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# Message From the Director



**Mitchell H. Katz, MD**  
**Director, San Francisco**  
**Department of Public Health**

**Mitchell H. Katz, MD at a San Francisco Medical Society meeting.**

**Back Row: George P. Susens, MD; Mitchell H. Katz, MD. Front Row: Kathleen Unger, MD; Diana Bontá, RN, DrPH; Robert J. Lull, MD**

I am pleased to present the Fiscal Year 2000-2001 Annual Report for the City and County of San Francisco Department of Public Health. The report summarizes some of the Department's major accomplishments during this fiscal year.

During the past year, the Department began implementation of its strategic planning initiative, increased community-based services as an alternative to hospital care, and participated in the City and County's efforts to expand access to health insurance.

The Strategic Plan is designed to help the Department better fulfill its mission to protect and promote the health of all San Franciscans. We undertook this strategic planning initiative in an effort to ensure that the services and programs that the Department provides are continually relevant

to the health needs and concerns of the community. Because the Department strongly believes in participatory leadership, our strategic plan was developed with extensive input from Department staff and our community partners, including service providers, consumers, health advocates and the public. The Strategic Plan will guide the Department's work over the next three years.

One of the key recommendations contained in the strategic plan is to better integrate physical health, prevention, behavioral health, housing and social services, in order to ensure that services are community- and consumer-focused. To accomplish this goal we implemented a strategic reorganization within the Department to bring these critical services together in one division. The new Department organization joins mental health, substance abuse, housing and maternal and child health services in one division with primary care, called Community Programs. Our new organization will improve access to and coordination of care for patients who use multiple services. By placing the Department's prevention programs under common leadership with Community Programs we will also enhance integration of prevention and education messages in service delivery settings.

For the last several years, the Department has struggled with large financial deficits in our service delivery areas. The reasons are decreased reimbursements from federal sources due to the Balanced Budget Act, increases in the costs of providing state-of-the-art care due to the availability of new medications and procedures as well as inflation in the costs of long-standing medications and services, and increased demand for our services. To cope with these pressures, the Department has launched several initiatives designed to decrease the use of hospital-based services by substituting more cost-effective and less restrictive community-based services.

At the center of our efforts to promote community-based care, the Department's Office of Housing and Urban Health (HUH) has used creative approaches to expanding housing options as an alternative to institutional care. They have master leased rooms in single room occupancy hotels (SROs), rented blocks of rooms in larger buildings, implemented a short-term stabilization housing project, and opened targeted programs for underserved populations. In fiscal year 2000-01, HUH developed 160 new residential units and currently contracts for 1,120 housing slots. During the year, HUH opened the Ark House, a transitional housing facility for homeless lesbian, gay, bisexual, transgender, queer and questioning young adults, it master leased the 91-unit SRO, the LeNain Hotel, for homeless seniors, and it developed Autumn Glow, a 15-bed residential care facility for elderly people with Alzheimer's and other forms of dementia. Among the work in progress is Broderick Street, a 34-bed residential care facility that will provide long term care for clients who have been difficult to place due to

medical complications and/or behavior issues and 105 additional supportive housing units.

Community Mental Health Services, working closely with the Mental Health Advisory Board, has been particularly successful in expanding community-based options for care, including the opening of the 12-bed acute diversion unit. Our Substance Treatment division, working collaboratively with the Treatment on Demand Planning Council, has expanded treatment opportunities for by opening 124 new treatment slots in the past year.

I am fortunate to be a local health director in a city that so strongly supports public health and health care services. San Francisco has been a leader in efforts to expand access to health care coverage for its uninsured residents and workers and I am proud that the Department has played a role in these expansions. Pursuant to Proposition J, which was passed by the voters in November 1998 and directs the City to assist the uninsured in obtaining affordable healthcare coverage, the Mayor and the Board of Supervisors passed two significant initiatives in fiscal year 2000-01 that bring the City closer to achieving the goal of universal healthcare. In May 2001, the City passed the Health Care Accountability Ordinance, which requires the City's contractors and lessees to offer health insurance coverage to their employees. It is anticipated that this ordinance will make health care coverage available to more than 16,000 San Francisco workers. In June 2001, the City funded the Children's Health Initiative, which, beginning January 1, 2002, will provide health insurance for the City's uninsured children. We estimate that 5,000 San Francisco children will be eligible for the program, which we are calling Healthy Kids.

None of the Department's initiatives could have been achieved without the strength and commitment of the Department's staff. Our ability to meet the health needs of our community is dependent upon the caliber of our staff. I am proud and appreciative of their expertise, their dedication, and their spirit.

My continued gratitude to the Mayor, the Board of Supervisors, and the San Francisco Health Commission for their leadership, their support and their commitment to health. They have led San Francisco through significant expansions and innovations in health care and health care access. I look forward to our continued work together to improve the health status of all San Franciscans.

A handwritten signature in black ink that reads "Mitchell Katz MD". The signature is written in a cursive, flowing style.

## The Health Commission



**Seated from left: Harrison Parker, Sr., DDS; Roma P. Guy, MSW, President; Edward W. Chow, MD, Vice President. Standing from left: John I. Umekubo, MD; Arthur M. Jackson; Lee Ann Monfredini; David Sanchez, Jr., PhD.**



**The Health Commission hearing from the community in Bayview-Hunters Point.**

As the governing and policy-making body of the Department of Public Health, the San Francisco Health Commission is mandated by City and County Charter to manage and control the City and County hospitals, to monitor and regulate emergency medical services, and all matters pertaining to the preservation, promotion and protection of the lives, health and mental health of San Francisco residents. The Mayor of San Francisco appoints Health Commissioners to four-year terms. Listed on the next page are the City's Health Commissioners and the committees on which they serve.

**Roma P. Guy, MSW, President**

- Member, Joint Conference Committee for Community Health Network.
- Commissioner Guy is the Director of the Bay Area Homelessness Program and Lecturer in the Department of Health Education at San Francisco State University.

**Edward A. Chow, MD, Vice-President**

- Member, Joint Conference Committee for Community Health Network
- Member, Joint Conference Committee for Population Health and Prevention
- Commissioner Chow is a practicing internist and is the Medical Director of the Chinese Community Health Plan.

**Arthur M. Jackson**

- Member, Joint Conference Committee for Laguna Honda Hospital
- Member, Budget Committee
- Commissioner Jackson has been providing San Franciscans with jobs for over 30 years through Jackson Personnel Agency.

**Lee Ann Monfredini**

- Member, Joint Conference Committee for San Francisco General Hospital
- Member, Budget Committee
- Commissioner Monfredini is a self-employed public relations and event planning consultant.

**Harrison Parker, Sr., DDS**

- Member, Joint Conference Committee for Population Health and Prevention
- Member, In Home Supportive Services Public Authority
- Commissioner Parker has been a practicing dentist in the Bayview-Hunters Point Neighborhood for over 35 years.

**David Sanchez, Jr., PhD**

- Member, Budget Committee
- Member, San Francisco Health Authority
- Member, San Francisco General Hospital Foundation
- Commissioner Sanchez is Assistant Vice Chancellor of Academic Affairs, faculty associate for Academic and Student Outreach, and professor in the Department of Family and Community Medicine at the University of California, San Francisco.

**John I. Umekubo, MD**

- Member, Joint Conference for Laguna Honda Hospital
- Member, Joint Conference Committee for San Francisco General Hospital
- Commissioner Umekubo has a private practice in Internal Medicine in Japantown. He is the Chief of Medical Staff of St. Mary's Hospital and the Medical Director of the San Francisco Community Convalescent Hospital.

