



MEMORANDUM

DATE: September 2, 2016

TO: Dr. Edward Chow, Health Commission President, and Members of the Health Commission

THROUGH: Barbara A. Garcia, Director of Health

THROUGH: Colleen Chawla, Deputy Director of Health and Director of Policy & Planning

FROM: Meg Wall Shui, Senior Epidemiologist, Environmental Health & Michelle Kirian, Senior Epidemiologist, Community Health Assessment and Impact

RE: Tenderloin Neighborhood Community Health Profile

In preparation for the Health Commission’s September 6th, 2016 meeting at Glide Memorial Church, this memorandum provides a profile of community health in San Francisco’s Tenderloin neighborhood.

San Francisco’s Tenderloin Neighborhood: Neighborhood Conditions and Health Status

Executive Summary

The Tenderloin neighborhood has long been a last refuge for some of San Francisco’s most vulnerable residents – people with very low incomes, immigrants, individuals struggling with mental illness and/or addiction, and people who are currently or formerly homeless. This summary will provide a demographic and socioeconomic profile of the neighborhood along with current living conditions, health outcomes, and the safety-net healthcare system that supports Tenderloin residents.

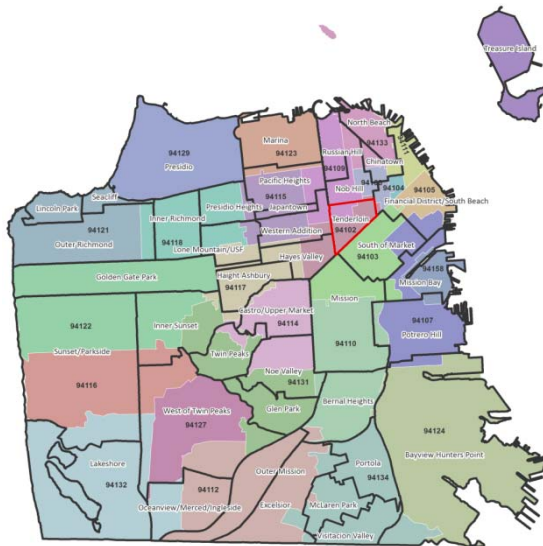
- **Demographic and socioeconomic factors:** The Tenderloin neighborhood has an older and more ethnically diverse population than San Francisco as a whole. The neighborhood is home to a greater percentage of Black/African American residents and roughly a third of residents speak English “less than very well.” Incomes tend to be very low, and a third of residents live at or below the poverty line.
- **Living Conditions:** While centrally located and close to transit resources, the living conditions in the Tenderloin pose many challenges to good health. The Tenderloin is home to a significant portion of the City’s homeless population, and of those that are housed, roughly a third pay 50% or more of their income to rent. The violent crime rate is nearly five

times the rate for the city and the rate of severe and fatal pedestrian injuries per road mile is over six times as high. Most of the neighborhood falls within the City’s Air Pollutant Exposure Zone. While there is not a full service supermarket within the neighborhood, there are a number of small groceries and almost 60% of all food retailers accept CalFresh benefits.

- **Health Outcomes:** Poverty, trauma, and hazardous living conditions have led to poor health outcomes for many Tenderloin residents. Substance use disorder is one of the most pressing health issues for the neighborhood. Accidental poisoning is the leading cause of death and ER admission rates for alcohol use disorder and drug poisoning are 3-5 times higher.
- **Health Services:** The Tenderloin is located in the healthcare rich northeast quadrant of the city – close to a number of hospitals, community clinics, and social service providers. Roughly 11% of patients seen at ZSFG or SDFPH Primary Care Clinics are residents of the Tenderloin. It is estimated that about 30% of Tenderloin residents are seen at a SDFPH Primary Care Clinics. As of Fiscal Year 15/16, it is estimated that about 4% of Tenderloin residents participate in Health SF.

Due to the high level of demonstrated need, the San Francisco Department of Public Health (DPH) is engaging in numerous collective impact efforts to improve Tenderloin living conditions and resident health, including Healthy Hearts SF, the Black/African American Health Initiative, and support for the Tenderloin Health Improvement Partnership and the Central Market Tenderloin Strategy.

Supervisory Districts and Analysis Neighborhoods, San Francisco¹



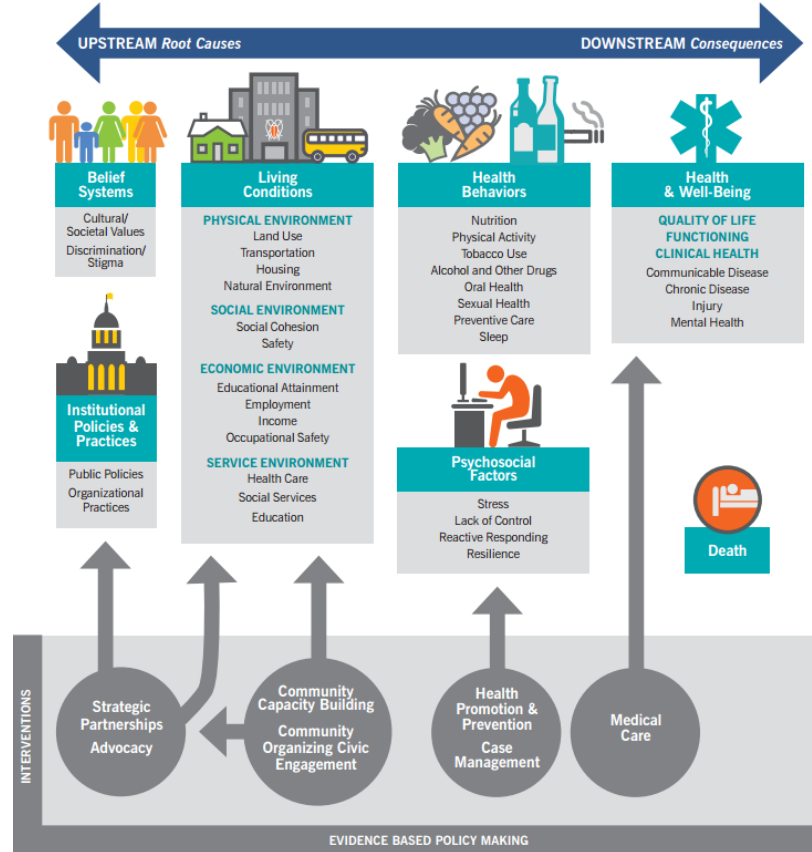
Population: 26,085 ± 1,216 (2009-2013 – American Community Survey, 5-year estimates)

Zip codes: 94102 & 94109

Districts: District 6 (Supervisor Jane Kim) & District 3 (Supervisor Aaron Peskin)

¹ The Tenderloin neighborhood is primarily composed of zip code 94102, and a small amount of 94109. For this report data for 94012 will be used exclusively to characterize conditions in the Tenderloin, when neighborhood level data is unavailable. When data is available at the supervisory district level, District 6 will be used; although a small area of the Tenderloin falls within District 3.

