

# 2025 CHINA Implementation Strategy & Action Plan



SAN FRANCISCO  
CAMPUS FOR JEWISH LIVING

THE EXCELSIOR

**PRIORITY: ACCESS TO CARE**

**Goal Statement:** Develop a coordinated outreach and marketing program that communicates consistent messaging across the continuum of care, strengthens internal culture and accountability, and builds sustainable community partnerships.

**Objective:** Educate providers/organizations quarterly about JHRC’s specialized clinical SNF programs (>30 organizations) by June 30, 2028. Create consistent messaging, talking points, scripting, and collateral across all service lines

**Strategy 1:** Create a community outreach program to educate local organizations about our specialized clinical programs being implemented in our Post-Acute/LTC units.

Programs/Activities	Evaluation Measures	Data Source	Baseline	Outcomes Y1 July 2025 – June 2026	Outcomes Y2 July 2026 – June 2027	Outcomes Y3 July 2027 – June 2028
Activity 1.A) Develop universal collateral (brochures, report cards, scripts, elevator pitch, QR codes, social media content. Share them with local providers/ organizations.	Collateral Developed # of collaterals shared	Internal	No current brochures			
Activity 1.B) Host small group events focused on 3 organizations quarterly and schedule on-site presentation of specialized clinical programs	# of local providers /orgs that attended	Internal	No consistent/ scheduled event			
Activity 1.C) Develop strategic plan for outreach. Determine outreach roles and responsibilities for outreach designee at local providers/healthcare partners	Strategic planning complete # of outreach	Internal	No strategic plan for outreach and no clear roles/responsibilities			
Activity 1.D) Build outreach dashboard for metrics tracking (referrals, census, CRM). Create a universal calendar of events to prevent over-lap and track accountability.	Outreach Dashboard launched Calendar Adoption	Internal	Each business line tracking and CRM are different and not integrated No calendar exists.			

**Anticipated Outcomes:** Become the community resource for clinical programs and go-to SNF for referring providers.

**Target Population(s):** Local hospital partners, home health/hospice agencies, community agencies, and vendors

**Resources:** (financial, staff, supplies, in-kind etc.)

- Year 1: Marketing materials such as brochures, social media campaigns, and budget for events and clinical staff support.
- Year 2: Continue to produce marketing materials such as brochures, social media campaigns, and budget for events and clinical staff support.
- Year 3: Continue to produce marketing materials such as brochures, social media campaigns, and budget for events and clinical staff support.

**Collaboration Partners:**

- UCSF, CPMC/Sutter, SFGH, home health/hospice agency partners

**PRIORITY: ACCESS TO CARE**

**Goal Statement:** Increase awareness of the importance of community mental health well-being, and provide knowledge to local providers, organizations and community members about SFCJL APU behavioral health services.

**Objective:** Create and establish lecture series and mental health resource fair by May 2026

**Strategy 2:** Develop community educational program focused on behavioral health services and their benefit to the community

<b>Programs/Activities</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Outcomes Y1</b> July 2025 – June 2026	<b>Outcomes Y2</b> July 2026 – June 2027	<b>Outcomes Y3</b> July 2027 – June 2028
Activity 2A) Annual community Lecture Series during mental health awareness month (Utilize APU staff expertise to identify topics) Feature the interdisciplinary team from APU, the series will serve as an educational forum for local providers, caregivers, and community partners to enhance understanding of behavioral health in older adults and increase awareness of APU services.	# of lectures	Internal tracking	None			
Activity 2B) Host Mental Health Annual Awareness Month Resource Fair (utilize community partners to participate in resource fair, ex. IOA's Friendship Line)  Create educational sessions, mini-talks, or resource booths addressing stigma reduction, coping strategies, and access to behavioral health care  Engage local organization such as UCSF Psychiatry, SFDPH Behavioral Health Services, IOA, NAMI, and Jewish Family & Children's Services, MHA-SF, BHAC, SAMHSA	# of community participants/	Internal tracking	None			

**Anticipated Outcomes:** Increase awareness of the importance of maintaining mental health, and reduce stigma associated with mental health support, while encouraging individuals to seek help when needed.