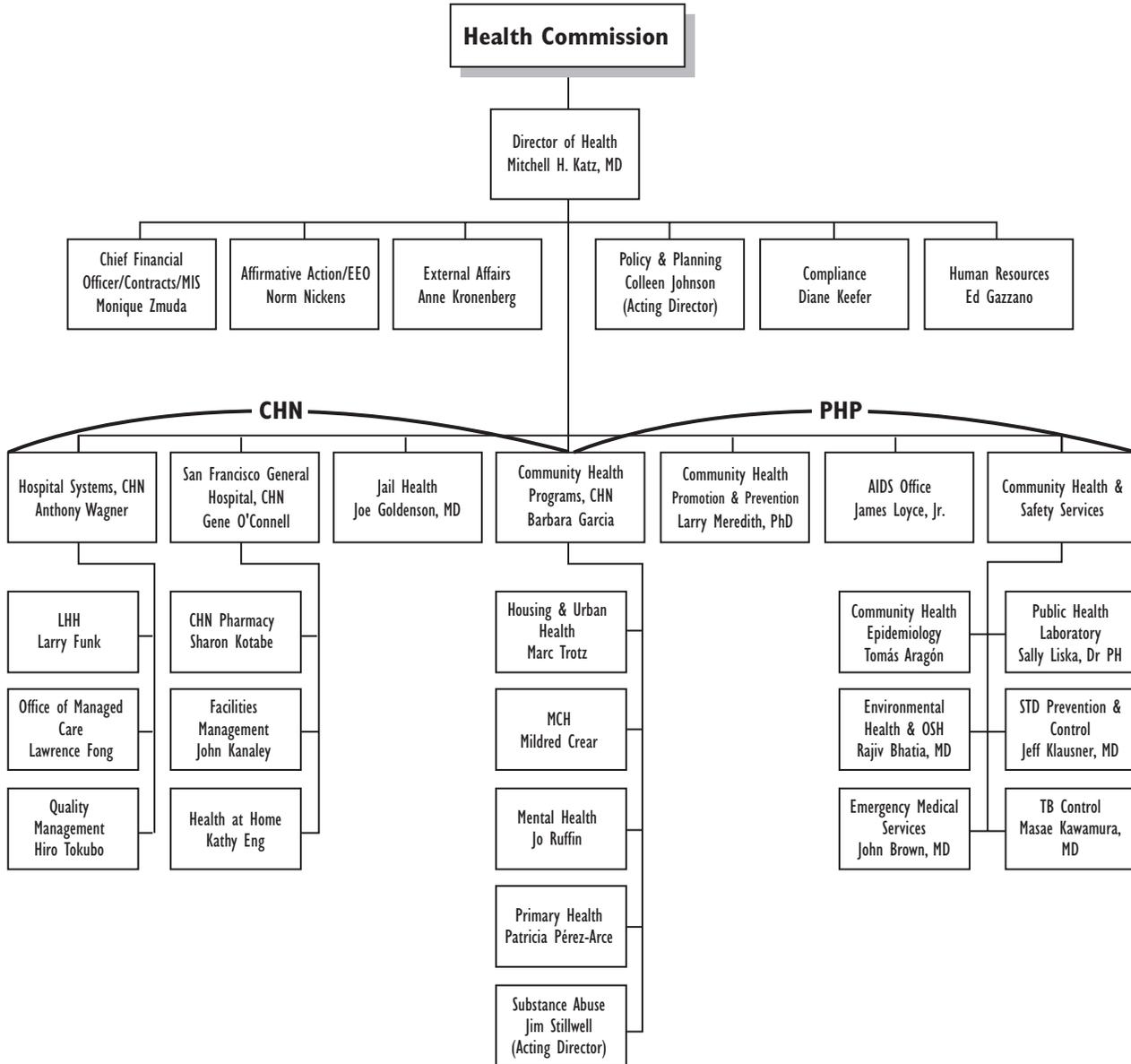
**Michele Olson, Executive Secretary**

# Inside the department Who We Are

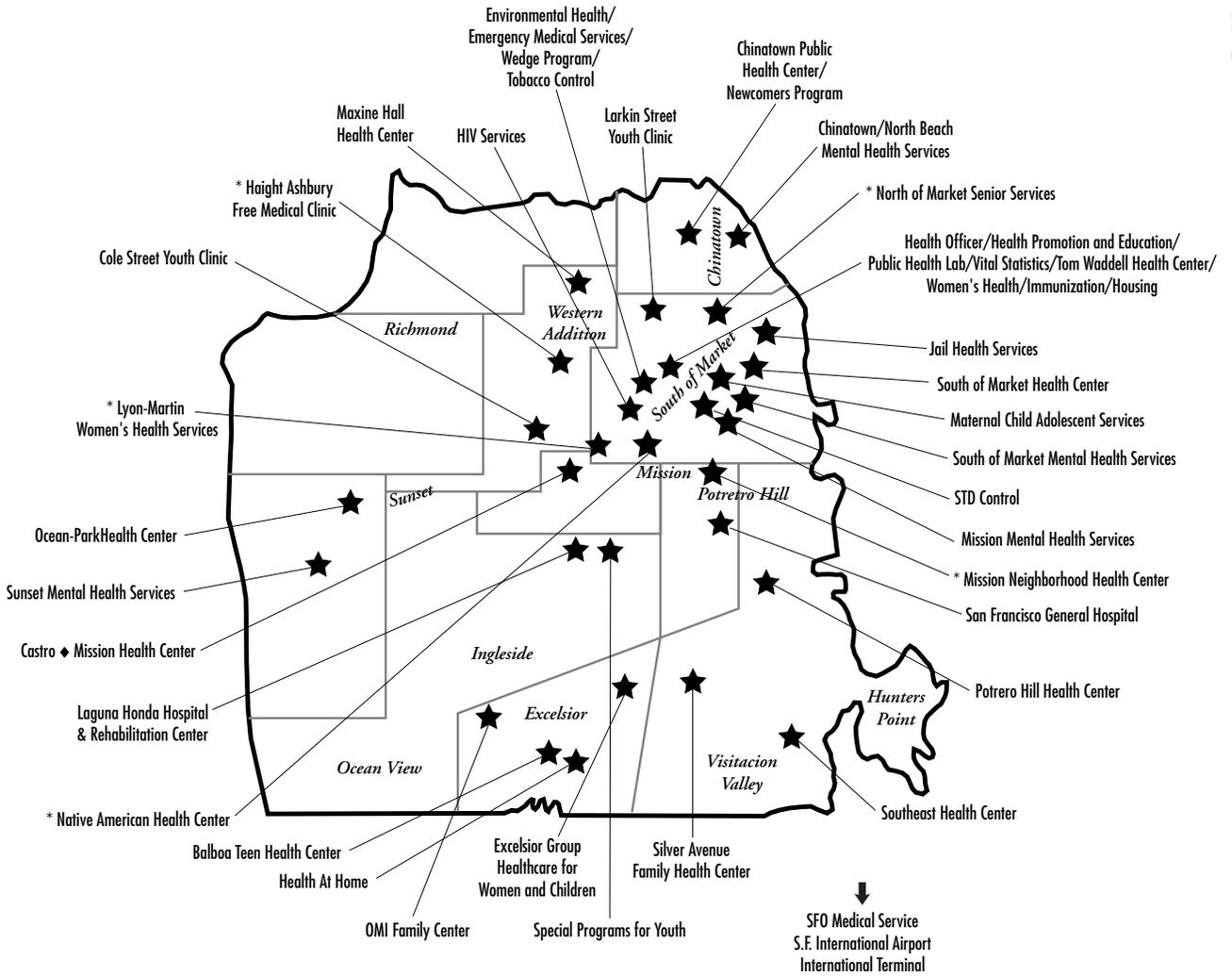
*“I am writing to say a heartfelt Thank You to the staff at San Francisco General Medical Center for their loving care of my brother. He had many ‘guardian angels’ watching over him during his illness and we know for a certainty that he owes his life to the fact that San Francisco supports such an excellent public health system. We believe he would have died if not for the excellent system and its excellent providers: physicians, nurses, social workers, chaplains and volunteers.”*

- A San Francisco General patient's family member.

## Our Organization



## Our Service Sites



\* Affiliated Providers

plus:

- 102 contracted mental health services sites
- 120 contracted substance abuse service sites
- 69 contracted HIV service sites
- other contracted service sites - e.g. Bayview Hunters Point Health and Environmental Resource Center

**The Department Workforce by Race/Ethnicity**

Race/Ethnicity	# of Employees	Percentage
Caucasian	1,692	28%
Filipino	1,603	26%
Asian	1,113	18%
African American	887	14%
Hispanic	826	13%
American Indian	10	<1%

**The Department Workforce by Gender**

Gender	# of Employees	Percentage
Female	4,140	68%
Male	1,991	32%

**Our Workforce**

With over 6,000 employees, the Department of Public Health (the Department) is the largest department within San Francisco City government. The Department’s employees reflect great diversity and an array of experience and expertise. On any given day staff, volunteers and providers at the Department may deliver a baby at the San Francisco General Hospital, provide a birth certificate to a City resident, provide clean needles to a drug user, or teach an elderly resident at Laguna Honda Hospital to paint. The men and women that make up the Department’s workforce represent a range of diverse cultures and backgrounds.



**Members of the Department’s security team. From left: Lt. Gary Kong, Elias Santiago, George Gong and William Kelly.**

Inherent in the Department's mission is the provision of quality, comprehensive, culturally-proficient health services to ensure equal access to all. Linguistic competency is one significant component of cultural competency and the Department employs many bilingual employees. Employees that speak a language other than English as a requirement of the positions they hold are given a language proficiency examination by the Department's Office of Equal Employment Opportunity and Cultural Competency. Currently, 540 staff members speaking 12 languages have been certified by the Office of Equal Employment Opportunity and Cultural Competency. However, there are many more bilingual Department employees in addition to those who are certified.

<b>Language</b>	<b># of Employees</b>
Burmese	1
Cambodian	4
Chinese	192
Danish	1
Italian	1
Korean	2
Laotian	1
Russian	9
Samoan	1
Spanish	286
Tagalog	28
Vietnamese	14



**Ruth Wang, RN filing papers at Ocean Park Health Center**

## Employee Awards and Recognition

### Heroes in Public Health Awards

In fiscal year 2000-01, the Department received the University of California's Heroes in Public Health award. The award honored the past four Directors of Health, as well as the current Director, in recognition of the Department's commitment against the spread of HIV/AIDS.



Public Health Heroes Award. From left: Mitchell H. Katz, MD; Raymond Baxter, MD; David Werdeger, MD; Rep. Nancy Pelosi; Mervyn F. Silverman, MD; and Sandra R. Hernandez, MD.



MIS team with Employee Recognition Award - July 2000

### Health Commission Employee Recognition Awards

The work and commitment of the Department's staff make possible the many accomplishments achieved throughout the year. On a monthly basis, the San Francisco Health Commission recognizes staff who demonstrate outstanding job performance and deserve special recognition for the work they perform on behalf of clients or the public. In fiscal year 2000-01, 87 employees received Employee Recognition Awards.

### **Employee Recognition Awards, FY 00-01**

**July 2000:** Penny Mitchell, LCSW, Social Services, SFGH/CHN; MIS Team for Y2K Compliance

**August 2000:** Jeff Klausner, MD, MPH, Director of the STD Services Program, Population Health and Prevention; Herminia Palacio, MD, MPH, Special Advisor to the Director of Health, Central Administration.

