

San Francisco General Hospital

FOUNDATION

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HEARTS GRANTS

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A green glass bottle, likely for beer, is wrapped in crumpled brown paper. A blue and white band with a QR code is wrapped around the neck of the bottle.

BREAKING THE CYCLE

of addiction on our streets



BREAKING THE CYCLE

OF ADDICTION ON OUR STREETS

We've all seen the signs of addiction in San Francisco. What is harder to identify is the cause. There are many related and overlapping factors that contribute to this problem: mental health, homelessness, poverty, physical and emotional abuse, hunger, and other stresses. The root causes are as varied as those who have a substance use disorder. This is why the work of the Addiction Care Team (ACT) at Zuckerberg San Francisco General (ZSFG) is invaluable.



33%

of patients hospitalized at ZSFG have a SUD

The Addiction Care Team (ACT) is an innovative program at ZSFG that is sponsored by the San Francisco Health Plan, San Francisco General Hospital Foundation, and other philanthropy. ACT connects traditionally siloed medical care, addiction treatment, and community support to help address a patient’s Substance Use Disorder (SUD).

ACT is staffed by a patient navigator, addiction medicine fellow, and a supervising physician that together provide a novel approach to addiction care. It is the second program of its type in a public hospital, and the first in such a racially and ethnically diverse population where patients use multiple substances and face complex social situations. Currently, ACT delivers SUD care only to patients on select hospital teams. Additional funding would expand capacity so ACT could be available to any patient.

Considering that at least 33% of patients hospitalized at ZSFG have a SUD and that many of these patients are unconnected to community care, the need is high and very urgent.

“We want to help, but that help must be consistent with what a patient desires.”

— Marlene Martin, MD,
Director of ACT

SUD occurs when people use alcohol and other drugs like opioids, methamphetamine, cocaine, benzodiazepines, or heroin despite harmful consequences. To add complexity, of those with SUD at ZSFG 48% are homeless and 40% have a mental illness. ACT addresses this complexity by working across disciplines to coordinate individually tailored, patient-centered care.


Hospitalization presents a unique opportunity. Patients reflect upon their own mortality and fragility and are highly motivated to make a change. “Oftentimes when we see patients, they have a moment of clarity. They are away from the situations where they were using. They may be sober for the first time in a while. We take the time to sit and have

an honest conversation about what is happening in their lives and how we can help support them to meet their goals and needs,” says Marlene Martin, MD, Director of ACT.

ACT members are trained in motivational interviewing to guide these open conversations with patients. Gone is judgment about anyone’s choices. Gone is any implication that having a SUD is a person’s own failure. Gone is talking at patients and giving them a one-size-fits-all approach to overcoming addiction, often using scare tactics that don’t work. Instead, the team actively listens, reflects back what they hear, and notices language choices that indicate a patient’s desire for change, while recognizing the role other stressors and social situations play in a patient’s life that could be related to their disorder.

This manner of listening gets results because it puts the patient at the center. They dictate the plan. When their own motivations are reflected back, they feel heard. And because there is no judgment, they feel respected. Very often there hasn’t been anyone to really listen or engage with the patient. With ACT, people have a trusted advocate during their hospitalization. “This is a very human interaction. We want to help, but that help must be consistent with what a patient desires,” adds Dr. Martin.

Not every patient is ready to stop using. ACT accepts that and provides harm reduction focused care. They support people cutting back if totally quitting isn’t yet a perceived option. With intravenous drug use, ACT shares how to inject safely to avoid infection and the availability of community syringe access programs to decrease risk of acquiring infections like HIV and Hepatitis C. This notion of “meeting patients where they are” can help to mitigate the complications from substance use—



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which is often the reason they have been hospitalized—while building rapport and engendering trust for the future.

For those patients who need and want residential treatment to deal with their disorder, ACT connects them with a program during hospitalization. In the past, this direct connection was not possible, so discharged patients had to get on a waitlist. During this waiting period, they went back to the streets, to the triggers of their use, lost motivation for treatment, or encountered barriers to accessing treatment. They often went back to using. Now individuals can go directly from ZSFG to residential treatment.

