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**Resolution Calling Upon San Francisco to Ensure the New Proposed Cathedral Hill Hospital & Rebuild of St. Luke's Hospital Require Sutter Health/CPMC Provide Behavioral as well as other Health Services in Accordance with Community Needs**

Whereas, as a nonprofit charitable organization, Sutter Health/CPMC receives tax exemptions on the premise that it relieves the burden on government for a portion of the public costs for provision of healthcare for the low-income medically uninsured or underinsured; and

Whereas, Sutter Health/CPMC proposes to build two earthquake-retrofit hospitals in San Francisco with a combined total of 630 beds, but Sutter Health/CPMC's proposal would reduce St. Luke's Hospital – one of only two hospitals in the city's South of Market Street area serving over 340,000 people – from its current 229 beds down to only 80 beds, while building a 550-bed hospital in the affluent Cathedral Hill neighborhood; and

Whereas, the building of these two hospitals – the largest single general acute care hospital construction project in the history of San Francisco – will significantly define the availability of hospital services in San Francisco for decades to come, and their construction will also have considerable impact on the livelihoods of construction workers as well as the hospital workforce; and

Whereas, Sutter Health/CPMC plans no psychiatric beds for either hospital, despite Sutter having closed a 32-bed patient psychiatric unit at St. Luke's Hospital in 2004 over the unanimous objection of the SF Health Commission, and despite reports from qualified professionals that SF County's Psychiatric Emergency Services Unit at SFGH is at capacity and regularly forced to divert patients to other facilities and is not equipped to absorb the psychiatric patients that Sutter Health/CPMC has eliminated by conscious design from its own facilities; and

Whereas, the San Francisco Labor Council and the unions that comprise it are unwavering in their work to improve the quality of life for women and men in San Francisco and beyond,

Therefore be it Resolved that the San Francisco Labor endorses and supports that St. Luke's Hospital be rebuilt at a size approximating its current licensed capacity of 229 beds so as to meet the health needs of the southeastern portion of SF, and that an in-patient behavioral health unit be included in CPMC's new hospitals, per the attached recommendations entitled "Northern California Commission for Psychiatric Resources Request of CPMC to include an Inpatient Behavioral Health Unit in their hospital plans and to fund follow-up community residential care;" and

Be it Further Resolved that if Sutter Health/CPMC fails to contribute to the City and County of San Francisco's behavioral and medical health needs of its low-income uninsured and underinsured residents at a level commensurate with the tax exemptions they enjoy as a charitable organization, the County of San Francisco should initiate proceedings to revoke Sutter Health/CPMC's county property tax exemptions; and

Be it Finally Resolved that the San Francisco Labor Council will circulate this resolution among its union membership, urging them to support actions on this resolution, and that the San Francisco Labor Council will send a letter to the Mayor of San Francisco and each member of the Board of Supervisors in support of these demands.

Submitted by Conny Ford, OPEIU 3; Alan Benjamin, OPEIU 3; and Maria Guillen, SEIU 1021 and adopted by the San Francisco Labor Council on January 14, 2013.

Respectfully,



Tim Paulson  
Executive Director

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## Northern California Commission for Psychiatric Resources Request of CPMC to include an Inpatient Behavioral Health Unit in their hospital plans and to fund follow-up community residential care.

**Rationale:** As part of their Community Benefit Obligation, nonprofit hospitals must provide their fair share of behavioral as well as medical health services to meet high priority community needs in return for their nonprofit tax exemptions. Sutter/CPMC closed St. Luke's 32-bed Inpatient Psychiatric Unit in 2004, despite unanimous opposition from the San Francisco Health Commission and in violation of an agreement with the State Attorney General's office. This exacerbated an already unacceptable bed shortage. Sutter must replace these beds and staff them to meet current needs for acute and sub-acute psychiatric care.

At the same time, the State of California must revise their reimbursement rates for psychiatric care consistent with the level of care required to appropriately treat these patients, while the State Attorney General must ensure insurance companies comply with the Mental Health Parity Law in terms of access and reimbursement for psychiatric care. Sutter/CPMC, along with other nonprofits such as Kaiser, Dignity Health (previously CHW), and UCSF must also contribute their share to fill the need for sufficient outpatient and residential services, outlined in point #2 below.

Sutter/CPMC is proposing a total of 630 beds at their St Luke's and Cathedral Hill campuses without including a single psych bed. Statistically a certain percentage of patients will have mental health needs. Sutter/CPMC needs to maintain the following services just to accommodate these patients, in order to avoid having to transfer/divert them to the City's facilities.

The following proposed services were recommended by a number of local mental healthcare professionals (including some who work at SFGH's Psychiatric Emergency Services unit, the SF County Jail, private practitioners, social workers and various emergency department staff), and SF Night Ministries, based upon their experienced difficulty in placing patients.

### 1. Inpatient Behavioral Health Unit allocation of 38 beds, preferably at St. Luke's:

	<b>Acute:</b>	<b>Subacute:</b>
<b>Psychiatric tx:</b>	Acute psych (10 beds)	Subacute psych/stabilization while awaiting next level of care (12 beds)
<b>Alcohol/drug tx:</b>	Medical detox. (8 beds)	Non-medical detox/stabilization while awaiting next level of care (8 beds)

These services need to be provided regardless of the level of insurance payment, as often insurers pay for only minimal care, despite mental health/substance abuse parity laws, resulting in discharges without adequate follow-up care in place, such as patients being discharged to the streets. The cost of care provided to underinsured and uninsured patients, beyond any insurance compensation received, will fulfill a portion of the hospital corporation's community benefit/charity care obligations.

### 2. Community residential and outpatient services:

To insure continuity of care and help fill the gap between acute treatment and long term rehabilitation, non-profit hospitals must furnish funding to the county to provide or contract out the following services that are not covered by insurance and are threatened by decreasing federal and state funding. Sutter/CPMC, UCSF, Kaiser and Dignity should **each** maintain treatment for 100 slots for a total of 400, across the following categories:

Residential treatment (psychiatric, addiction, dual diagnosis)

- Partial Hospitalization Programs (PHP's)
- Case Managed Supported housing
- Intensive outpatient mental health/substance abuse treatment (currently only provided by the county *after* numerous costly hospitalizations).

*(One relevant 2009 report re: the need for long term addiction treatment services: "Shoveling Up II" by Columbia University's National Center on Addiction and Substance Abuse reveals that for alcohol, drug, and tobacco addiction, approximately 98% of government (federal, state, county) expenses go to shoveling up the mess (health consequences, criminal justice costs, lost productivity), and only 2% to prevention and treatment combined.)*