**September 2000:** Jean Cruz-Holdaway, Health Worker II, Tom Waddell Health Center, CHN

**October 2000:** Cathy Hayadashi, Judy Larviere, Suzanne Daly, and Helen H. Tong, of Population Health and Prevention

**November 2000:** Joel Martinez, Environmental Health Technician, Environmental Health-Solid Waste Program

**December 2000/January 2001:** Stephanie Feldman, Physical Therapist, Rehabilitation Department , SFGH; Evita Mullins, Nurse Manager, Primary Care, CHN; Joseph Pendon, Nursing, SFGH

**February 2001:** Joe Walseth, Children's Environmental Health, Population Health and Prevention; Dr. Doug Price, Jay Sheffield, MSW, Chad Coolidge, EW, Sierra Anderson, HW III, Dr. Donna Douglass Griffith, Dr. Rod Weaver, Adam Luna, HW III, Patricia Birmingham, RN, MS, Tom Waddell Health Clinic, CHN

**March 2001:** Dora Chang, Jackie Clark, RN, Forensic Health Services, CHN; Kathryn Eng, Director, Health at Home, CHN; Population Health and Prevention Human Resources Team and Population Health and Prevention MIS Team; CHN-SFGH Patient Financial Services Team

**April 2001:** Michele Friedman, RN, MSC, Head Nurse, Population Health and Prevention-Community Mental Health Services; Gemma Deocampo, Business Analyst, Central Administration Information Technology; Thomas O'Conner, Manager, Systems Group, Population Health and Prevention; Christopher Kim, Engineering Group, Population Health and Prevention

**May 2001:** Mela Yee, Pharmacy Technician, Community Health Services; Ning Aguirre, Blanca Canjura, Frances Culp, Bill Haskell, Colleen Johnson, Joanne Kimata, James Soos, Emeline Zapanta, Policy and Planning, Central Administration

**June 2001:** Marc Trotz, Margot Antonetty, Daisy Leyva, Housing and Urban Health, Population Health and Prevention; Renee Cibulka, Bobbie Earsey, Arla Escontrias, Linda Henson, Kitty Mah, Gloria Rodriguez, Ann Stangby, Community Health Network-San Francisco General Hospital, Emergency and Trauma Services

*Congratulations go to these Department awardees for their hard work, expertise, and dedication. In addition, we recognize the effort and commitment of all of the Department's employees who work in countless ways to help make San Francisco a healthier community.*

## **Our Volunteers**

### **Volunteers to San Francisco General Hospital**

The mission of the Volunteers to San Francisco General Hospital is to provide support to the patients and staff of the hospital. To that end, in fiscal year 2000-01, 658 volunteers donated 94,283 hours in 56 different hospital departments. In addition, the Volunteers to San Francisco General Hospital delivered more than 10,000 pieces of clothing and more than 6,000 magazines and books to patients, provided financial grants for a variety of projects, and supplied emergency food, travel expenses, and other miscellaneous items through the Patient Emergency Support Fund. In December 2000, the Volunteers hosted the Annual Children's Holiday Party, which was attended by more than 600 children and family members from the hospital's Pediatric Clinic.

### **Laguna Honda Hospital Volunteers**

At Laguna Honda Hospital and Rehabilitation Center, the emotional health of patients is supported by more than 400 volunteers who each year generously donate over 80,000 hours of their time to assist staff and residents in creating a cheerful and loving environment. Volunteers share a variety of experiences with Laguna Honda residents; they bring animals to visit, sing and play games with residents, and coordinate Laguna Honda's annual holiday show. During fiscal year 2000-01, the Laguna Honda Volunteers also launched the End of Life Companion Volunteer Program to provide end of life support for residents. Each volunteer in this program received specialized training, committed to a weekly schedule, and enrolled in an ongoing support group. Eight volunteers joined the program in its first year.

**A bingo game at Laguna Honda Hospital and Rehabilitation Center, with volunteer Peggy Peck.**



*We would like to take this opportunity to thank the many volunteers that have so selflessly given of their time in support of the Department's patients, providers and staff. Their presence is crucial in the overall healing of our patients.*

## What do you like best about working for San Francisco Department of Public Health?

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*“I’ve been in nursing for 26 years. The people I work with keep me here. I’m a true believer in team-work. It’s like a family.”*

- Isabel McCoy, RN, SFGH Unit 5A

*“Working for DPH enables me to know and understand the need of the public with regard to health issues firsthand. Everyone I work with treats me as part of a team, a trusted friend, and an extended family member.”*

- Christia Mea, Secretary, Human Resources

*“I was an accountant. I love nursing. I feel I’ve been helpful in assisting Asian people on my unit.”*

- Monica He, RN, Mental Health Rehabilitation Facility

*“Being able to work with knowledgeable, high level professionals enables me to grow.”*

- Willie Crawford, General Services Manager, Central Office/ Primary Care Clinics.

*“The main reason I like working here is that there is such a wide range of issues and programs. Nothing is ever boring.”*

- Fred Miligan, Assistant Director of Homeless Programs/ Tom Waddell Health Center

## Our Community Advisory Boards

The Department’s Community Advisory Boards provide opportunities for San Franciscans to be involved in the decision making process for health services in their neighborhoods. The Department has 12 primary care community advisory boards and over 50 community advisory boards. Membership includes program clients, clinic patients, neighbors, business leaders, and community agency representatives. The advisory boards provide feedback to the Department’s clinics and programs on how to best serve the needs of patients in their communities.

### Primary Care Community Advisory Boards

- Castro-Mission Health Center Community Advisory Board
- Chinatown Public Health Center Community Advisory Board
- Citywide Community Advisory Board
- Dimensions Collaborative Board
- Maxine Hall Health Center Community Advisory Board
- North of Market Senior Services Governing Board of Directors
- Ocean Avenue Health Center Community Advisory Board
- Potrero Hill Health Center Community Advisory Board
- Silver Avenue Family Health Center Community Advisory Board
- Special Programs for Youth Community Advisory Board
- Southeast Health Center Community Advisory Board
- Tom Waddell Health Center Community Advisory Board

## Community Advisory Boards

- Adult Sexual Assault Services Planning Group
- Airport Noise Committee
- Bayview Hunters Point Health and Environmental Task Force
- Black Infant Health Task Force
- Breast Cancer Town Hall Advisory Group
- Bringing Up Healthy Kids Coalition
- CalWORKS Behavioral Health and Domestic Violence Committee
- Children's Mental Health Systems of Care Council
- City-Wide Alcohol Advisory Board
- Commission on Animal Control and Welfare
- Community and Home Injury Prevention Project for Seniors Community Council
- City-Wide Influenza Coalition
- Detuned ELISA Community Advisory Board
- Drug Abuse Advisory Board
- Emergency Medical Services (EMS) Clinical Advisory Committee
- EMS Emergency Response Committee
- EMS Field Provider Committee
- EMS Receiving Hospital Liaison Committee
- EMS Research Committee
- EMS Traffic Safety Coalition
- Hazardous Materials Advisory Committee
- HIV Health Services Planning Council - Ryan White CARE Council
- HIV Post-Exposure Community Advisory Board
- HIV Prevention Messages/Circuit Party Study Community Advisory Board
- HIV Prevention Planning Council
- HIV Prevention and Vaccine Trials Community Advisory Board
- Laguna Honda Hospital Replacement Planning Committee
- Lead Hazard Reduction Citizen's Advisory Committee
- Lead Poisoning Prevention Citizen's Advisory Committee
- Mental Health Board
- Mental Health Committee for Culturally Competent Systems of Care
- Mental Health Provider Network
- Mental Health Quality Policy Council
- Newcomers Health Program Advisory Council
- Perinatal Substance Abuse Coordinating Council
- Prevention for HIV Positives Community Advisory Board
- Rave/Club Drug Task Force
- San Francisco Breastfeeding Promotion Coalition
- San Francisco Immunization Coalition
- San Francisco Pedestrian Safety Task Force
- San Francisco Substance Abuse Practice/Research Collaborative
- San Francisco Tobacco Free Coalition
- San Francisco Tuberculosis Advisory Task Force
- San Francisco Violence Prevention Network
- San Francisco Maternal, Child, and Adolescent Health Advisory Board
- Sexually Transmitted Disease (STD) Prevention Community Action Coalition
- STD Program Advisory Committee
- STD Youth Community Action Coalition/Advisory Committee
- Substance Abuse Treatment on Demand Planning Council and subcommittees
- Transgender Youth Advisory Committee
- Video Display Terminal Advisory Committee
- Women and Girls ' Health Advisory Committee
- Youth Substance Abuse Providers Group

## Our Contractors

The Department relies heavily on our community partners to provide the quality health services San Franciscans need. The established and trusted community-based agencies with whom we partner enable the Department to offer a wider array of programs and services than it would be able to provide on its own. The Department's contracted services reflect the unique capabilities of community-based agencies and their commitment to respond to the diverse and dynamic health needs of the City's residents. In fiscal year 2000-01, the Department contracted with community-based agencies to provide a total of \$170 million in health services.