“Hospitalization is a brief moment in most of our patients’ lives. Our goal is to connect them to the support they need once they leave here so that they can thrive in the community,” says Dr. Martin. “That support can range from harm reduction to primary care linkage, from medication to reduce or stop alcohol or drug use to services like counseling, community case management, or residential treatment programs.”

ACT’s touchpoints go beyond the individual patient. ACT trains providers and educates staff to provide compassionate care—a key factor in helping patients receive the respect, attention, and support they need to recover. ACT also helps amplify the voices and stories of patients with SUD, which can build empathy and decrease stigma among providers and staff. Without ACT, many people with SUD are re-hospitalized as the core cause of their hospitalization, the SUD, doesn’t get addressed. With expanded capacity, ACT could help more patients address their SUD, avoid readmission, and live healthier lives. Demand for ACT is already exceeding supply, with 30% of patients having to be turned away.

The principles of ACT put inclusion, dignity, and respect for the patient front and center. The Foundation is proud to support this program as it represents another innovative approach to providing excellence in education and patient care at the hospital. •

Donor Profile



MARY BORDEAUX

After attending a Foundation event, Mary Bordeaux asked,

“What can I do to help?”

A few months later, 30 people were in her garden enjoying a beautiful sunny afternoon while perusing jewelry from one of the hottest new designers.

In partnership with Wilkes Bashford, 10% of any sales made at the event were to support the Foundation and the hospital. An amazing \$6,000 was raised

in one afternoon. A huge thank you to Mary for opening up her home and being a true partner of the Foundation.

Hearts Grants

The Foundation’s Hearts Grants program supports innovative projects and initiatives that might otherwise go unfunded at ZSFG. Since 2004, the program has awarded nearly 500 grants totaling more than \$12 million.

The Foundation concentrated on two grantmaking priorities: Care for All, focusing on equity

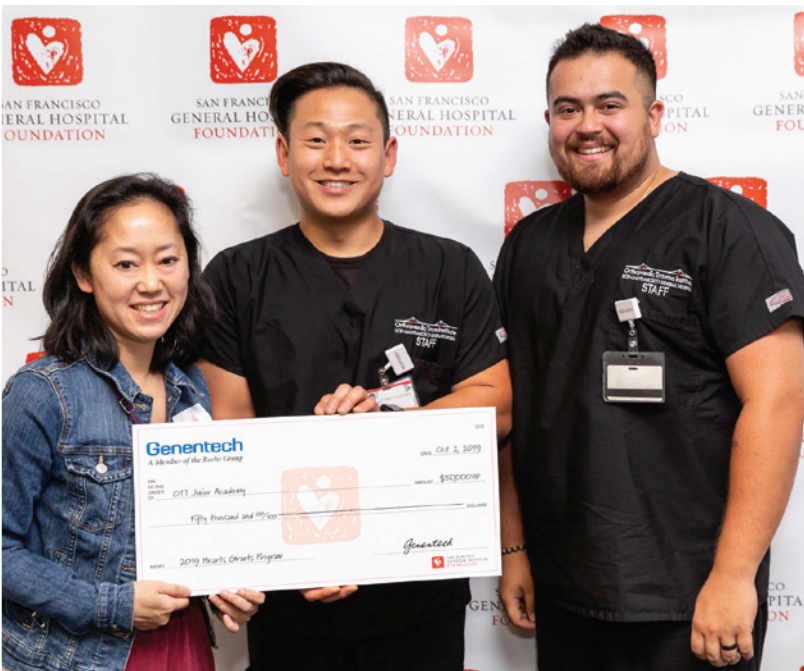
and inclusion, and Transforming Health Care, highlighting innovation and leadership at ZSFG. From the 56 applications received, 26 Hearts Grants were awarded, totaling \$536,198.

“Our Hearts Grants contribute to the transformative work at ZSFG by supporting impactful programs and the most advanced

approaches to care,” said Ann Lazarus, Interim Executive Director of San Francisco General Hospital Foundation.

We are so grateful to our many supporters whose donations provide funding for this vital program.

Thank you!



