Moon Women’s Residence/Asian Women’s Resource Center
- Homeless Prenatal Program
- Horizons Foundation / Paint the Castro Red
- Immaculate Conception Academy
- Institute on Aging
- Instituto Laboral de la Raza
- Jewish Family and Children’s Services
- Jewish Vocational Services
- Kimochi
- Latina Breast Cancer Agency
- LGBT Community Partnership
2012 List of Community Partners (continued)

- Lions Eye Foundation
- Maitri
- March of Dimes
- Mission Language and Vocational School
- Mission Neighborhood Centers
- National Association for the Advancement of Colored People (NAACP)
- National Coalition of 100 Black Women San Francisco
- North East Medical Services
- On Lok
- Operation Access
- Operation Rainbow
- Philippine Nurses Association
- Pilipino Senior Resource Center
- Portola & Excelsior Family Connections
- Project Homeless Connect
- San Francisco Bicycle Coalition
- San Francisco Business & Professional Women, Inc.
- San Francisco Chamber of Commerce Foundation
- San Francisco Child Abuse Prevention Center
- San Francisco Community Clinic Consortium
- San Francisco Crisis Care
- San Francisco Cultural Arts Traditions
- San Francisco Food Bank
- San Francisco General Hospital Foundation
- San Francisco Hep B Free Campaign
- San Francisco Interfaith Council
- San Francisco Juneteenth Festival
- San Francisco Lesbian Gay Bisexual Transgender (LGBT) Community Center
- San Francisco Medical Society
- San Francisco Planning & Urban Research Association (SPUR)
- Self-Help for the Elderly
- Shih Yu-Lang Central YMCA
- Sisters Network of San Francisco
- Tenderloin Community Health and Safety Fair
- Third Baptist Church
- University of California Berkeley School of Public Health
- Urban Services YMCA
- William McKinley Elementary School
- Women’s Community Clinic
- Youth With A Mission San Francisco