- Aguilas, Inc.
- AIDS Emergency Fund
- AIDS Legal Referral Panel of the San Francisco Bay Area
- American College of Traditional Chinese Medicine
- Alameda County Health Care Service Agency
- American Lung Association of San Francisco
- Ark of Refuge, Inc.
- Asian American Recovery Services, Inc.
- Baker Places, Inc.
- Bay Area Legal Aid
- Bay Area Young Positives, Inc.
- Bayview Hunter's Point Adult Day Health Center
- Bayview Hunter's Point Foundation for Community Improvement
- Black Coalition on AIDS
- Booker T Washington Community Services Center
- CVE Inc.
- CADUCEUS Outreach Services
- CAHEED Inc.
- California AIDS Intervention Training Center
- California College of Podiatric Medicine
- California Pacific Medical Center
- Catholic Charities of San Francisco
- Center for Human Development
- Center on Juvenile and Criminal Justice
- Centerforce, Inc.
- Central American Resource Center
- Central City Hospitality House
- Chemical Awareness and Treatment Services, Inc.
- Children's Council of San Francisco
- Chinese Hospital
- Community Dental Care, Inc.
- Community Youth Center San Francisco
- Conard House, Inc.
- Continuum HIV Day Services
- County of Marin AIDS Office
- Dolores Street Community Center
- Edgewood Center for Children and Families
- Episcopal Community Services of San Francisco
- Family Service Agency of San Francisco
- Family Support Services of the Bay Area
- Filipino Task Force on AIDS
- For A Child's Heart, Inc.
- Friendship House Association of American Indians, Inc.
- Glide Foundation
- Haight Ashbury Free Clinic, Inc
- Harm Reduction Coalition
- Health Initiatives for Youth
- Homeless Children's Network
- Homeless Prenatal Program
- Horizons Unlimited of San Francisco
- Huckleberry Youth Programs, Inc.
- Immune Enhancement Project
- Industrial Emergency Council

- Instituto Familiar de LA RAZA
- International Institute of San Francisco
- IRIS Center: Women's Counseling and Recovery Services
- Japanese Community Youth Council
- Jelani House
- Jewish Family and Children's Services
- Larkin Street Youth Center
- Latino Commission
- Lavender Youth Recreation and Info. Center
- Legal Services For Children
- Lutheran Social Services of Northern California
- Lyon-Martin Women's Health Services
- MSC Psychiatric Services Corporation
- Maitri AIDS Hospice
- Men Overcoming Violence
- Mission Council on Alcohol Abuse/Spanish
- Mission Neighborhood Health Center
- Mobilization Against AIDS International
- MORRISANIA West
- Mt. St. Joseph-St. Elizabeth
- National Council on Alcoholism
- New Leaf Services for Our Community
- NICOS Chinese Health Coalition
- North East Medical Services
- North of Market Senior Services
- OHLOFF Recovery Programs
- Positive Directions Equals Change, Inc.
- Positive Resource Center
- Potrero Hill Neighborhood House
- Project Open Hand
- Public Health Institute
- Quan Yin Healing Arts Center
- Regents of the University of California
- Richmond Area Multi-Services, Inc.
- Rose Resnick Lighthouse for the Blind and Visually Impaired
- SF Bar Association Volunteer Legal Services
- Saint Francis Memorial Hospital
- San Francisco AIDS Foundation
- San Francisco Community Clinic Consortium
- San Francisco Drug Abuse Advisory Board
- San Francisco Food Bank
- San Francisco Hearing and Speech Center
- San Francisco League of Urban Gardeners
- San Francisco Medical Society
- San Francisco Mental Health Education Funds
- San Francisco Ministry to Nursing Homes
- San Francisco Network Ministries Housing Corporation
- San Francisco Pretrial Diversion Project
- San Francisco Psychoanalytic Institute & Society
- San Francisco State University
- San Francisco Study Center
- San Francisco Suicide Prevention
- San Francisco Unified School District
- SENECA Center
- SHANTI Project
- San Mateo County
- South of Market Health Center
- St. John's Educational Thresholds Center
- St. Luke's Health Care Center
- St. Luke's Hospital
- St. Vincent De Paul Society of San Francisco
- STOP AIDS Project
- Support For Families of Children with Disabilities
- Sword to Plowshares
- Tenderloin AIDS Resource Center
- The Language Bank
- Tides Center
- University of California-Berkeley
- University of the Pacific School of Dentistry
- Urban Indian Health Board
- Volunteer Center of San Francisco
- Walden House, Inc.
- West Bay Pilipino Multi-Service Corporation
- West Coast Children's Center
- Westside Community Mental Health Center
- Women and Children's Family Services
- YMCA of San Francisco
- Youth Leadership Institute

# Inside the department

## Who We Serve



**Alma Garcia, RN taking patient's pulse at Tom Waddell Health Center.**



**Youth addressing the Health Commission at a meeting in Bayview-Hunters Point.**

The Department serves the City's residents in many ways, always keeping in mind the varied needs of its population. Whether it is the one-time visitor to the Emergency Room at San Francisco General Hospital, or the family who receives regular medical check-ups at the Family Health Center, patients access client-focused services that are specifically designed to meet the needs of our City's diverse communities.

## Our Patients

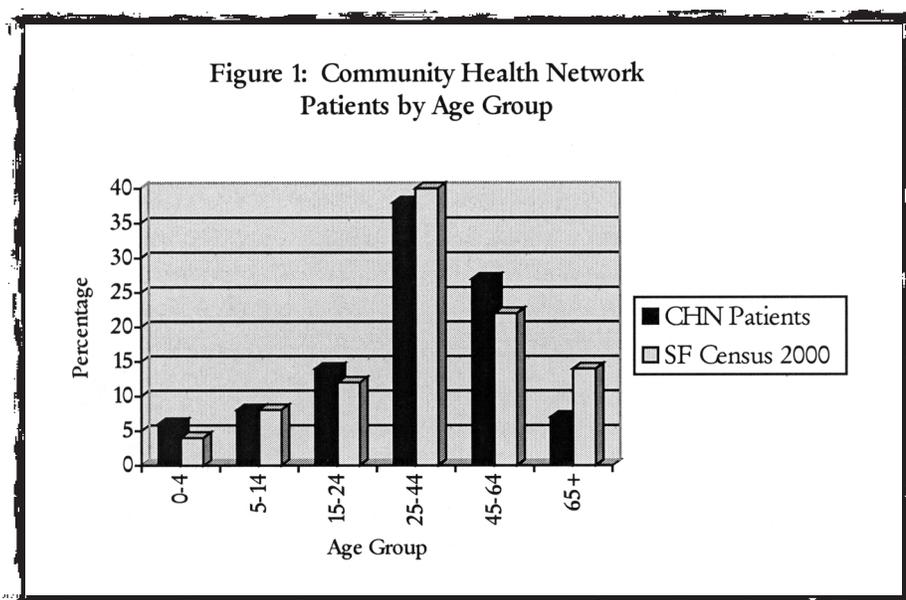
The Department provides an array of services to meet the needs of all San Franciscans. The following is demographic information on clients who access some of our direct service programs.

## The Community Health Network

The Community Health Network (CHN) is the health care services branch of the Department and includes San Francisco General Hospital Medical Center, Laguna Honda Hospital and Rehabilitation Center, and all primary and specialty care clinics. The CHN has the unique role of addressing the broad health needs of all San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable populations. The following three graphs illustrate the demographics of the patient population seen at the CHN in fiscal year 2000-01.

### CHN Patients by Age

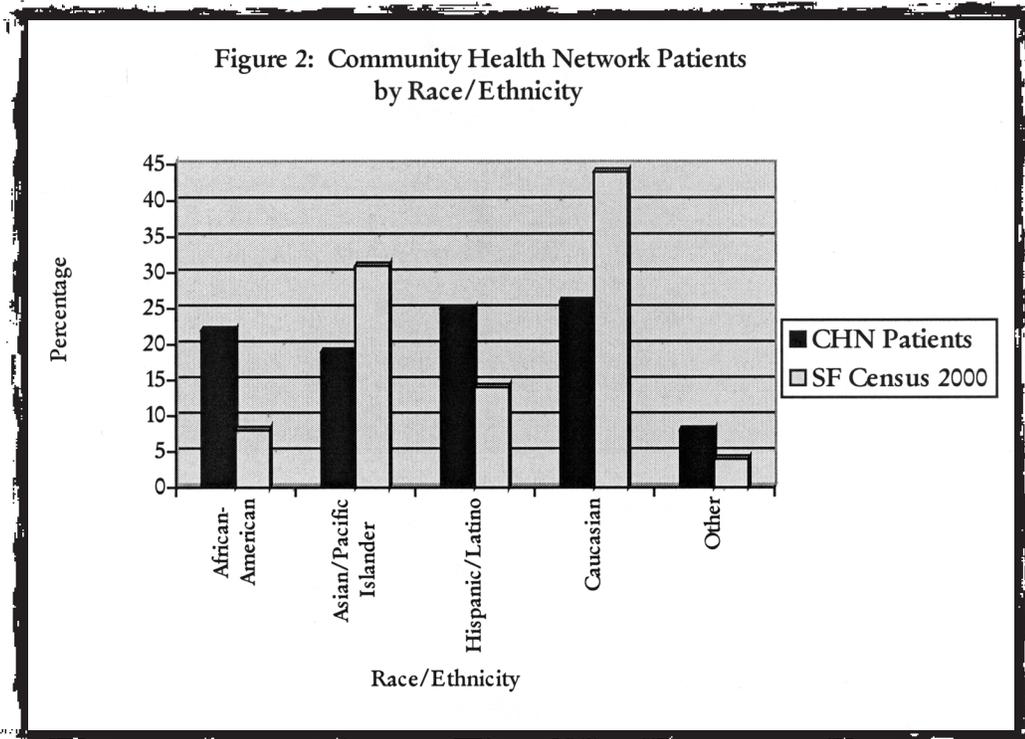
According to Census 2000, patients seen at the CHN are similar in age to the City's overall population. Consistent with Citywide data, the largest percentage of CHN patients is between the ages of 25 and 44. There is a significant difference, however, in the 65 and over age group, which represents seven percent of the CHN patient population but 14 percent of the City's overall population.