The San Francisco Framework for Assessing Population Health and Equity

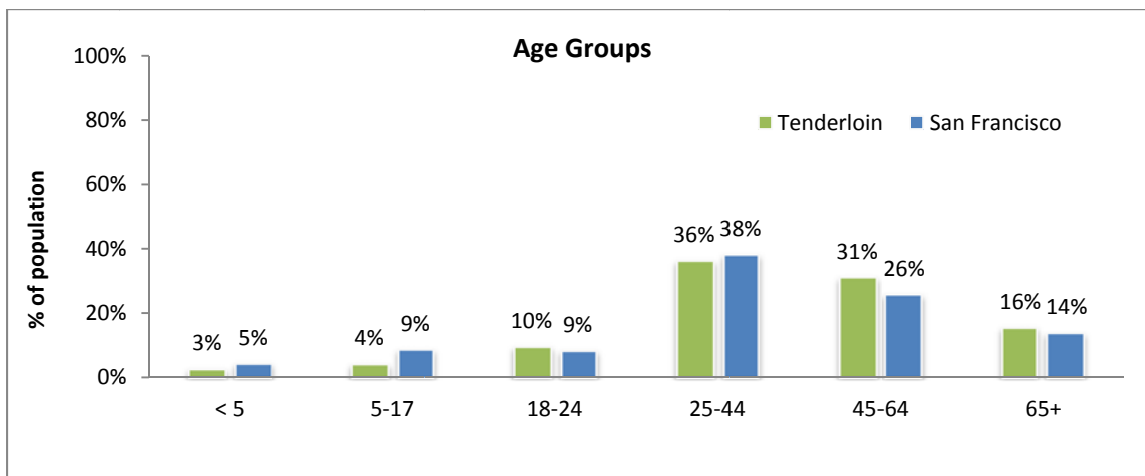


When assessing population health, the DPH Population Health Division uses a social determinants of health model to guide variable selection. The social determinants of health are the environmental and social conditions in which people are born, grow, live, work and age that affect health directly or impact health behaviors. The above *Framework for Assessing Population Health and Equity* is a modified version of the *Public Health Framework for Reducing Health Inequities* published by the Bay Area Regional Health Inequities Initiative (BARHII), and was the foundation for the recently completed 2016 Community Health Needs Assessment (CHNA). This data summary will move from the left to the right side of this model when presenting data – detailing the demographic and social profile of the neighborhood, then describing neighborhood living conditions, followed by the health and wellbeing of residents, and concluding with the safety-net healthcare system that serves Tenderloin residents.

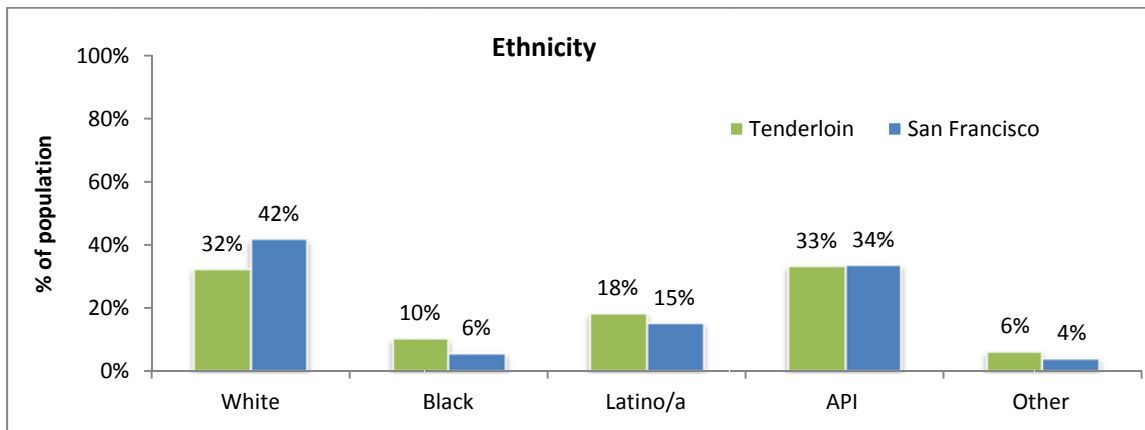
Demographic & Socioeconomic Factors

Demographic Profile – The Tenderloin has a slightly older and more ethnically diverse population. Roughly 1 in 3 residents have limited English proficiency.

In order to plan for and sustain activities that support health and wellness in a community, it is important to understand the demographic and socioeconomic characteristics of the population. The Tenderloin community contains a greater proportion of middle aged adults (45-64y) and a lower percentage of children. The largest ethnic groups in the neighborhood are Whites and Asian/Pacific Islanders, making up about 66% of the population. African American/Black residents are represented more in the Tenderloin than the City as a whole. About 32% of residents speak a language other than English at home and have limited proficiency with English.²



Source: American Community Survey 5-year estimates, 2010-2014.



Source: American Community Survey 5-year estimates, 2009-2013.

² American Community Survey, 2009-2013.

Socioeconomic Profile – The Tenderloin is one of San Francisco’s lowest income neighborhoods, with 1 in 3 residents living in poverty.

Many residents in the Tenderloin also have very low incomes. The median household income is less than \$20,000 annually and 34% of residents live at or below the poverty line (Table 1). Educational attainment and employment are also lower, with 24% of residents having not completed high school and only 88% of workforce aged persons being employed. It is also useful to know that roughly 23% of residents report having some form of disability, which may impact employment rates.³

	Tenderloin	San Francisco
At or below 100% poverty ⁴	34%	13%
Median household income ⁴	\$19,094	\$75,604
Employment rate ⁴	88%	92%
Less than high school diploma ⁵	24%	13%

³ American Community Survey, 2010-2014.

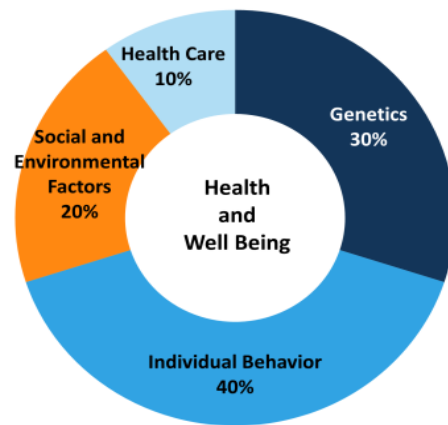
⁴ American Community Survey, 2009-2013

⁵ American Community Survey, 2010-2014

Living Conditions

Some experts estimate that the social and physical environments in which we live contribute to 20% of a population's health.⁶ As we can see from the socioeconomic breakdown of the neighborhood, low income and educational attainment are important factors impacting resident health in the Tenderloin. So too are the conditions in people's homes and on the streets.

Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.



Housing is an important concern in the Tenderloin. Over half of the City's homeless population lives in District 6. One third residents pay 50% or more of their income to rent.

The Tenderloin neighborhood has the benefit of being centrally located – near numerous transit, retail, and healthcare amenities. However, the neighborhood also faces many environmental challenges, including housing, safety, and environmental quality. The Tenderloin is located in District 6, which is home to over half of the City's sheltered and unsheltered homeless population as of 2015.⁷ One third of residents that are housed pay 50% or more of their income to rent, often leaving little money left to pay for other essential expenses, such as food.⁴

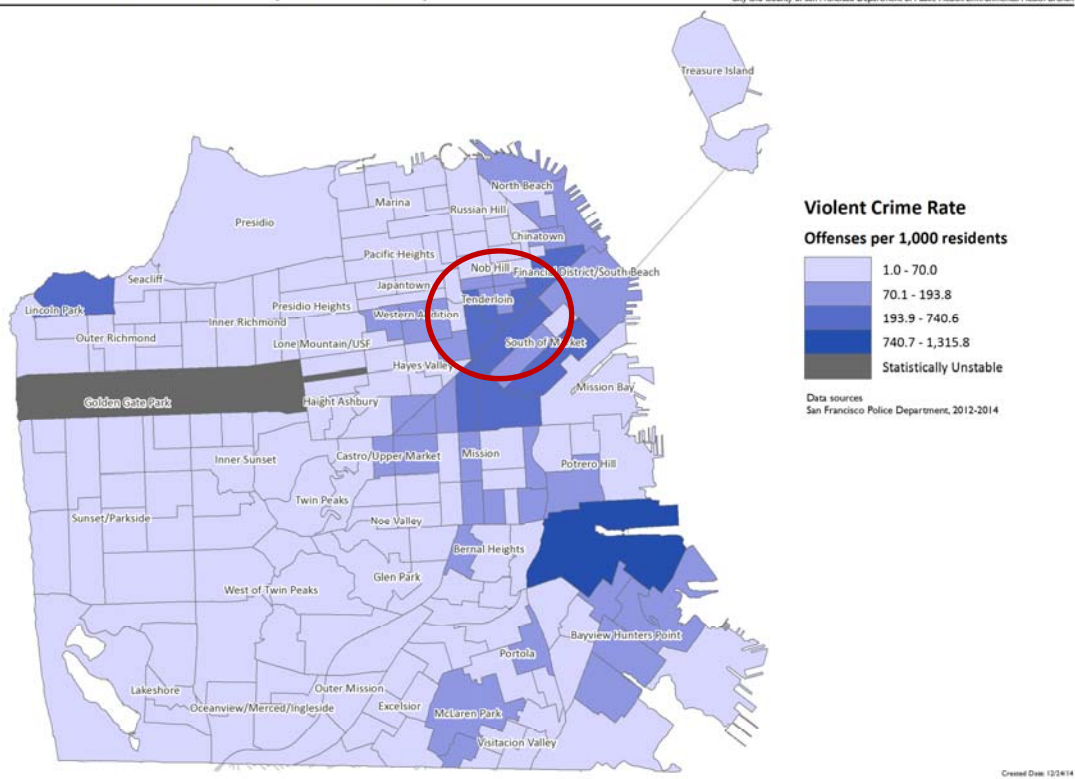
⁶ Schroeder, SA. (2007). We Can Do Better – Improving the Health of the American People. *NEJM*. 357:1221-8.

