COMMUNITY BENEFITS REPORT

FOR FISCAL YEAR 2024-2025

Jewish Home and Rehab Center at the
San Francisco Campus for Jewish Living

About this report

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Hospital HCAI ID: 106380842

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Organization Overview

About the San Francisco Campus for Jewish Living

Founded in 1871, the San Francisco Campus for Jewish Living (SFCJL) is a nonprofit organization dedicated to delivering comprehensive, high-quality care for older adults. Situated on a nine-acre campus in San Francisco's Excelsior neighborhood, SFCJL serves more than 2,500 older adults each year from diverse backgrounds, faiths, and communities across the Bay Area. Through a full continuum of services, the organization supports the physical, emotional, and social well-being of every individual it serves. SFCJL houses:

The Jewish Home & Rehab Center, offering 375 patients and residents:

- **Short-term rehabilitation services**, supporting recovery following hospitalization
- **Long-term skilled nursing care** for individuals requiring ongoing medical and supportive services
- **Acute geriatric psychiatric and behavioral health services**, delivered through the Acute Geriatric Psychiatry Hospital (AGPH), a specialized inpatient unit serving older adults experiencing acute mental health conditions

And **Frank Residences** senior living community, which offers:

- **Assisted Living** and **Memory Care** with 190 private residences.

Our **mission** is to provide older adults with comprehensive and innovative care that fosters purpose, dignity, and joy. Our **vision** is to fully embrace aging in a community deeply rooted in Jewish values. And our **values** are comprised of compassion, community, and excellence.

At-a-Glance Summary: Community Served

The San Francisco Campus for Jewish Living (SFCJL) serves older adults across San Francisco and the greater Bay Area, including individuals with complex medical, behavioral health, and social needs. Many individuals served are older adults experiencing acute psychiatric conditions, chronic illness, and social vulnerability.

SFCJL's patient population reflects diverse and often high-risk, vulnerable groups, including individuals facing barriers related to aging, language, disability, mental health conditions, and limited access to coordinated care.

Patient/Resident Demographics FY2024-2025

Characteristics	N = 1,946	Percentage
GENDER		
Female (F)	1181	61%
Male (M)	765	39%
AGE		
90+	378	19%
80–89	685	35%
70–79	640	33%
60–69	186	10%
50–59	35	2%
Under 50	22	1%
RACE		
Asian / Pacific Islander	344	18%
Black / African American	143	7%
Latinx	155	8%
Native American	11	1%
White	1163	60%
Other / Unknown / Declined	130	7%

Community Health Needs Assessment (CHNA)

CHNA Overview

While the most recent Community Health Needs Assessment (CHNA) was completed in 2025, SFCJL's community benefit activities for this reporting period are informed by the organization's 2022 CHNA.

The 2022 and 2025 Community Health Needs Assessments are both made publicly available on our website and are accessible to the public at:

https://sfcjl.org/about-community-benefit.htm

CHNA Process and Methods

The methods used to inform the 2022 CHNA are summarized below. A more detailed description is available in the Appendix of the full CHNA report.

Partners

The San Francisco CHNA is conducted as part of the San Francisco Health Improvement Partnership (SFHIP), a collaborative initiative focused on improving community health and wellness through collective impact.

SFHIP is comprised of mission-driven anchor institutions, health equity coalitions, the San Francisco Department of Public Health (SFDPH), funders, and a wide network of educational, faith-based, healthcare, and community service organizations.

Data Collection and Analysis

To assess community's strengths, needs, and opportunities for improvement, and to capture the voices of vulnerable populations, the following organizations were invited to participate in focus groups.