**CHN Patients by Race/Ethnicity**

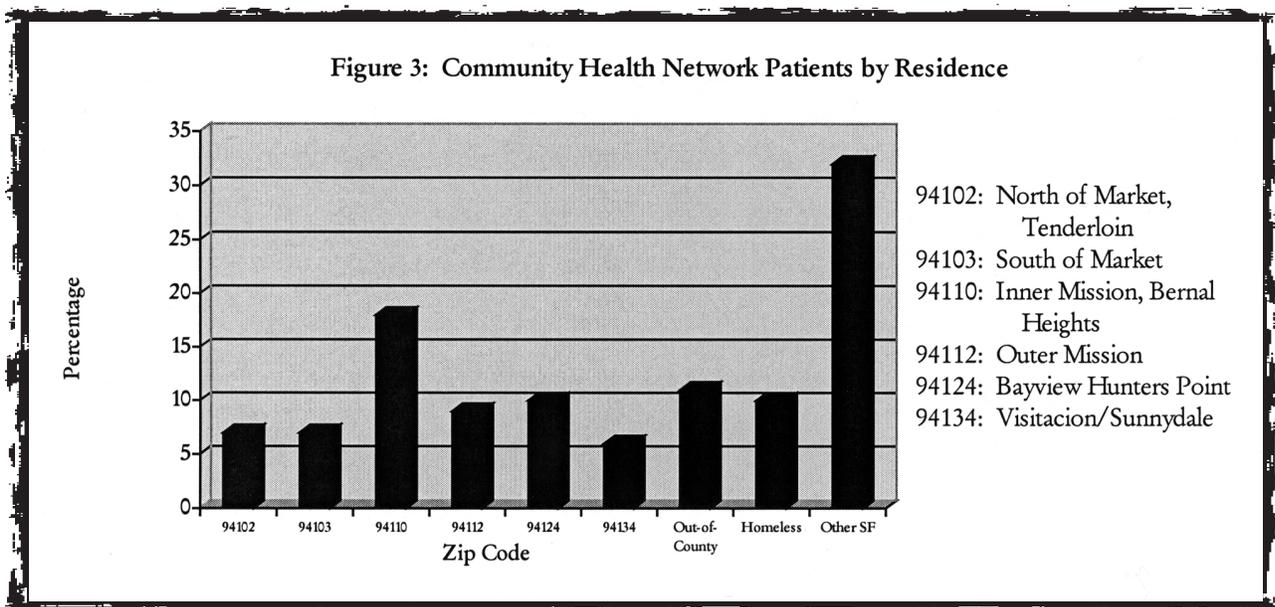
Noteworthy in Figure 2 is that the City’s Hispanic/Latino and African-American residents rely on CHN services and providers much more than do Caucasian or Asian/Pacific Islander residents. While each group constitutes approximately 20 to 25 percent of CHN patients, African-Americans constitute 8 percent of the City’s residents and Hispanic/Latinos comprise 14 percent. By contrast, Asian/Pacific Islanders and Caucasians represent 31 percent and 44 percent of all San Franciscans, respectively.



### CHN Patients by Neighborhood of Residence

Although the CHN's patients live throughout the City, the majority reside in a few San Francisco neighborhoods, many of which were identified as target neighborhoods in the Department's Strategic Plan. CHN patients live primarily in Bayview/Hunters Point (94124), Inner Mission/Bernal Heights (94110), Outer Mission (94112), South of Market (94103), Tenderloin (94102) and Visitacion Valley (94134). Combined, 59 percent of CHN patients reside in one of these neighborhoods.

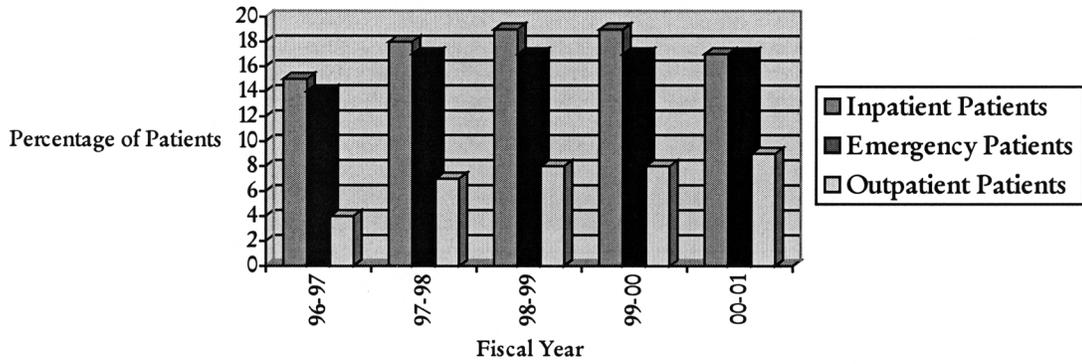
The largest number of CHN patients reside in the Mission and Bernal Heights neighborhoods where San Francisco General Hospital is located. With the exception of Chinatown, each of the Department's target neighborhoods, Bayview/Hunters Point, Mission/Potrero Hill, Outer Mission, South of Market, the Tenderloin and Visitacion Valley, saw increases in the number of patients seen in CHN facilities. Figure 3 shows the zip codes with the highest concentration of CHN patients.



### CHN Utilization by Homeless Patients

Ten percent of CHN patients were homeless (defined as being on the street) at the time of at least one visit. The CHN saw four percent more homeless patients in fiscal year 2000-01 than in 1999-2000. Overall, 22 percent of acute inpatient days, nine percent of clinic visits, and 17 percent of emergency care visits are by homeless patients. Figure 4 shows the percentage of homeless patients utilizing inpatient services, emergency services and outpatient services since fiscal year 96-97.

Figure 4: Percentage Homeless Patients Utilizing CHN Services



**Services Provided by the Community Health Network in 2000-2001:**

Primary Care Visits:	331,895
Specialty Care Visits:	203,811
Urgent Care Visits:	10,730
Emergency Visits:	
Medical:	59,340
% of Medical Visits Admitted:	15%
Psychiatric:	5,950
% of Psychiatric Visits Admitted	33%
Acute Inpatient Care (Excluding Newborns)	
Actual Days:	101,221
Home Health Care Visits:	17,925
Skilled Nursing Care:	
Actual Days:	
San Francisco General Hospital:	8,560
Mental Health Rehabilitation:	50,012
Laguna Honda Hospital:	382,936

**CHN Services**

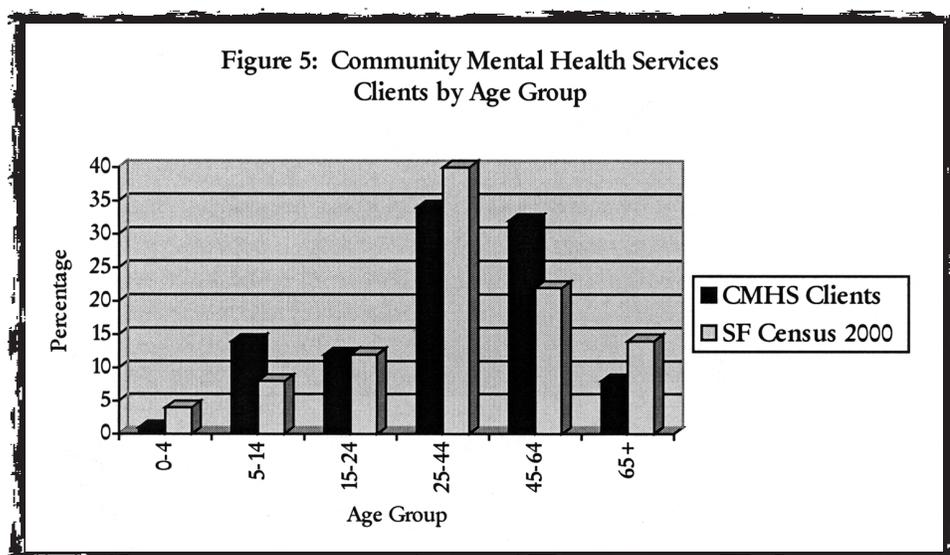
In fiscal year 2000-2001, the CHN provided health care services to over 123,400 clients – a 6% increase over 1999-2000.

## Community Mental Health Services

Community Mental Health Services (CMHS) began providing services to Medi-Cal beneficiaries, uninsured and indigent residents, and other insured individuals three and a half years ago. Though the State and federal governments provided the impetus to transition Medi-Cal mental health services to a managed care model, San Francisco tailored its mental health managed care plan to meet local needs by adding the uninsured and indigent populations. In fiscal year 2000-01, CMHS provided services to 20,422 patients. The following tables show demographic information of these CMHS patients.<sup>1</sup>

### CMHS Patients by Age

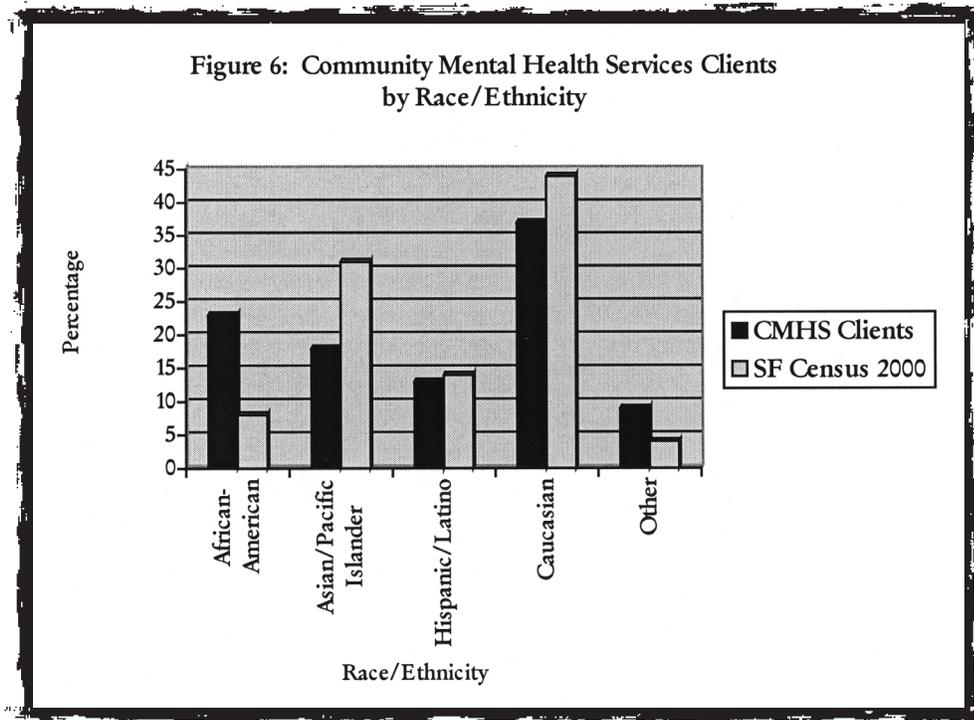
Figure 5 shows the percentage of CMHS patients by age. In comparison to the City's overall population, the age groups 5-14 and 45-64 are represented in greater proportions in the CMHS patient population, though the largest percentage of patients is between the ages of 25 and 44.