⁷ San Francisco Homeless Count and Survey, 2015.

Safety is an important issue in the Tenderloin.

Another significant challenge in the neighborhood is safety. Between 2012-2014, the Tenderloin had the second highest violent crime rate in the City, after South of Market.⁸ The number of adult residents that were admitted to the emergency room for assault was four times higher in 94102, compared to the City.⁹ The UCSF Wraparound project, out of ZSFG, tries to address violent crime by providing supportive services for young adults who are the victims of violent crime, to try to prevent them from becoming repeat victims or perpetrators in the future.¹⁰ DPH Community Behavioral Health also provides mobile crisis response for prevention and intervention after street violence.

Violent Crime Rate (2012-2014)



⁸ San Francisco Police Department, 2012-2014.

⁹ Office of Statewide Health, Planning, and Development. Hospital Discharge Data. 2012-2014.

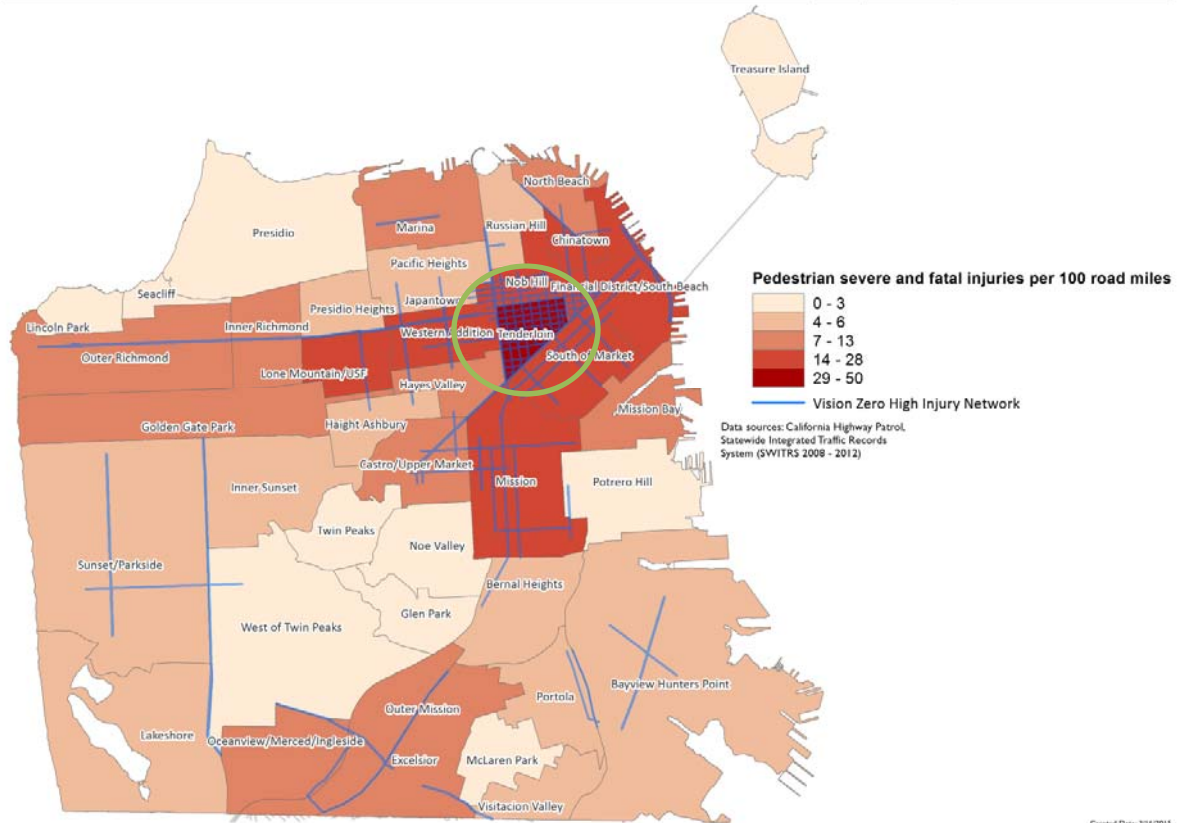
¹⁰ See USCDF Department of Surgery Wraparound Project, at <http://violenceprevention.surgery.ucsf.edu/>.

The Tenderloin has the highest rate of severe and fatal pedestrian injuries in the City and is the location of many Vision Zero efforts.

Between 2008-2012 the rate of severe and fatal pedestrian injuries per 100 road miles in the Tenderloin was 50, compared to 8 for the City overall. Nearly every street within the neighborhood is part of the Vision Zero High Injury Network, which is used to identify where the most investments in engineering, education, and enforcement should be focused to have the biggest impact on reducing fatalities and severe injuries.¹¹ This high rate is due to a number of factors, including high traffic volumes and the presence of vulnerable populations. This important issue was included as a headline indicator within DPH's Population Health Strategic Plan. DPH is supporting Vision Zero efforts to eliminate all traffic fatalities by 2024 by co-chairing the Vision Zero Taskforce and leading evaluation and monitoring activities.

Pedestrian Severe and Fatal Traffic Injuries per 100 Road Miles, Annually (2008-2012)

City and County of San Francisco Department of Public Health, Environmental Health Branch