- African American Health Equity Coalition
- Asian & Pacific Islander Health Parity Coalition (APIHPC)
- Chicano / Latino / Indígena Health Equity Coalition (CLI)
- Funders (including Blue Shield of California Foundation, California HealthCare Foundation, Hirsch Philanthropy Partners, Metta Fund, Northern California Grantmakers, The California Wellness Foundation, and Zellerbach Family Foundation)

- Insurers (including Anthem, Blue Shield, Canopy Health, Kaiser Permanente, San Francisco Health Plan)

Qualitative data collection included:

- Focus groups with community stakeholders and health equity coalitions
- Engagement with funders and health insurers
- Key informant interviews with service providers, nonprofit organizations, and government agencies

Quantitative data sources included:

- Publicly available datasets and reports
- San Francisco Department of Public Health
- City and County of San Francisco data systems

The most recent available data was used, with an emphasis on identifying disparities across populations.

The COVID-19 pandemic significantly impacted population health and access to care. As a result, data should be interpreted within the context of pandemic-related disruptions.

Community Voice

Community input was a central component of the CHNA process. Findings were informed directly by the perspectives of community members, stakeholders, and service providers.

The CHNA prioritizes:

- Direct community input and lived experiences
- Community-identified needs and challenges
- Recommendations provided by stakeholders

This approach ensures that identified priorities reflect the needs of vulnerable and underserved populations.

SFCJL-Specific CHNA Approach

SFCJL supplemented the 2022 SFHIP CHNA with organization-specific analysis, including:

- Literature review focused on older adults with mental health disorders
- Key informant interviews with clinical experts and program leaders
- Internal data and experience serving geriatric populations

This approach ensures that the CHNA reflects the unique medical, behavioral health, and social needs of the community we serve.

Priority Health Needs Identified

The 2022 CHNA identified the following priority health needs:

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

Addressing Community's Health Needs

While it is critical for the greater community to address all identified health needs, SFCJL prioritized select areas based on organizational expertise, available resources, and the ability to make a meaningful impact.

SFCJL's Implementation Strategy has focused on addressing the following needs:

- Access to coordinated, culturally and linguistically appropriate care and services
- Social, emotional, and behavioral health

Why SFCJL Did Not Address Other Needs

Community health needs listed below were not directly addressed during the reporting period due to lack of alignment with organizational expertise and available resources.

SFCJL did not focus on the following community needs:

- Food security, healthy eating, and active living
- Housing security and homelessness
- Safety from violence and trauma

Commitment to Community Benefit

SFCJL's commitment to community benefit is rooted in its mission and longstanding role as a provider of care for vulnerable older adults.

Through clinical services, workforce development, education, and community partnerships, SFCJL invests in programs that:

- Improve access to care
- Address behavioral health needs
- Strengthen community-based support systems
- Enhance quality of life for older adults

Care Coordination and Community Integration

SFCJL emphasizes interdisciplinary care coordination and strong collaboration with community-based providers. Care teams work closely with patients, families, and external partners to ensure continuity of care from admission through discharge.

The organization provides on-site comprehensive services and care including:

- On-site clinics
- Rehabilitation
- Pharmacy
- Nutrition
- Spiritual care and life enrichment activities

The organization maintains partnerships with a broad network of community resources that support:

- Access to outpatient behavioral health services
- Housing and supportive services
- Rehabilitation and home health services
- Social and community engagement opportunities

Acute Geriatric Psychiatry Hospital (AGPH)

A key component of SFCJL's services is the Acute Geriatric Psychiatry Hospital (AGPH), a 12-bed licensed inpatient psychiatric unit dedicated to serving older adults experiencing acute mental health conditions.

This program is one of the few specialized geriatric psychiatric inpatient services available in Northern California and serves as a critical resource for the region.

The AGPH provides:

- 24-hour nursing care
- Psychiatric evaluation and medication management
- Medical and interdisciplinary care
- Recreational, physical, and occupational therapy
- Nutritional counseling, spiritual, and social services
- Discharge planning and community reintegration support

The program is designed to stabilize patients during psychiatric crises and support safe transitions back to community-based living.

The consistent demand for services, including a near-full census, reflects the significant need for specialized geriatric behavioral health care and the essential role SFCJL plays in addressing this gap.