### CMHS Patients by Race/Ethnicity

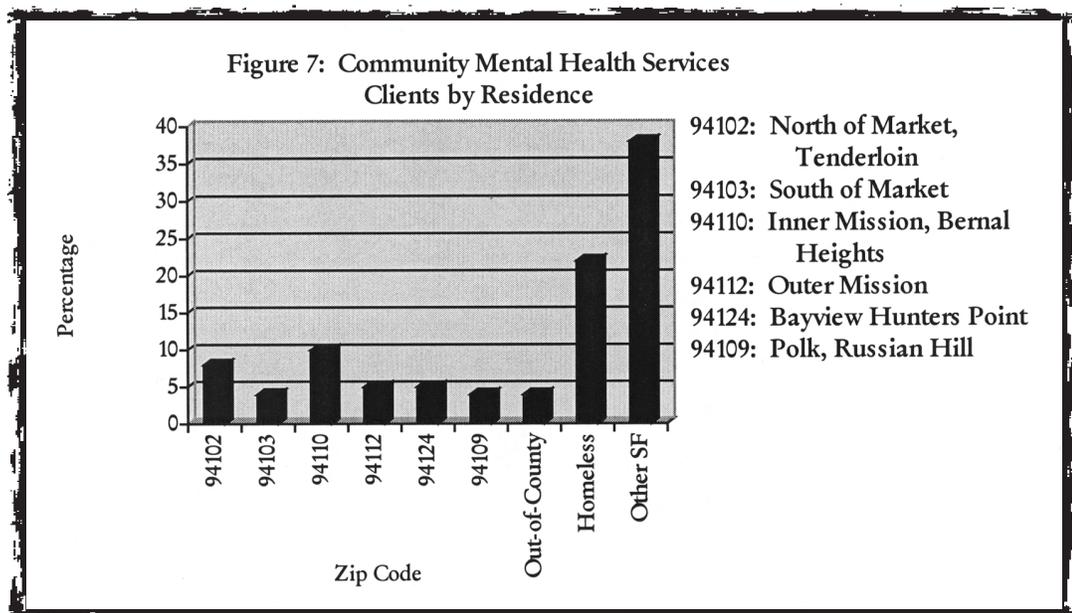
Figure 6 shows the percentage of CMHS patients by race/ethnicity. The percentage of CMHS patients who are African-American is nearly three times higher than the percentage of African-Americans in San Francisco's general population. Conversely, but consistent with CHN patient demographics, the City's Asian/Pacific Islander population represents 31 percent of the City's population but just 18 percent of the CMHS patient population.

<sup>1</sup> Preliminary data for FY 2000-2001.



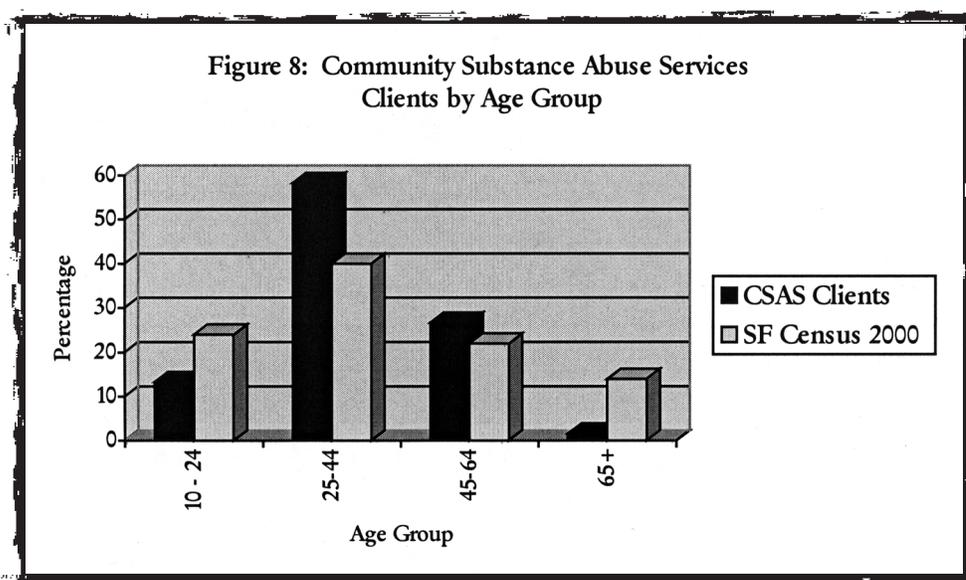
**CMHS Patients by Neighborhood of Residence**

CMHS clients are generally concentrated in the same neighborhoods as CHN patients. Notable is the fact that homeless individuals consist of 22% of CMHS client base – more than twice the percentage of homeless CHN clients. This reflects the intensive mental health service needs of many of the City’s homeless residents.



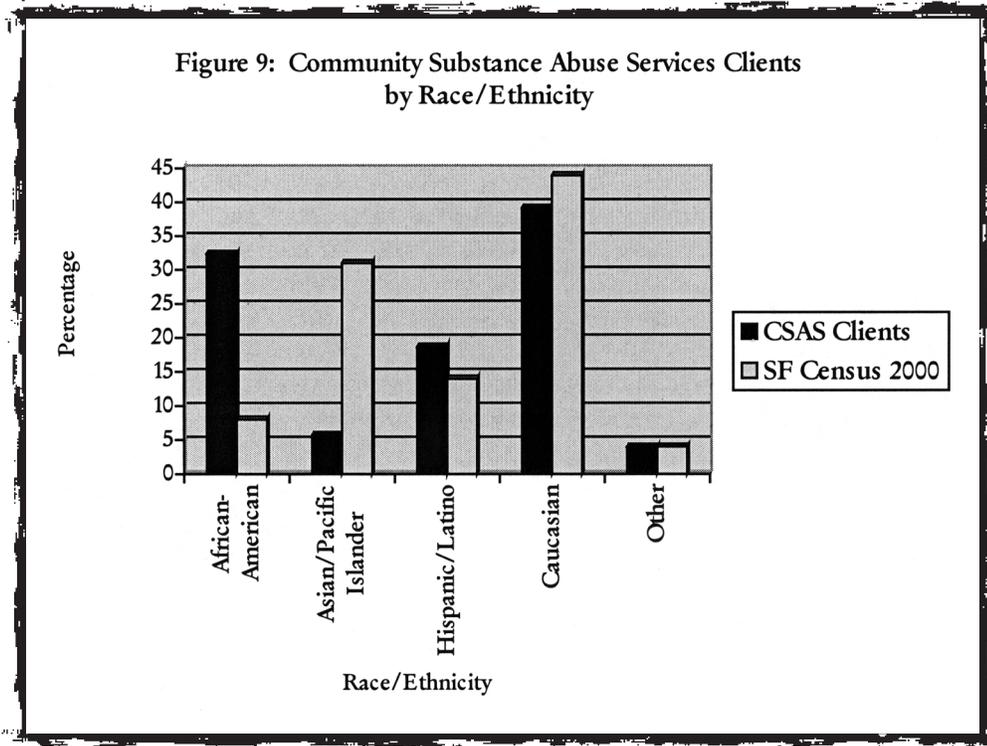
## Community Substance Abuse Services

The Community Substance Abuse Services (CSAS) section manages the Department's substance abuse programs. In fiscal year 2000-2001, the program provided direct treatment for 16,375 clients. These services include outpatient services, residential and residential detox, methadone maintenance and acute 24-hour services. Figures 8 through 10 show the demographic makeup of these clients. Figure 8 illustrates that the majority of CSAS clients (58.3%) are between the ages of 25 and 44. Understandably, children and older adults are represented in a smaller proportion than the City's overall resident population for CSAS programs.



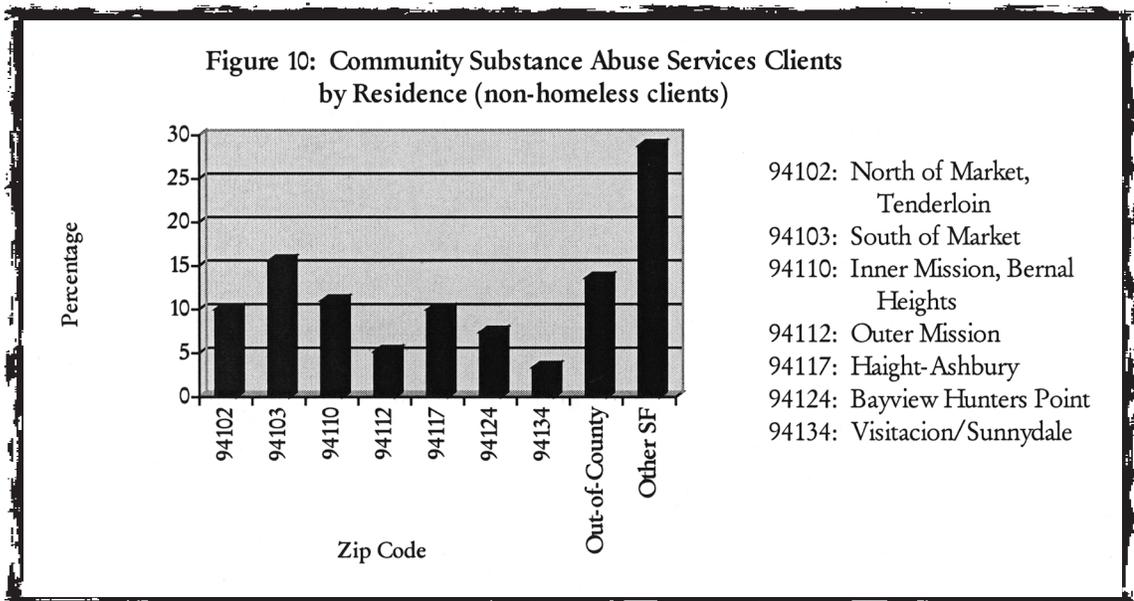
### CSAS Clients by Race/Ethnicity

While at 39 percent, Caucasians comprise the largest portion of CSAS clients, African-Americans are represented in much larger proportions among CSAS clients than in the City's overall population. African-Americans represent 32 percent of CSAS patients – four times the percentage of African-American residents in San Francisco. On the other hand, nearly the reverse is true for Asian/Pacific Islander Americans. While 31 percent of City residents are Asian/Pacific Islander, they comprise only 6 percent of CSAS clients.