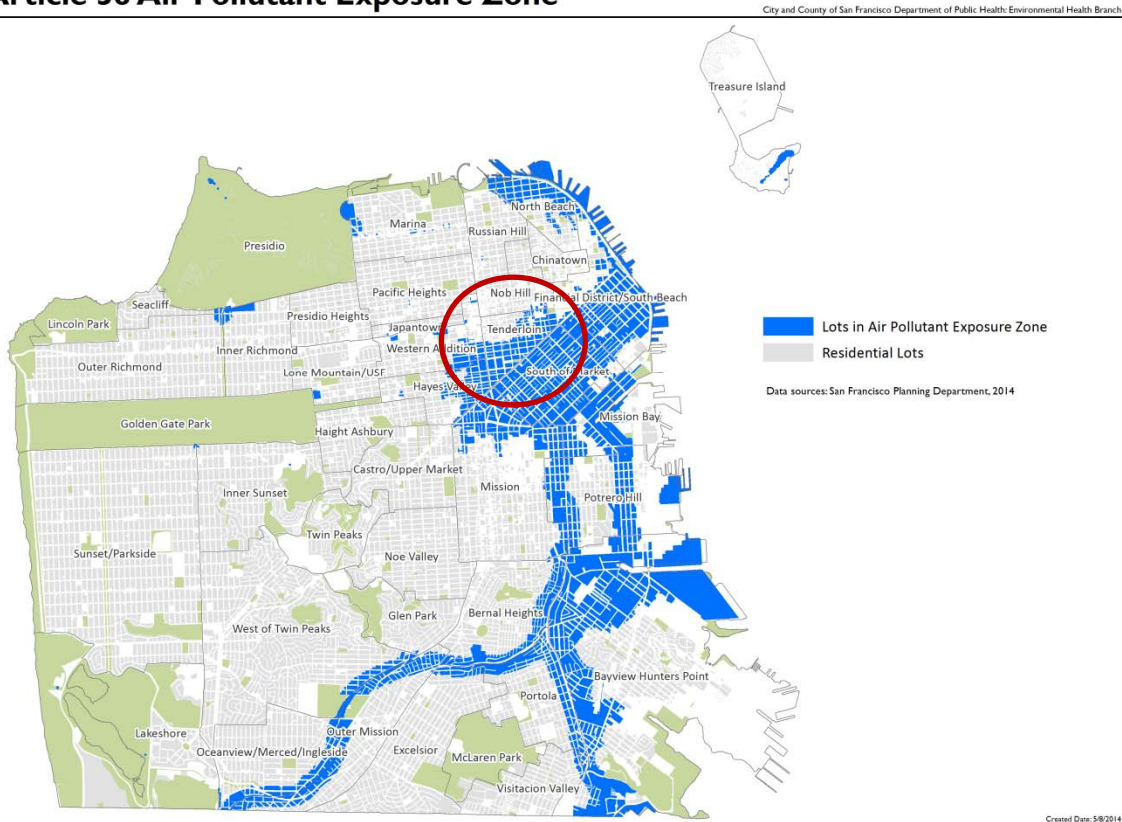


¹¹ See Vision Zero SF website, at <http://visionzerosf.org/>.

Due to high traffic volumes, many residents are exposed to higher levels of outdoor air pollution.

Another important environmental issue that has also been prioritized in DPH’s Population Health Strategic Plan is outdoor air quality. In the Tenderloin, about 75% of city lots fall within the Air Pollutant Exposure Zone. This zone was designated for the enforcement of Article 38 of the Health Code and is used to determine which new residential buildings must install enhanced indoor ventilation to protect residents from the respiratory, heart, and other health effects of living in a poor air quality area.¹² DPH staff work with Planning and the Department of Building Inspection to enforce Article 38, as well as the Clean Construction Ordinance and Articles 22B and 31 of the Health Code (Dust Control) to protect residents from poor air quality. DPH staff also collaborate with Planning, the MTA and CTA, and the Bay Area Air Quality Management District to support policies that will reduce traffic volumes and encourage healthier modes of transportation in San Francisco.

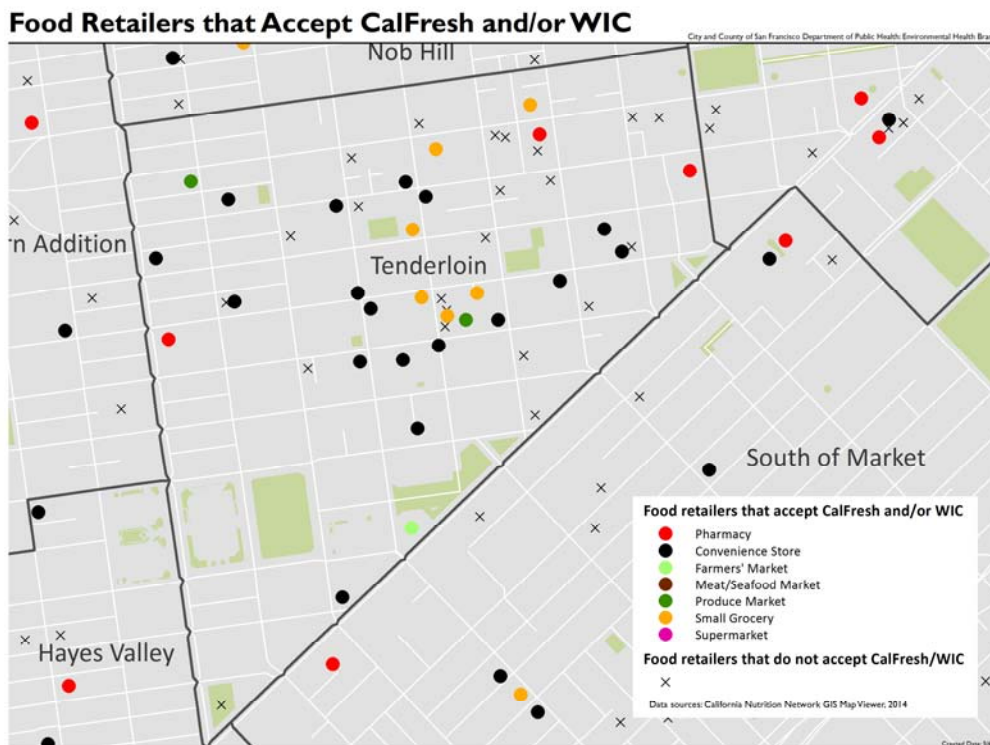
Article 38 Air Pollutant Exposure Zone



¹² See Article 38 of the San Francisco Health Code, at <https://www.sfdph.org/dph/EH/Air/Article38.asp>.

There is significant momentum to increase healthy food access for all residents of the Tenderloin.

The food environment in a neighborhood – in terms of availability, cost, and advertising – can influence the diets of residents. While the Tenderloin currently lacks a full service supermarket, it has a number of small grocery stores, produce stores, and the twice weekly Civic Center Farmers’ Market. Compared to the city as a whole, a higher number of food retailers in the Tenderloin accept CalFresh benefits (57%) and WIC (10%).¹³ There is also a high number of establishments that sell alcohol, and the Tenderloin has the highest number of off-sale (for consumption off of the premises) alcohol permits in the city.¹⁴ DPH efforts to increase the amount of healthy food and reduce alcohol availability in the Tenderloin include support for Healthy Retail SF¹⁵ and the Tenderloin Healthy Corner Store Coalition¹⁶, which conduct healthy corner store conversions. DPH also supports enforcement of the Deemed Approved Ordinance, which sets standards for stores that sell alcoholic beverages, including property maintenance and prevention of nuisance activities surrounding the property.¹⁷



¹³ Source: San Francisco Human Services Agency, 2014.

¹⁴ Source: California Department of Alcoholic Beverage Control, 2014.

¹⁵ See: Healthy Retail SF, at <http://www.healthyretailsf.org/>.

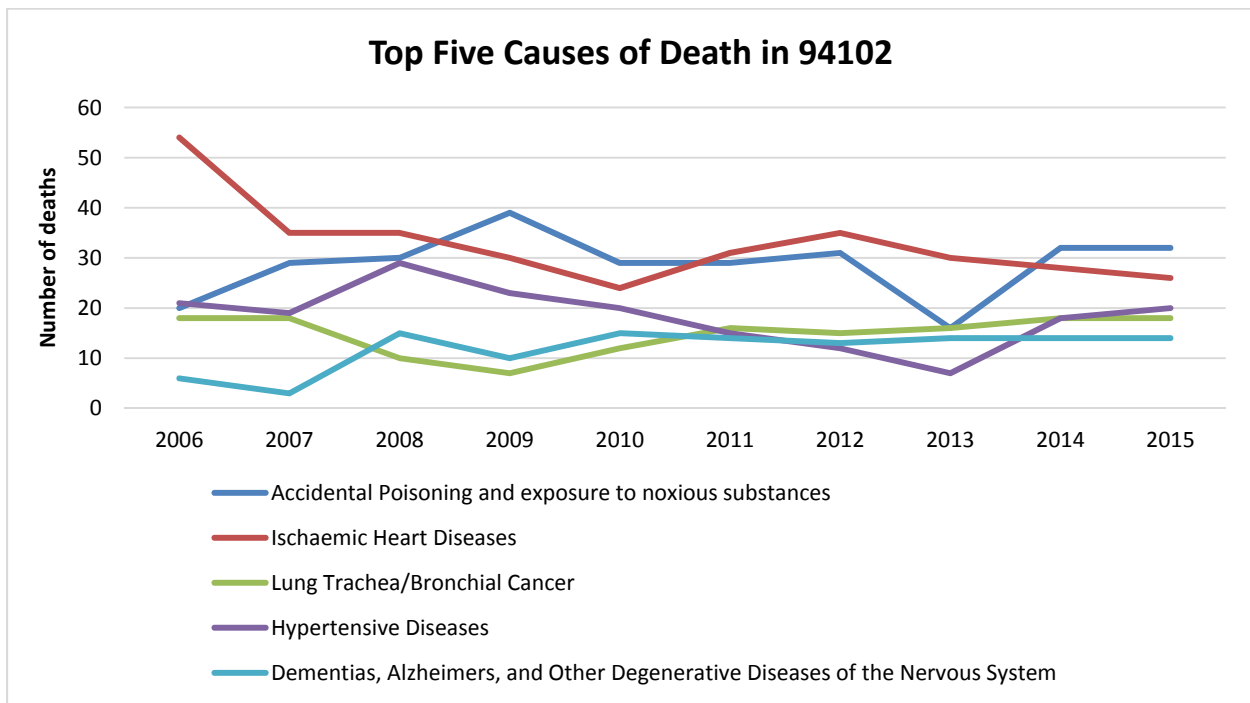
¹⁶ See: Tenderloin Healthy Corner Store Coalition, at <http://www.healthyt1.org/home.html>.