Community Benefit Programs by Health Need

Community Benefit Programs by Health Need

SFCJL's community benefit programs were designed to address priority health needs identified in the 2022 Community Health Needs Assessment (CHNA), with a focus on improving access to care and strengthening behavioral health services.

The following section provides a summary of key programs and initiatives implemented during the reporting period (FY2024–2025).

Health Need: Access to coordinated, culturally and linguistically appropriate care and services

Strategy 1: Continue serving as a training site for future geriatric psychiatrists.

Program / Activity	Description	Evaluation Measures	Data Source	Baseline	FY2025 Activity / Outcomes
Didactic lectures and discussions on relevant patient diagnoses, treatments and medications	Provided lectures and discussions on geriatric psychiatric diagnoses, treatments, and medications to support trainee education.	# of lectures	Internal	2 lectures were held between 2019 and 2020.	One fellowship gero-psych lecture were held between 2023 and 2024, and lectures continued during 2024 and 2025.
Internships	Provided internship and fellowship training opportunities for geriatric psychiatry students.	# of students	Internal	6 fellows/interns participated between 2019 and 2022.	Four geriatric fellows participated in 2022 and 2023, and two geriatric fellows participated between 2023 and 2024. Six geriatric fellows participated in 2024 and 2025.
Clinical review of patients with geriatric psychiatrists	Conducted clinical review of patients with geriatric psychiatrists as part of hands-on training and care delivery.	# of clinical reviews	Internal	An average of 28 patient reviews were conducted annually between 2019 and 2022.	Thirty-one patient reviews were conducted in 2022 and 2023, and an average of 20 patient reviews were conducted in 2023 and 2024. Forty (40) patient reviews were conducted during 2024–2025.

Target Population(s):

Bay Area seniors from high-risk, vulnerable groups, including individuals facing barriers related to aging, language, disability, mental health conditions, and limited access to coordinated care.

Collaboration Partners:

- University of California, San Francisco Department of Psychiatry

- California Pacific Medical Center Residency Program

Pertains to SFCJL's Implementation Strategy:
This strategy aligned with SFCJL's focus on access to coordinated, culturally and linguistically appropriate care and services by strengthening the workforce pipeline and supporting greater access to specialized geriatric psychiatric care for older adults.

Health Need: Access to coordinated, culturally and linguistically appropriate care and services

Strategy 2: Developed and implemented a nurse training program.

Program / Activity	Description	Evaluation Measures	Data Source	Baseline	FY2025 Activity / Outcomes
Review and revise the internship program outline	Reviewed and revised psychiatric nursing core competencies and incorporated them into the nursing internship program.	Program developed (Y/N)	Internal	Psychiatric nursing core competencies were under review for incorporation into the internship program.	Nursing core competencies were initially developed in 2023, edits and revisions were done in 2024. Since we had 100% new clinical leadership, further edits/revisions continued through 2024–2025.
Educate hospital nurses in formalized preceptor program	Provided ongoing education and training for hospital nurses through a structured preceptor program.	# of nurses educated	Internal	Preceptor program was established by the JH Nursing Education Department.	The preceptor program continued to be implemented and maintained across 2022–2025, supporting nurse training and development.
Outreach and recruitment for possible nurse interns	Conducted outreach and recruitment efforts to engage nursing students in internship opportunities.	# of outreach events; # of interns	Internal	One nursing student from USF completed a clinical rotation in 2021.	Outreach was conducted with USF, SFSU, Unitek College, and City College of SF (CCSF) in 2023 and continued in 2024 & 2025, supporting recruitment of nurse interns and expansion of the program.

Target Population(s):
Bay Area seniors from high-risk, vulnerable groups, including individuals facing barriers related to aging, language, disability, mental health conditions, and limited access to coordinated care.