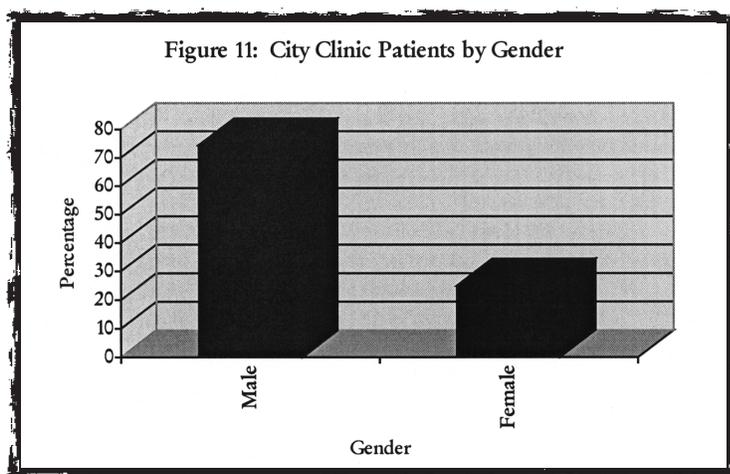
**CSAS Clients by Residence**

The majority of CSAS clients are homeless (56%), while the rest reside in various neighborhoods throughout the City or outside of San Francisco. Figure 10 shows where the non-homeless CSAS clients reside. The largest proportion of CSAS clients resides in the South of Market, Mission/Bernal Heights and Haight Ashbury neighborhoods.



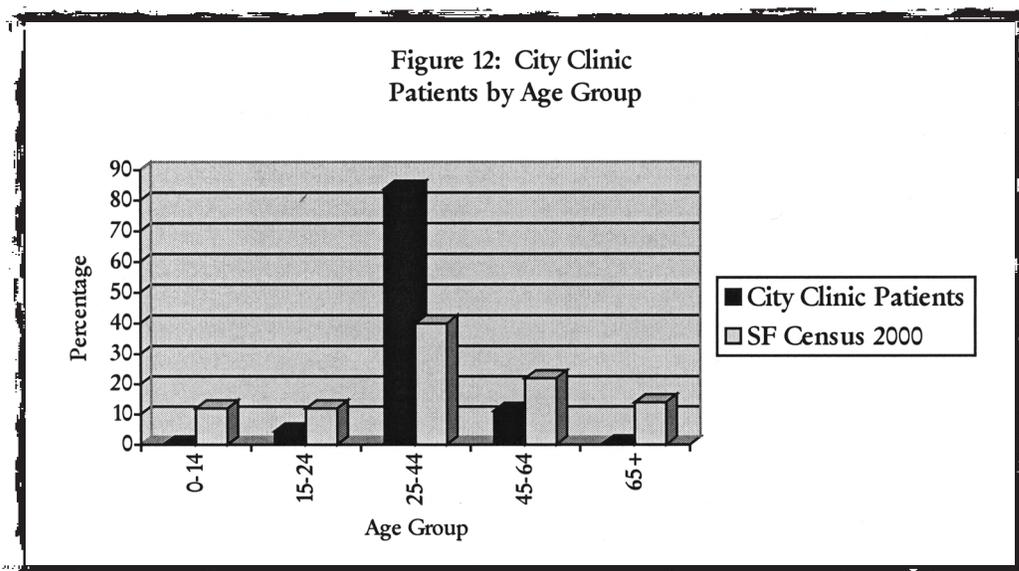
## San Francisco City Clinic

City Clinic is a specialty clinic which has been providing diagnosis and treatment of sexually transmitted diseases (STD) to San Francisco since 1933. The Clinic is the City's only municipal Sexually Transmitted Disease (STD) Clinic and provides confidential, low-cost, convenient drop-in STD services to all persons over 12 years of age, regardless of their ability to pay. In fiscal year 2000-01, City Clinic provided 17,263 services to 10,374 individuals. Figures 11 through 13 illustrate the City Clinic patient demographics for fiscal year 2000-2001.



### City Clinic Patients by Age Group

Figure 12 shows that the age group between 25 and 44 makes up the largest patient base for the City Clinic. Nearly 84 percent of the clients are in this age range, with almost one quarter of the clients (24.4%) being between the ages of 25 and 29.

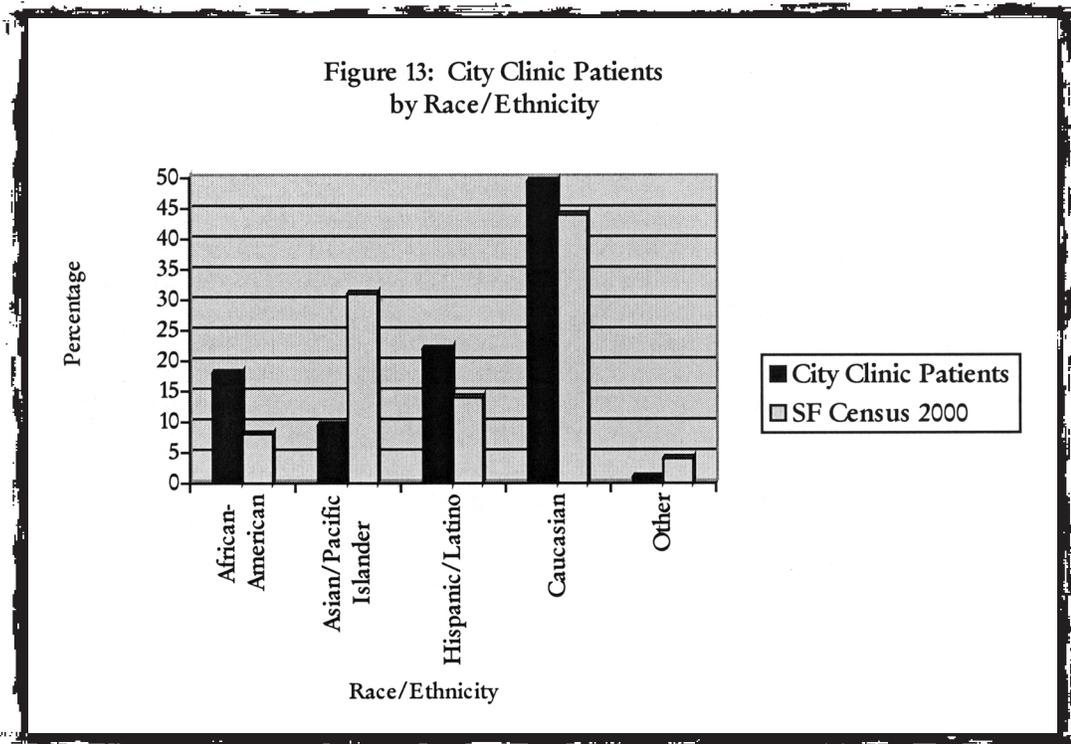


***“I have been tested at other sites and nothing comes close to City Clinic in terms of professionalism and comprehensive service.”***

- Client of City Clinic,  
STD (Sexually Transmitted Diseases) Section

**City Clinic Patients by Race/Ethnicity**

Similar to the other programs and service, while the majority of City Clinic patients are Caucasians, African-American and Hispanic/Latino clients are represented in higher proportions when compared to the City’s population. Only 9.5 percent of City Clinic’s clients are Asian/Pacific Islanders, though they represent 31 percent of the City’s overall population.