¹⁷ See: Deemed Approved Uses Ordinance (DAO), at <https://www.sfdph.org/dph/comupg/oprograms/CHPP/alcoholOrdInfo/DAO.asp>.

Health & Wellbeing

Accidental poisoning and ischemic heart disease are the leading causes of death in the Tenderloin.

The social and environmental factors detailed above provide context for the health outcomes that will be provided below. In general, residents in the Tenderloin experience poorer health outcomes than the rest of the City. The life expectancy in 94102 is three years less than the City overall (79 vs. 82).¹⁸ The leading causes of death are similar to the City, with the exception that accidental poisoning is the number one cause of death in 94102.¹⁹ The chart below illustrates that accidental poisoning and ischemic heart disease have generally been the top causes of death for many years.



Source: State of California, California Department of Public Health, VRBIS Death Statistical Master File Plus 2006-15, created on June, 20, 2016.

¹⁸ Source: CDPH Death Statistical Master File, 2009-2011.

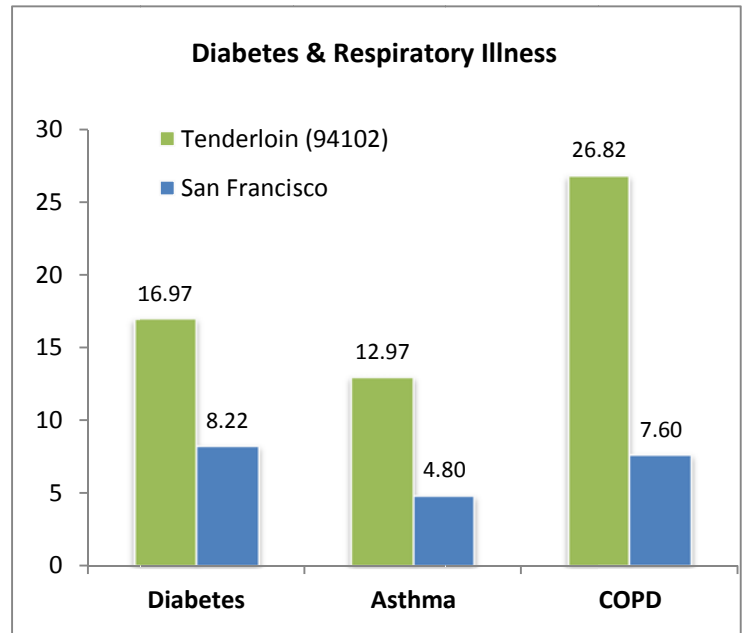
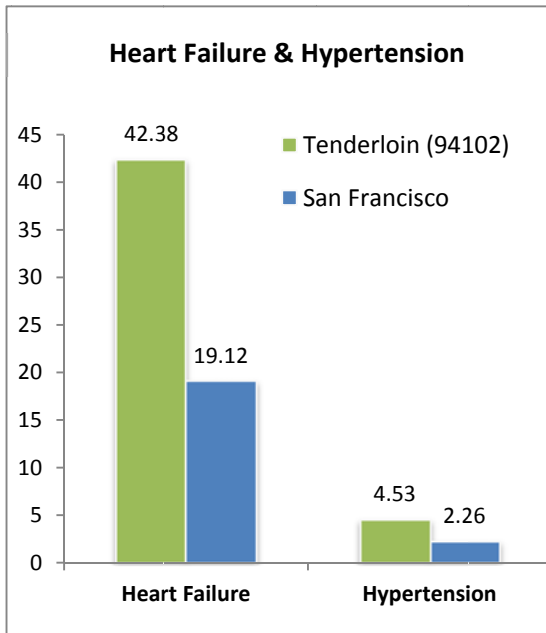
¹⁹ Source: State of California, California Department of Public Health, VRBIS Death Statistical Master File Plus 2006-15, created on June, 20, 2016

Tenderloin residents are hospitalized more often for ambulatory care sensitive chronic diseases.

The CDC states that “chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems.”²⁰ Conditions including diabetes, COPD, asthma, hypertension, heart failure, and angina are considered chronic ambulatory care sensitive (ACS) conditions that can be effectively managed in outpatient settings.²¹ In 94102, age-adjusted adult hospitalization rates for these conditions are 2-3 times higher than for the City. Overall, hospitalization rates in the Tenderloin are highest for heart failure and COPD (Chronic Obstructive Pulmonary Disease), amongst all of the chronic ACS conditions.

Curry Senior Center, along with Tom Waddell, actively participates in SFHN Primary Care-wide chronic illness quality improvement programs, including team-based approaches to diabetes and hypertension management. With the current focus on reducing disparities in blood pressure control between Black/African American patients and the general Primary Care population, Curry has implemented key interventions and has already seen some narrowing of the disparities. Tom Waddell Urban Health Clinic has been a leader in developing chronic illness improvement programs tailored to the needs of homeless individuals and those living in supportive housing.

Age-adjusted hospitalizations rates for adults 18yrs+, per 10,000 residents



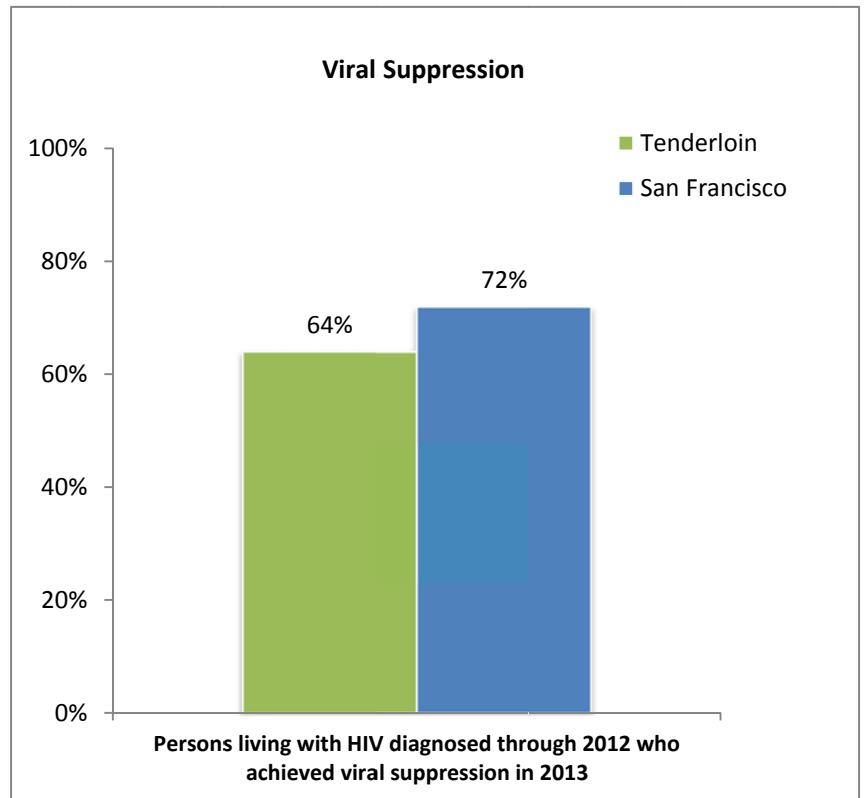
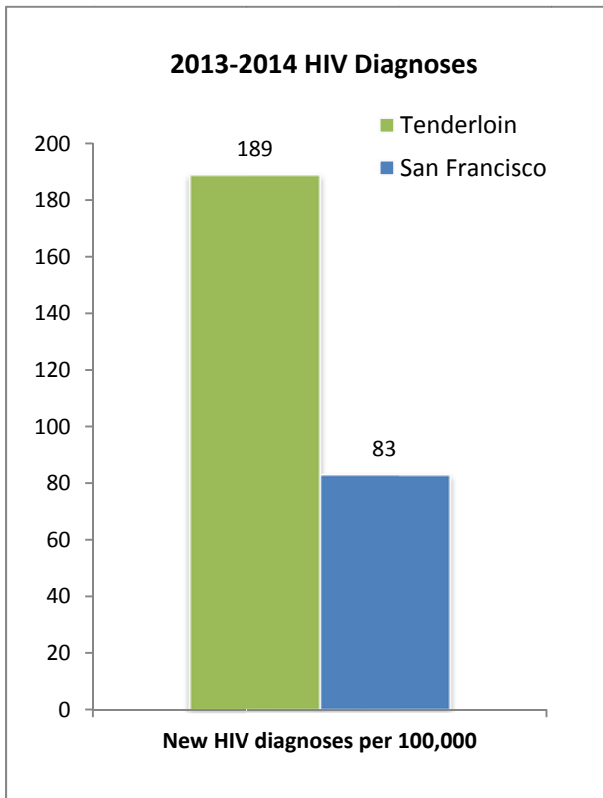
Source: OSHPD, Hospital Discharge Data, 2012-2014.