Collaboration Partners:

- San Francisco State Nursing School
- University of San Francisco
- Dominican College

Pertains to SFCJL's Implementation Strategy:
This initiative pertained to access to coordinated, culturally and linguistically appropriate care and services, as it strengthened the nursing workforce pipeline and enhanced the availability of trained professionals to support coordinated, high-quality geriatric behavioral health care.

Health Need: Social, Emotional, and Behavioral Health

Strategy 3: Provided community outreach to dispel stigma associated with psychiatric need.

Program / Activity	Description	Evaluation Measures	Data Source	Baseline	FY2025 Activity / Outcomes
Continue to research community outreach programs/events for the senior community	Identified and evaluated community outreach opportunities to better understand and address the needs of seniors.	Continued research	Internal	Outreach activities were paused during the pandemic.	Outreach efforts resumed; engagement was conducted with 3 assisted living facilities to identify community needs and expanded to 5 assisted living facilities during 2024–2025.
Recreate outreach plan to secure presentation opportunities at public events focused on seniors/their caregivers	Developed and updated a structured outreach plan to increase presentation opportunities and community engagement.	Revised outreach plan	Internal	Outreach planning activities were paused during the pandemic.	An updated outreach plan was developed to support presentations at public events; planning efforts continued and were further refined during 2024–2025.
Present educational information	Delivered educational presentations to seniors and caregivers on psychiatric health topics and stigma reduction.	# of presentations; # of people reached	Internal	Educational presentations were paused during the pandemic.	Two educational presentations were delivered to audiences of 50+ participants in 2023–2024, and additional two presentations were delivered to 50+ participants during 2024–2025.

Target Population(s):
Families, communities, and caregivers of Bay Area seniors. Seniors from high-risk, vulnerable groups, including individuals facing barriers related to aging, language, disability, mental health conditions, and limited access to coordinated care.

Collaboration Partners:

- Community Senior Centers
- Local Synagogues
- Assisted Living Facilities
- Acute Hospitals

Pertains to SFCJL's Implementation Strategy:
This initiative pertained to social, emotional, and behavioral health, as it increased community awareness, reduced stigma associated with psychiatric conditions, and supported early identification and engagement in behavioral health care for older adults.

Health Need: Social, Emotional, and Behavioral Health

Strategy 4: Provided training to professionals in the areas of social work, recreational therapy, and occupational therapy to increase services for older psychiatric patients.

Program / Activity	Description	Evaluation Measures	Data Source	Baseline	FY2025 Activity / Outcomes
Program promotion and outreach	Promoted training programs and conducted outreach to recruit students in social work and recreational therapy.	Update outreach	Internal	1 recreational therapy (RT) intern and 1 social work (SW) intern participated.	Participation included 1 RT intern in 2022 and 1 SW intern in 2023; continued participation included 1 SW intern in 2024, and another SW intern in 2025.
Classroom training	Provided classroom-based instruction to students in social work and recreational therapy fields.	# of students trained	Internal	7 interns were trained between 2019 and 2022.	Training included 1 RT intern and 1 SW intern in 2022–2023, 1 RT intern and 1 SW intern in 2023, and 1 LCSW intern in 2024.
Clinical training	Provided hands-on clinical training experiences for students across disciplines.	# of students trained	Internal	7 interns were trained between 2019 and 2022.	Clinical training included 1 RT intern and 1 SW intern in 2022–2023, and additional trainees in 2023–2024 including 1 PTA student and 2 OT students. Continued training in 2024–2025 included 2 PTA students scheduled, 1 PT student scheduled, and 1 LCSW student scheduled.

Target Population(s):
Bay Area seniors from high-risk, vulnerable groups, including individuals facing barriers

related to aging, language, disability, mental health conditions, and limited access to coordinated care.

Collaboration Partners:

- San Francisco State University

Pertains to SFCJL's Implementation Strategy:

This initiative aligned with SFCJL's focus on social, emotional, and behavioral health by strengthening the interdisciplinary workforce that delivers therapeutic, psychosocial, and behavioral health interventions for older adults.