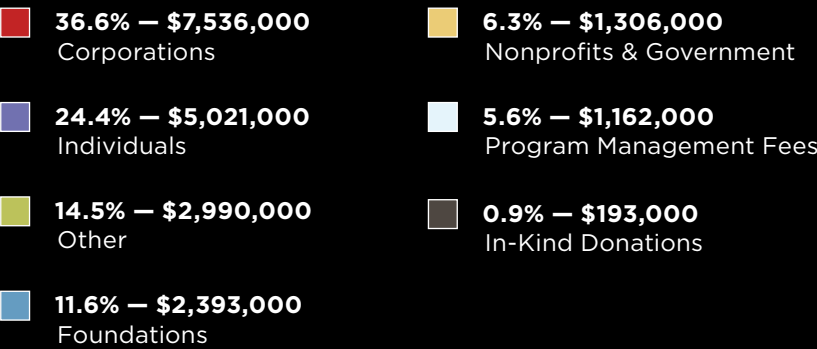
Financials

The San Francisco General Hospital Foundation is grateful for the generous support of our donors. Your contributions enable the Foundation to provide resources for high-impact, sustainable initiatives that support the excellence of

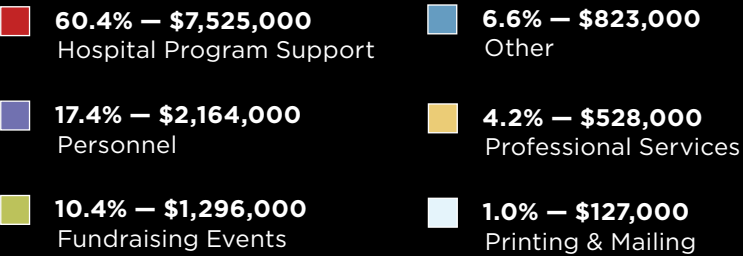
Zuckerberg San Francisco General Hospital and Trauma Center.

For a complete list of our FY19 donors, go to [SFGHF.org/grateful](https://www.sfgfhf.org/grateful)

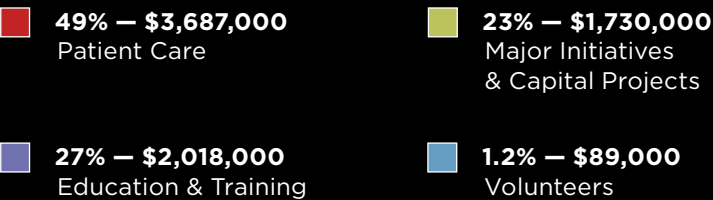
FY19 Revenue Sources — \$20,601,000*



FY19 Fund Expenses — \$12,463,000*



FY19 Program Expenses — \$7,524,000*



*Reflects information contained in pre-audited financial statements

Ways to support SFGH Foundation

Double Your Donation

You may be able to double or even triple your gift through your employer's matching gift program. Visit [SFGHF.org/matching](https://www.sfgfhf.org/matching) to access forms and guidelines.

Join our Heartbeat Club

Monthly giving is an easy and effective way to make a difference. Join our Heartbeat Club today! [SFGHF.org/monthly](https://www.sfgfhf.org/monthly)

Donate Your Car

Donate your unwanted vehicle to our car donation program. The process is fast and easy and you may qualify for a tax deduction. Call 855-500-RIDE or visit [SFGHF.org/cars](https://www.sfgfhf.org/cars)

Planned Giving

Wills and Living Trusts

You can make a meaningful gift to San Francisco General Hospital Foundation by including us in your will or trust.

IRA Giving

If you're 70½ or older, you can make a tax-free gift directly from your IRA to San Francisco General Hospital Foundation. These gifts count toward your required minimum distribution and may lower your income tax.

Gifts of Appreciated Assets

You can realize significant tax benefits by making a gift of appreciated assets such as stocks, mutual funds, and real estate.

To discuss your philanthropic plans or get more detailed information, please contact Jeremy Benjamin at 628-206-3132 or jbenjamin@sfgfhf.org. Our Tax ID Number is 94-3189424.



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