²⁰ See: CDC. Chronic Disease Overview, at <http://www.cdc.gov/chronicdisease/overview/>.

²¹ Source: ARHQ Prevention Quality Chronic Composite Technical Specifications. May 2013.

The Tenderloin has a high rate of new HIV diagnoses.

HIV is another illness that a disproportionate amount of Tenderloin residents contend with. Between 2013 and 2014, the number of newly diagnosed cases of HIV was 2.3 times higher in the Tenderloin compared to the City, and second highest in the City overall, after the Castro neighborhood.²² With proper medical treatment, many HIV positive individuals can achieve viral suppression, where the HIV virus reaches an undetectable level in lab tests. While 72% of all San Franciscans that received a positive diagnosis through 2012 were virally suppressed by 2013, only 64% of Tenderloin residents achieved viral suppression, the lowest in the city.²² Both the number of new HIV diagnoses and the percent of people living with HIV who are virally suppressed are headline indicators from DPH’s Population Health Strategic Plan because they indicate how well we are preventing transmission of HIV as well as caring for our residents that become HIV positive. In 2015 DPH launched its Getting to Zero initiative with the goal of zero new HIV infections, zero HIV deaths, and zero HIV stigma by 2020. The initiative will focus on continued funding for successful efforts and launching or expanding PrEP, RAPID (Rapid ART Program for HIV Diagnoses), and retention in care. Additionally, Tom Waddell has developed successful disease management programs in response to the high burden of hepatitis C and HIV among Tenderloin primary care patients and the challenge of managing these illnesses in these complex populations. Tom Waddell’s patients have access to state-of-the-art primary care-based HIV and hepatitis C management and have seen impressive success in controlling these two illnesses.



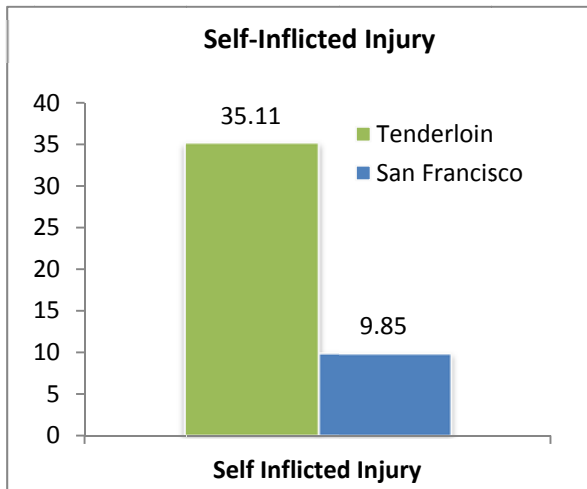
Source: SFDPH, 2013-2014

²² See: SFDPH. 2014 HIV Epidemiology Annual Report, at: <https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/HIV-EpidemiologyAnnualReport-2014.pdf>.

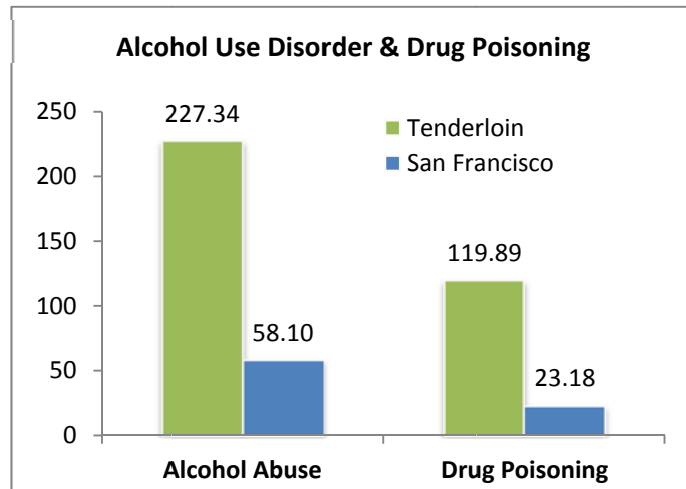
Mental health and substance use disorders are top health issues for Tenderloin residents.

As evidenced by high mortality due to unintentional drug poisoning and high rates of homelessness, behavioral health is a top health issue in the Tenderloin. Emergency room admissions for self-inflicted injury, alcohol use disorder, and drug poisoning are all 3.5-5 times higher in 94102. Over the past 10 years, the percent of ER admissions in 94102 that have mental health or substance use disorder listed as a diagnosis has risen. Like San Francisco overall, the increase seems to be primarily due to increases in the number of admissions where a mental health issue is diagnosed in the absence of substance use disorders. San Francisco has numerous innovative behavioral health treatment programs. Two DPH collaborative projects include the Community Justice Service Center, which links clients to case management, housing, and other benefits and the Law Enforcement Assisted Diversion (LEAD) Program that diverts low-level drug offenders to community-based treatment instead of jail. In addition, naloxone is made widely available to reduce opiate overdose deaths.

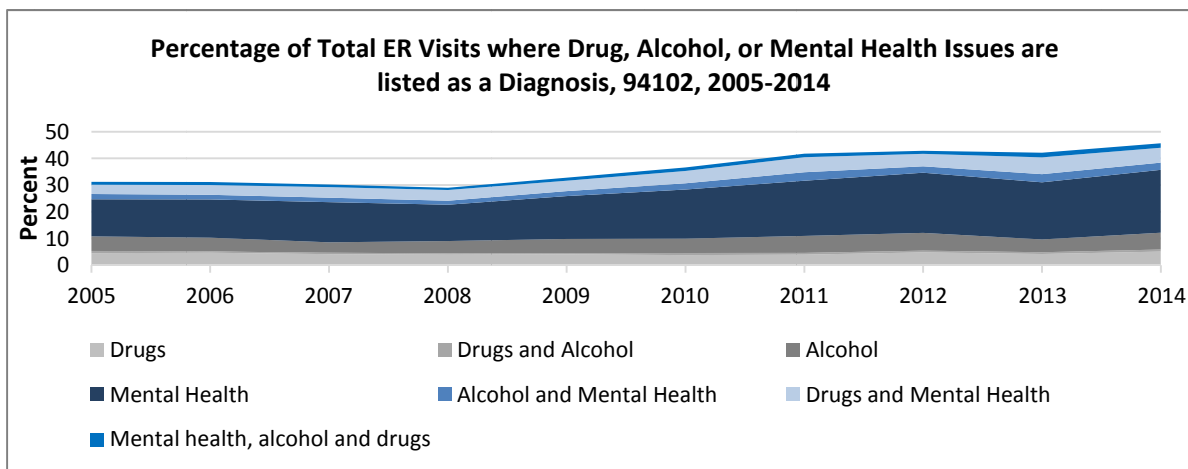
Age-adjusted emergency room admission rates for adults 18yrs+, per 10,000 residents



Source: OSHPD, Hospital Discharge Data, 2012-2014.