Program Impact and Evaluation Summary

During the reporting period, SFCJL's community benefit initiatives expanded healthcare access through training and collaboration. The organization continued to strengthen behavioral health support for older adults in the community by educating future caregivers and providing patient-centered and compassionate care.

Primary Achievements

- **Professional Development:** Scaled educational initiatives within the fields of psychiatry, nursing, social work, and rehab therapy to cultivate a specialized labor force for geriatric mental health.
- **Strategic Networking:** Strengthened collaboration with local organizations, optimizing patient transition processes and integrating care management.
- **Outreach Revival:** Reestablished and grew public engagement activities that had been paused during the pandemic, focusing on informative seminars and joint ventures with residential care facilities.
- **Integrated Care Models:** Improved cross-departmental teamwork to ensure a seamless transition for patients moving from hospital settings to local support systems.

Assessment and Monitoring

Progress was evaluated through internal metrics such as workshop attendance rates, community participation levels, and the fulfillment of specific project goals. Comprehensive clinical results and efficiency benchmarks are currently being processed for future inclusion.

Community Benefit Implementation Strategy and Action Plan

SFCJL's 2025 Community Benefit Implementation Strategy and Action Plan outlines detailed activities, timelines, and anticipated outcomes aligned with priority health needs identified in the 2025 Community Health Needs Assessment (CHNA). SFCJL looks forward to presenting the outcomes of the newly posted Action Plan in the upcoming fiscal year.

The Community Benefit Implementation Strategy Action Plan is made publicly available on the organization's website and includes the initiatives and full implementation plan for FY2025-2026 and beyond. The Action Plan can be accessed publicly on our website on the following page under "Read Our 2025 CHNA Implementation Strategy and Action Plan":

https://sfcjl.org/about-community-benefit.htm

Economic Value of Community Benefit

SFCJL is committed to investing in programs, services, and activities that improve the community's health and well-being, particularly for vulnerable populations. Community benefit activities include clinical services, workforce development, education, and partnerships that address priority health needs identified in the 2022 Community Health Needs Assessment (CHNA).

The following tables summarize the organization's community benefit expenditures for the reporting period of FY2024–2025. These expenditures are categorized in accordance with California Office of Statewide Health Planning and Development (HCAI) reporting requirements.

Financial Assistance and Means-Tested Government Programs	**Vulnerable Population**	**Broader Community**	***Total***
Traditional Charity Care	-		-
Medi-Cal	$2,216,967		$2,216,967
Other Means-Tested Government Program (Indigent Care)	-		-
Sum Financial Assistance and Means-Tested Government Program	$2,216,967		$2,216,967
Other Benefits			
Community Health Improvement Services	-	-	-
Community Benefit Operations	-	-	-
Health Professions Education	-	-	-
Subsidized Health Services	-	-	-
Research	-	-	-
Cash and in-kind Contributions for Community Benefits	-	-	-
Other Community Benefits	-	-	-
Total Other Benefits	-	-	-
Community Benefits Spending			
Total Community Benefits*	$2,216,967	-	$2,216,967
Medicare	-		-
Total Community Benefits with Medicare	$2,216,967	-	$2,216,967
*Aggregate from tables above			

Methodology

As the organization does not maintain payor-level expense allocations within its accounting records, Medi-Cal community benefit expense is estimated using a proportional cost-to-charge methodology.

Medi-Cal net patient revenue is divided by total net patient revenue to determine a utilization percentage, which is then applied to adjusted total operating expenses to estimate Medi-Cal-related costs. This amount is offset by Medi-Cal net patient revenue to derive the net community benefit expense. The expense base excludes depreciation, interest, and Marketing and Communications costs, while administrative functions are included as integral to patient care operations. Medi-Cal net patient revenue is calculated as gross revenue less contractual and other adjustments. This methodology has been consistently applied in prior years and aligns with the approach used in the organization's Form 990 reporting.