**Target Population(s):** Residents, Community Partners and their constituents, SF residents

**Resources:** (financial, staff, supplies, in-kind etc.)

- Marketing materials such as brochures and social media campaigns
- Budget for events and clinical staff support
- Partner outreach, marketing support, printing materials, signages, meeting coordination
- Quality/PI team survey tools (post event and outcome report)

**Collaboration Partners:**

- UCSF, SF Dept of Psychiatry
- NAMI, SFDPH Behavioral Services, IOA, JFCS, MHA-SF, BHAC, SAMHSA

**PRIORITY: ACCESS TO CARE****Goal Statement:** Revamp Admissions Department to Strengthen Access to SNF Beds**Objective:** Reorganize admissions department, revise procedures for more rapid review of referrals and admission to SNF.**Strategy 3:** Reorganize admissions department, revise procedures for more rapid review of referrals and admissions to SNF, and develop metrics of success

<b>Programs/Activities</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Outcomes Y1</b> July 2025 – June 2026	<b>Outcomes Y2</b> July 2026 – June 2027	<b>Outcomes Y3</b> July 2027 – June 2028
Activity 3.A) Identify roles & functions, hiring the right leader & support staff, and providing the appropriate oversight	Director hired Staff retention & turnover	Internal	Recent turnover in department leadership and staff			
Activity 3.B) Map current workflow, identify systematic flaws/gaps, develop and implement new streamlined system	Referral Response Time Time to Decision (Yes/No) Conversion Rate Lost Referrals (by Reason) Payer Mix Hospital Readmission Rate	Internal	Current system is inefficient			
Activity 3.C) Develop Metrics of Success (KPIs)	Referral Response Time Time to Decision (Yes/No) Conversion Rate Lost Referrals (by Reason) Payer Mix Hospital Readmission Rate	Internal	Poor tracking without oversight			

**Anticipated Outcomes:**

- Improved patient outcomes through stronger hospital partnership and enhanced market reputation

**Target Population(s):**

- Local hospitals in the community

**Resources:** (financial, staff, supplies, in-kind etc.)

- PCC report creation, performance improvement/operational efficiency expertise

**Collaboration Partners:** UCSF, CPMC/Sutter, SFGH

**PRIORITY: ACCESS TO CARE****Goal Statement:** Increase Staff Vaccination Rates (Flu/COVID booster)**Objective:** Develop New Vaccination Strategies to Increase Staff Vaccination Rates.**Strategy 4:** Partner with local pharmacies to develop internal strategies to augment staff vaccination rates

<b>Programs/Activities</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Outcomes Y1</b> July 2025 – June 2026	<b>Outcomes Y2</b> July 2026 – June 2027	<b>Outcomes Y3</b> July 2027 – June 2028
Activity 4.A) Assign supervisors the roster of their staff to get consent of vaccination on site, decline with valid reason, or attestation that they've received the vaccine elsewhere with proof.	% vaccinated % declination	Internal	No current process			
Activity 4.B) Coordinate with pharmacies to optimize clinics	# of clinics scheduled	Internal	Too few clinics			
Activity 4.C) Offer positive reinforcement to the department with the highest percentage of vaccinated staff members	% of vaccinated staff members by department	Internal	No current incentive for vaccination			

**Anticipated Outcomes:**

- Increase the percentage of vaccination amongst staff members, ultimately reducing incidence of flu/COVID infection.

**Target Population(s):**

- All staff members

**Resources:** (financial, staff, supplies, in-kind etc.)

- Year 1: marketing material including brochures, social media campaigns, budget for prizes for the winning department as well as smaller incentives randomly chosen for others that participate.
- Year 2: continue to produce marketing material including brochures, social media campaigns, budget for prizes for the winning department as well as smaller incentives randomly chosen for others that participate.
- Year 3: continue to produce marketing material including brochures, social media campaigns, budget for prizes for the winning department as well as smaller incentives randomly chosen for others that participate.

**Collaboration Partners:**

- Safeway, secondary pharmacies

**PRIORITY: BEHAVIORAL HEALTH****Goal Statement:** SNF Residents will be screened/evaluated For Depression and Cognition Level**Objective:** PHQ2-9 Depression Evaluation and Cognitive Assessment will be performed on JHRC residents. Residents will receive baseline evaluation, then quarterly as needed. Assessment department will track evaluations monthly.**Strategy 1:** Trained nurses will assess residents using the PHQ-9 tool. SFCJL will partner with PrimoCare and their clinicians to conduct the cognitive evaluation and screening