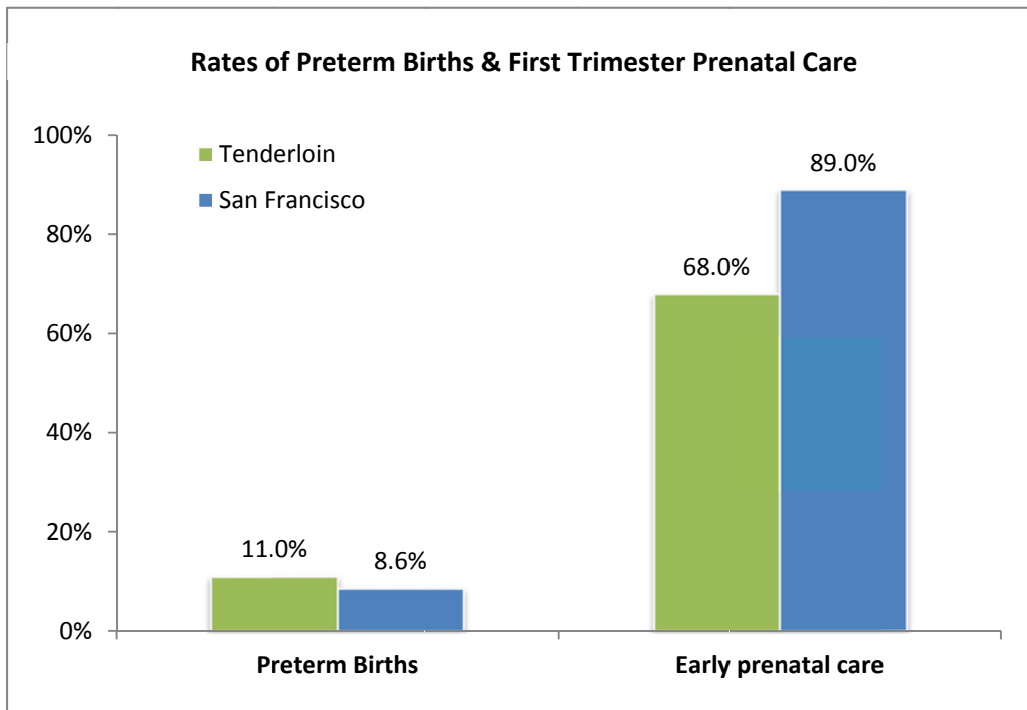
*Rates based on preliminary case definitions, as defined by the Agency for Healthcare Research and Quality.



Source: OSHPD, Hospital Discharge Data, 2005-2014.

Pregnant women in the Tenderloin struggle with accessing prenatal care.

Early and regular prenatal care is an important resource for ensuring healthy maternal and infant outcomes. Rates of entry into prenatal care during the first trimester of pregnancy are lower for women in 94102 than in San Francisco as a whole. This may be a contributing factor to the higher rate of births before 37 weeks gestation (preterm) in 94102. Like air quality, pedestrian safety, and HIV diagnoses and suppression, the preterm birth rate was also chosen as a headline indicator for DPH’s Population Health Strategic Plan, due to its impact on a number of long-term health outcomes and its unequal distribution across the population. MCAH Medical Director, Curtis Chan, has noted that staff have found preterm birth rates to be higher among women living in SRO housing.²³ The DPH Nurse-Family Partnership program works intensively with Compass Family Services in the Tenderloin as well as a number of family shelters to remind clients about their appointments, and recent data shows that the preterm birth rate among NFP clients is decreasing, according to Ocean Berg, a charge nurse with the NFP Program.²⁴



Source: CDPH Births Statistical Master File, 2012

²³ Curtis Chan, MD, personal communication, August 25, 2016.

²⁴ Ocean Berg RN, MSN, IBCLC, PHN, personal communication, August 25, 2016.

Healthcare

More Tenderloin residents have insurance as a result of the ACA. Healthy SF remains an important resource.

Like social and environmental factors, quality healthcare is important for ensuring good health outcomes. DPH plays an important role as San Francisco's healthcare safety net, providing coverage and care to some of San Francisco's most vulnerable residents. Between 2010 and 2015, enrollment in Health SF dropped by between 74-85% in both the Tenderloin (94102) and San Francisco overall – indicating successful transition of enrollees into MediCal or health insurance through the exchange.²⁵ However, Healthy SF remains an important healthcare resource for many Tenderloin residents, and as of 2015, about 4% of Tenderloin residents were still enrolled in Healthy SF, compared to 2% Citywide.

During the 2015-2016 fiscal year, roughly 10% of patients seen at ZSFG and 11% seen at DPH Primary Care Clinics (PCC) resided within the Tenderloin.²⁶ For comparison, Tenderloin residents make up 3% of the City population.²⁷ It is estimated that DPH PC clinics serve up to 29% of the Tenderloin's residents.²⁶



The DPH PC Clinics that were most utilized by Tenderloin residents in FY15-16 include:

1. Curry Senior Center (48%)
2. Tom Waddell Urban Health Center (41%)
3. Larkin St. Medical Clinic (19%)
4. Maxine Hall Health Center (19%)
5. Positive Health Program at ZSFG (19%)

Three of these facilities, Curry Senior Center, Tom Waddell, and Larkin St. are located in the Tenderloin neighborhood, while Maxine Hall is located nearby in Western Addition and the Positive Health Program (HIV focus) is located at ZSFG. Also located nearby is the Medical Respite and Sobering Center. In

²⁵ SFDHP. Healthy SF Enrollment Counts in December, 2011-2015. Provided 8/30/2016.

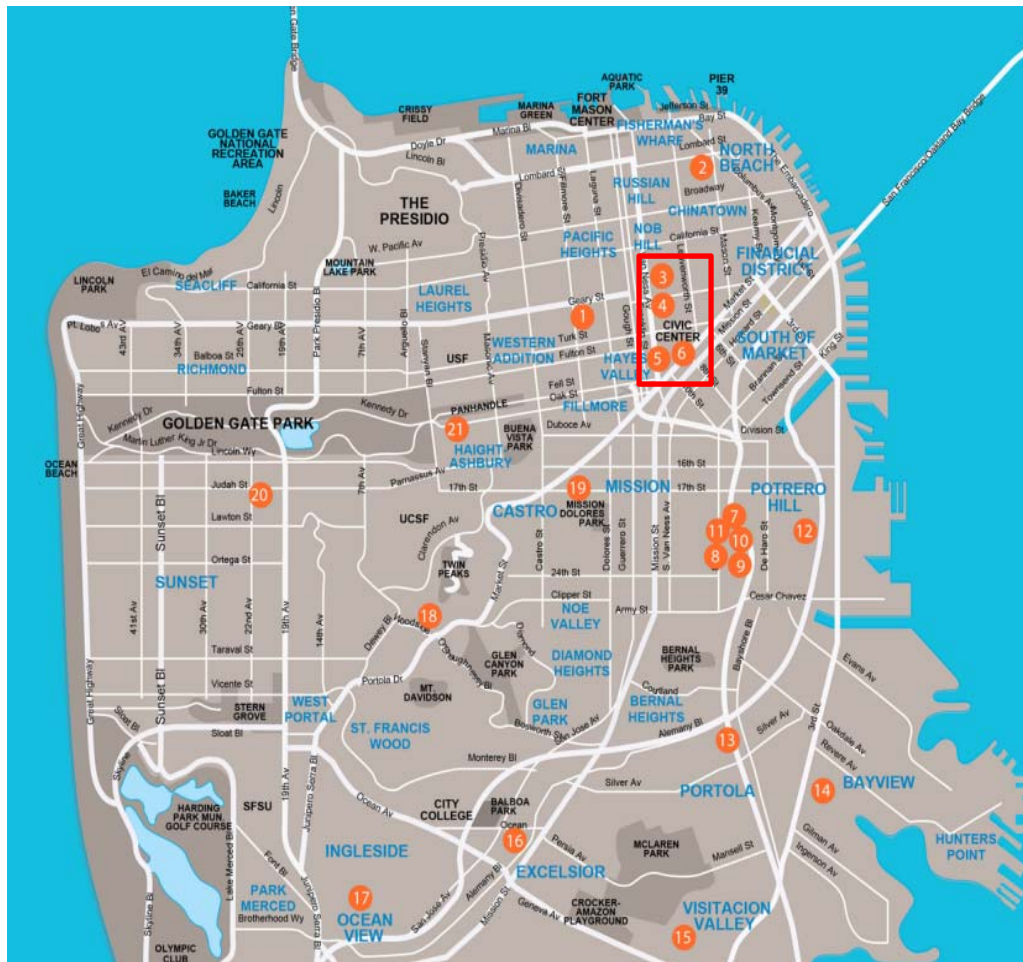
²⁶ Source: ZSFGH Quality Data Center. FY15-16. Data provided on August 22, 2016.

²⁷ American Community Survey, 5-year estimates 2009-2013.

addition to these DPH clinics, three Community Clinic Consortium clinics operate in the neighborhood, including Asian Pacific Islander Wellness Center, Tenderloin Health Services through Health Right 360 at GLIDE, and the St. Anthony Medical Clinic, as does the BAART Clinic.

DPH behavioral health services sites in the Tenderloin include the SF Homeless Outreach Team offices, the Community Justice Center, and Central City Older Adult Program.²⁸ The map below illustrates the geographic distribution of DPH Primary Care Service Sites. In addition to these facilities, many other behavioral health, housing, and specialty healthcare contractors operate in the neighborhood. Attached in Appendix A is a list of DPH contracted programs that are located in the Tenderloin.

SFDPH Primary Care Sites



- 3 – Larkin Street Youth Clinic
- 4 – Curry Senior Center
- 5 – Tom Waddell Urban Health Clinic
- 6 – Medical Respite & Sobering Center

²⁸ See: SFDPH 2014-2015 Annual Report, available on the DPH website, at <https://www.sfdph.org/dph/comupg/aboutdph/insideDept/OPP/docsreports.asp>.

Access to quality medical care in the Tenderloin is increasing with the development of the new CPMC facilities.

In 2015, North East Medical Services (NEMS) launched a partnership that provides a pathway for Medical managed care beneficiaries to have access to a Tenderloin-based primary care provider, St. Anthony's Medical Clinic, with California Pacific Medical Center (CPMC) as the hospital partner. This agreement ensures access to primary care in the Tenderloin as well as needed acute care services through CPMC.



Appendix A – DPH Funded Programs

Program Name	Agency	Street Address
149 Mason Street Housing Project	Glide Community Housing	149 Mason Street
3rd Party Rent Payment Services	Lutheran Social Services Of Northern Ca	191 Golden Gate Avenue
990 Polk Street Senior Housing Supportive Services	Lutheran Social Services Of Northern Ca	990 Polk Street
API Integrated Case Management	Asian & Pacific Islander Wellness Center	990 Polk Street
API Tenderloin Area CoE	Asian & Pacific Islander Wellness Center	990 Polk Street
ART FACET Program	Addiction Research and Treatment Services	433 Turk Street
ART Turk Street Methadone Maintenance & HIV Set-Aside	Addiction Research and Treatment Services	433 Turk Street
Attendant Care Services for Youth with HIV	Larkin Street Youth Services	129 Hyde Street
BAART Community Health Care	BAART Community Health Care	433 Turk Street
BBHS Turk Homeless Women Methadone Maintenance	BAART Behavioral Health Services	433 Turk Street
BBHS Turk PHC Methadone Maintenance	BAART Behavioral Health Services	433 Turk Street
CCHH Holistic Wellness Community Building Program	Central City Hospitality House	290 Turk Street
CCHH Tenderloin Self-Help Center	Central City Hospitality House	146 Leavenworth Street
CHP Essex House	Community Housing Partnership	684 Ellis Street
Civic Center Residences Senior Housing	44 McAllister Associates LP	44 McAllister Street
Comprehensive Housing for Youth with HIV	Larkin Street Youth Services	129 Hyde Street

Program Name	Agency	Street Address
Curry Senior Center - Behavioral Health Services in Primary Care (MHSA)	Curry Senior Center (North of Market)	315 Turk Street
Curry Senior Center - Integrated Full Service Outpatient (IFSO)	Curry Senior Center (North of Market)	315 Turk Street
Curry Senior Center HUH	Curry Senior Center (North of Market)	315 Turk Street
Curry Senior Center MH	Curry Senior Center (North of Market)	315 Turk Street
DAH Arlington Hotel	Mercy Housing California XL, dba Mission Creek Senior Community	480 Ellis Street
DAH at the Ambassador, Dalt and Ritz Hotels	Tenderloin Neighborhood Development Corp	34 Turk Street
DAH Chronic Alcoholics at Eddy Street Apartments	Community Awareness & Treatment Services	425 Eddy Street
DAH Chronic Alcoholics at William Penn Hotel	Chinatown Community Development Center	160 Eddy Street
DAH for Seniors at West Hotel	Tenderloin Neighborhood Development Corp	201 Eddy Street
DAH High Users of Multiple Systems (HUMS) - CATS Eddy St Apartments	Community Awareness & Treatment Services	425 Eddy St
DAH Prop 63 @ Cambridge Hotel	473 Ellis LP	473 Ellis Street
DISH - Delivering Innovation in Supportive Housing	Tides Center	232 Eddy Street
ECS SF START	Episcopal Community Services of San Francisco	1001 Polk Street
Emotional and Practical Support	Shanti Project	730 Polk Street
FSA Older Adult Full Service Partnership (SrFSP)	Family Service Agency of San Francisco	280 Turk Street
FSA Senior Drop-In Center at Curry Senior Center	Family Service Agency of San Francisco	333 Turk Street
HERR for Asian and Pacific Islander MSM: HIV Testing	Asian & Pacific Islander Wellness Center	730 Polk Street
HIV Health Services Planning Council	Shanti Project	730 Polk Street
Homeless Advocacy Project	Justice & Diversity Center, BAR Association of SF	125 Hyde Street
Integrated Case Management	Shanti Project	730 Polk Street
Integrated Case Management	Larkin Street Youth Services	129 Hyde Street
Larkin Street HIV Specialty Care	Larkin Street Youth Services	129 Hyde Street
Money Management & Representative Payee Services	Lutheran Social Services Of Northern Ca	191 Golden Gate Avenue
NCA Strengthening Families Program	Center for Open Recovery (formerly National Council on Alcoholism & Other Drug Addictions)	1170 Market Street,

Program Name	Agency	Street Address
Newcomers Health Program	International Institute Of The Bay Area	30 Van Ness Ave
Project Open Hand	Project Open Hand	730 Polk Street
Saint James Infirmary	Saint James Infirmary	234 Eddy Street
Scattered-Site Housing	Brilliant Corners (formerly West Bay Housing Corporation)	1390 Market Street
Stabilization Program for PLWHA	Lutheran Social Services Of Northern Ca	410 Eddy Street
Support Services at Kelly Cullen Community	Tenderloin Neighborhood Development Corp	216 Eddy Street
Vera Haile Senior Housing	Mercy Housing California XL, dba Mission Creek Senior Community	121 Golden Gate Avenue