<b>Programs/Activities</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Outcomes Y1</b> July 2025 – June 2026	<b>Outcomes Y2</b> July 2026 – June 2027	<b>Outcomes Y3</b> July 2027 – June 2028
Activity 1.A) Conduct the selected cognitive screen (e.g., Mini-Cog) and the PHQ2-9 for all residents upon admission or at the start of the program to establish a clear baseline.	% of new residents screened	Internal	PHQ2-9 Depression and BIMS Evaluation are part of MDS Assessment upon admission, quarterly, and/or significant change of status			
Activity 1.B) Conduct PHQ2-9 and Cognitive Screen when there is a significant change in status, new behavioral symptoms, or resident/family/staff concern and as part of their quarterly assessment.	% residents screened	Internal	PHQ2-9 Depression and BIMS Evaluation are part of MDS Assessment upon admission, quarterly, and/or significant change of status			
Activity 1.C) Trigger an action plan and implement interventions for a positive screen (PHQ2-9 & Cognitive)	Intervention Rate	Internal	Careplan interventions are developed for issues identified from PHQ2-9 Depression and BIMS Evaluation			

**Anticipated Outcomes:**

- The primary outcome is the early and systematic detection of depression and cognitive impairment that can identify residents' needs at an earlier, more manageable stage. This can lead to improved resident quality of life and enhanced/individualized care planning.

**Target Population(s):**

- Patients in Post-Acute Units and Residents in Long-Term Care units

**Resources:** (financial, staff, supplies, in-kind etc.)

- Year 1: Staff time for assisting PrimoCare with the initial screening, conducting follow-up evaluation and developing/implementing interventions
- Year 2: Staff time for assisting PrimoCare with the initial screening, conducting follow-up evaluation and developing/implementing interventions
- Year 3: Staff time for assisting PrimoCare with the initial screening, conducting follow-up evaluation and developing/implementing interventions

**Collaboration Partners:** PrimoCare

**PRIORITY: BEHAVIORAL HEALTH****Goal Statement:** Reduce Overdose for Patients with Opioid orders upon discharge**Objective:** Patients with opioid order at discharge will also be provided with Naloxone upon discharge**Strategy 2:** Develop a Risk Reduction program by evaluating opioid utilization and ensuring compliance with best practice for Rx at discharge

<b>Programs/Activities</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Outcomes Y1</b> July 2025 – June 2026	<b>Outcomes Y2</b> July 2026 – June 2027	<b>Outcomes Y3</b> July 2027 – June 2028
Activity 2.A) Stratify Overdose Risk for All Patients with Opioid orders: Implement a standardized risk assessment for every patient flagged for an opioid prescription at discharge. Use of Opioid Risk Tool (ORT) or Screening, Brief Intervention, and Referral to Treatment (SBIRT)	% Patients with Opioid orders % Patients at Risk	Internal	No risk assessment			
Activity 2.B) Mandate Prescription Drug Monitoring Program (PDMP) Review which will require prescribers to check the state PDMP for all patients receiving an opioid prescription at discharge.	% patients with an opioid order on discharge who had a PDMP check	Internal	No monitoring program			
Activity 2.C) Co-prescribe naloxone to all High-Risk Patients	% high-risk patients who were co-prescribed naloxone	Internal	No existing program to co-prescribe Naloxone			
Activity 2.D) Provide a "Discharge Risk Reduction Toolkit": Every high-risk patient (and their family) should leave with a physical kit and clear, "teach-back" education	% high-risk patients who received a "Discharge Risk Reduction Toolkit"	Internal	No current discharge risk reduction program			

**Anticipated Outcomes:**

- Will save patient lives by preventing fatal and non-fatal overdoses post-discharge, reduce readmission back to the hospital, reduce liability and regulatory risk, reduce the amount of opioids in the community, and become a true public partner.

**Target Population(s):**

- Patients who have opioid orders

**Resources:** (financial, staff, supplies, in-kind etc.)

- Staff time for conducting the initial screening, follow-up evaluation, education, training, & developing/implementing specific interventions as part of Harm Reduction Program and supplies/materials for Discharge Risk Reduction Toolkit

**Collaboration Partners:**

- National Harm Reduction Coalition
- Project Advancing Drug and Opioid Prevention and Treatment (ADOPT) – UCSF
- Bay Area Addiction Research & Treatment Inc. (BAART)

**PRIORITY: ECONOMIC SECURITY****Goal Statement:** Launch Nursing Training Academy**Objective:** Develop on-site training programs to enhance skills and employability**Strategy 1:** JHRC Academy to offer vocational training (e.g. CNA/ LVN/ HHA training programs and LVN to RN Board Exam review classes)

<b>Programs/Activities</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Outcomes Y1</b> July 2025 – June 2026	<b>Outcomes Y2</b> July 2026 – June 2027	<b>Outcomes Y3</b> July 2027 – June 2028
Activity 1.A) Secure physical space for the academy which will include a classroom, clinical lab, and appropriate equipment	Meet requirements for physical space by deadline	Internal	No current vocational program/school in the campus			
Activity 1.B) Identify/hire appropriate staff- Instructor, Program Director, and School Administrator	Hiring appropriate staff by deadline	Internal	No current vocational program/school in the campus			
Activity 1.C) Develop and submit the program curriculum to governing bodies/agencies	Approval of program curriculum by governing bodies by deadline	Internal	No current vocational program/school in the campus			
Activity 1.D) Market/launch the academy and recruit students	# of students applied # of students accepted # students completing program	Internal	No current vocational program/school in the campus			

**Anticipated Outcomes:**

- Prevent staffing shortage, reduce turnover, increase retention, improve quality of care, improve staff satisfaction by providing a pathway for career growth/advancement, and build a powerful brand reputation as an educational leader, not just a service provider

**Target Population(s):**

- Internal Staff, family of staff, community

**Resources:** (financial, staff, supplies, in-kind etc.)

- Staff time for developing the curriculum program, recruitment of staff, school equipment/supplies, and materials for marketing/recruiting of students.

**Collaboration Partners:**

- Local Hospital Partners
- Community Agency Partners

**PRIORITY: ECONOMIC SECURITY**

**Goal Statement:** Create a volunteer tutoring program in partnership with SF Public Library that provides personalized support and guidance to students, and strengthen comprehension and boost confidence in subjects such as English, Math and Spanish, etc.

**Objective:** Identify up to five volunteer tutors to assist students by 2025 Quarter 1.

**Strategy 2:** Provide individualized attention to students who either struggle in school or who may seek additional challenges in learning in order to enhance learning outcomes by providing feedback and support.

Programs/Activities	Evaluation Measures	Data Source	Baseline	Outcomes Y1 July 2025 – June 2026	Outcomes Y2 July 2026 – June 2027	Outcomes Y3 July 2027 – June 2028
Activity 2.A) Recruit volunteers to provide tutoring	# of volunteers participating in program # students participating in program	Internal	None, new program			
Activity 2.B) Foster relationship with SF Public library excelsior to identify students who have a need.	Outreach completed and program criteria shared	Internal/external	None, new program			

**Anticipated Outcomes:** Volunteers will offer individualized attention for students who face challenges within the subject matter(s); Enhance learning outcomes by providing feedback and support: teach skills for independent learning

**Target Population(s):** 3<sup>rd</sup> and 4<sup>th</sup> graders in the Excelsior neighborhood, community partners, children of volunteers, etc.

**Resources:** (financial, staff, supplies, in-kind etc.)

- Volunteers
- Hosting Site (SF Public Library, eventually OPC, etc.)
- lealist.org

**Collaboration Partners:**

- SF Public Library
- High School and University Partnerships

**PRIORITY: ECONOMIC SECURITY****Goal Statement:** In partnership with Morrison Living, provide bi-annual opportunities for nutritious food to staff experiencing food insecurity.**Objective:** Host three subsidized campus-wide food events for staff.**Strategy 3:** Collaborate with Morrison Living to supply resources and plan activities that promote food security and healthy eating for staff

<b>Programs/Activities</b>	<b>Evaluation Measures</b>	<b>Data Source</b>	<b>Baseline</b>	<b>Outcomes Y1</b> July 2025 – June 2026	<b>Outcomes Y2</b> July 2026 – June 2027	<b>Outcomes Y3</b> July 2027 – June 2028
Activity 3A) Annual campus-wide subsidized healthful meal.	# of campus-wide meals provided	Internal	1/year			
Activity 3B) Annual campus-wide subsidized farmer's market.	# of farmer's markets provided	Internal	None			
Activity 3C) Annual campus-wide winter holiday healthful snack care package.	Snack packages disseminated	Internal	1/year			

**Anticipated Outcomes:** Address food insecurity amongst staff living below the FPL.**Target Population(s):** SFCJL campus wide staff**Resources:** (financial, staff, supplies, in-kind etc.)

- Possible in kind donations (approach approved produce vendors for financial assistance or food donations)
- Financial budge
- Staff time for food distribution

**Collaboration Partners:**

- Morrison Living
- SFCJL HR Department