# Inside the department

## How We Are Funded

### **The Department's Budget**

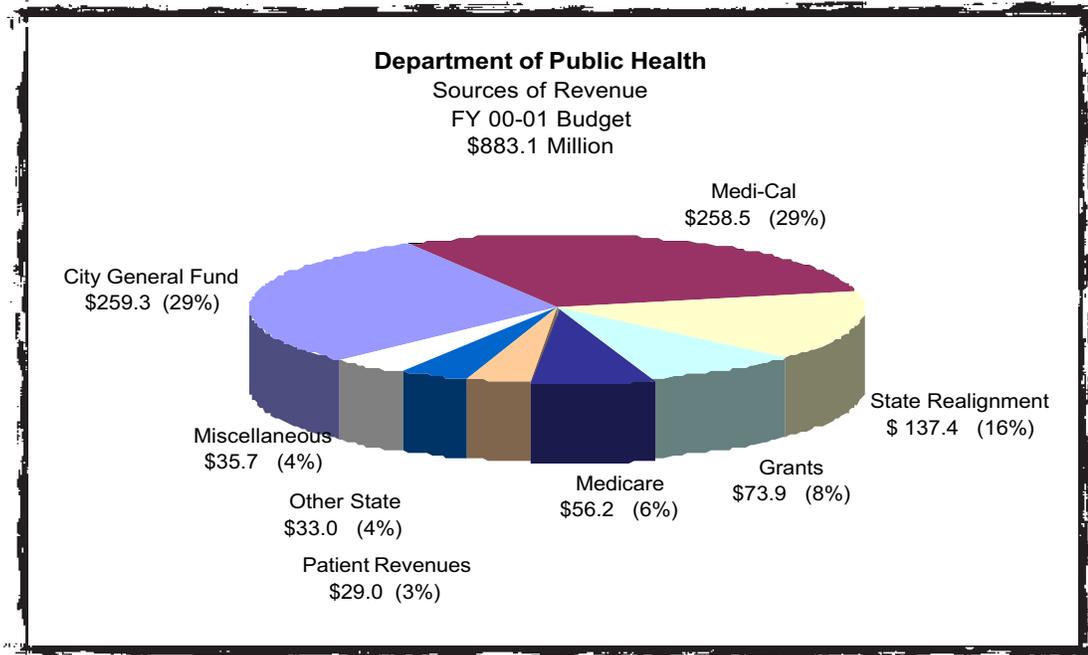
The Department faced significant financial challenges in fiscal year 2000-01. The cost of operating the Department's hospitals, community-based programs and public health services rose while Federal and State revenues declined. Demand for the Department's most expensive service – acute care hospitalization – increased, while the payor mix deteriorated, with an increased proportion of uninsured persons and a decreased proportion of insured persons. Technological advances increased the cost of equipment, supplies, and pharmaceuticals and inflation and the age and condition of our health care facilities drove costs further upward.

In fiscal year 2000-01, the Department's budget was \$883.1 million. The City and County contributed \$259.3 million General Fund to the Department – representing more than one-quarter of the Department's total revenue – to ensure that the Department was able to maintain its existing services and was also able to expand services in areas identified as priorities in the Strategic Plan.

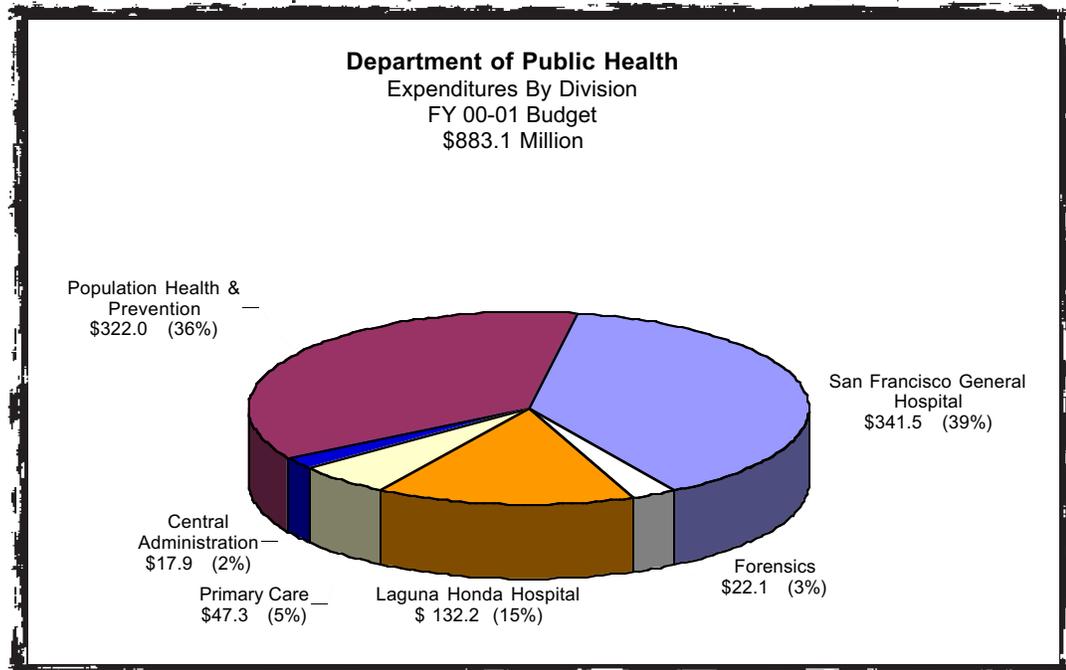
### **Revenues**

The Department receives funding from a myriad of sources. However, more than one-half of the Department's revenues come from Medi-Cal and City General Fund.

## Revenue



## Expenditures



## Local Foundations

### San Francisco Public Health Foundation

The San Francisco Public Health Foundation provides resources to the San Francisco public health community to assist it in delivering the best quality health care in the most efficient and cost-effective manner. In fiscal year 2000-01, the San Francisco Public Health Foundation raised \$269,420 that supported a wide range of the Department's programs and services, such as the Pedestrian Safety Program, a mammography project at Maxine Hall Health Center, immunization services for adults, and training and incentives for STD Prevention and Treatment.

### The San Francisco General Hospital Foundation

The San Francisco General Hospital Foundation was organized in 1994 to support programs and projects at San Francisco General Hospital. In FY 2000-01, grants totaling \$701,875 were provided to San Francisco General Hospital to support various programs, such as survivor wellness, women's health, the pediatric intensive care unit, and the emergency department.

### Individuals and Other Private Sources

In fiscal year 2000-01, the Department also received funding from individuals, private foundations, and other private sources to support a variety of health programs, such as domestic violence prevention services, planning for San Francisco's long-term care service system, services for homeless people, health education and promotion events, educational materials for the Children's Assistive Tech Library, and HIV/AIDS services. We thankfully acknowledge the support from the following individuals and agencies.

- Abbott Laboratories
- Asian and Pacific Islander Wellness Center
- Bay Area Community Resources
- Bottom of the Ninth Production Company
- CAHEED
- California State Automobile Association
- Challenge to Learning
- CHW Bay Area
- Compass Films
- County of Santa Clara
- County of San Mateo
- Dignity/San Francisco
- Family Violence Fund
- First Unitarian Universalist Society of San Francisco
- French-American International School
- Gen-Probe
- Harvest Evangelism, Inc
- International Society for Antiviral Research Task Force
- Levine and Company
- Macy's West
- Morrisania West

## How We Are Funded

- Plainsboro Marketing Group
- San Francisco Paramedic Association
- San Francisco State University
- SmithKline Beecham
- Sociometrics Corporation
- The San Francisco School
- University of San Francisco
- Volunteers to San Francisco General Hospital
- Wyeth-Ayerst Laboratories
- Youth Leadership Institute

# The Strategic Plan

## **What is Strategic Planning?**

Strategic planning is the process of building a long-term organizational direction and assembling a strategy to achieve that vision. A strategic planning process results in fundamental decisions and actions that shape and guide what the organization is, what it does and why it does it. Strategic planning is a collaborative process that builds consensus. It helps the organization's policymakers and managers to think and act more strategically. Strategic planning is necessary to ensure that the Department is proactive in addressing changes in the financing, regulation and delivery of health services.

## **Why a Strategic Plan?**

In August 1999, the Health Commission directed the Department to develop a Strategic Plan in order to enable the Department to:

- Respond to changes in San Francisco's population and health needs.
- Plan with residents and the community to improve health.
- Strengthen prevention activities for residents so that they do not become sick or injured.
- Work with populations that may need more services.
- Use limited funding in an effective way and prioritize programs.
- Address decreased funding for public health and health care.

## **How was the Strategic Plan Developed?**

Over 100 individuals including Department staff, consumers, contractors, health advocates, and representatives from other City departments, labor and the public donated their time and their expertise to develop the Strategic Plan. In addition, there were 52 town hall meetings with the community and Department staff to seek their input into the recommendations.

## **Format of the Strategic Plan**

The Strategic Plan identifies four primary goals for the Department. The goals address long-range, broad issues and affect the ability of the Department to fulfill its mission. Under each goal are several strategies, which identify the general approaches the Department will pursue to enable it to accomplish its goals. For each strategy, there are one or more objectives. The objectives are specific and state the activities that the Department will undertake in order to implement the strategy and achieve the goals. Each strategy also has one or more desired outcomes. These are the results that the Department anticipates it will achieve from implementing the strategy.

**Strategic Planning Goals**

The Strategic Plan implements four goals over the next three years:

- **Goal 1:** San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.
- **Goal 2:** Disease and injury are prevented.
- **Goal 3:** Services, programs, and facilities are cost-effective and resources are maximized.
- **Goal 4:** Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs, and services.

**Overall Strategic Direction**

The Strategic Plan emphasizes that:

- Planning for health services must take into account the needs and resources in the entire City.
- Housing, social issues (e.g., race, education) and economic issues (e.g., type of job, wages) impact health, and need to be part of the planning process.
- Current resources (e.g., personnel, buildings, equipment) are not adequate to meet current needs.

The Strategic Plan recommends that the Department:

- Expand health insurance coverage to uninsured residents.

- Improve coordination of medical care, prevention, mental health, housing, and social services.
- Ensure that all residents have access to high quality health care.
- Continue to provide services in the language of patients and in ways that respect their cultural beliefs.

**How Will the Strategic Plan Be Implemented?**

The Strategic Plan is a long-term tool that will be used to guide the Department's activities through the 2003-04 fiscal year. All future initiatives and programs the Department seeks to implement will further one or more of the goals and strategies of the Strategic Plan. Due to limited resources and the resulting need to prioritize the Department's activities, the Department will begin implementation by focusing on several key priorities, but will address all strategies over time.

**The Strategic Plan and This Annual Report**

The programs and services detailed in this annual report that support the Department's strategic planning goals and objectives are not meant to be a comprehensive list of the Department's progress on the implementation of the Strategic Plan. They are meant to provide just a few examples of the many ways the Department is moving forward in a coordinated and thoughtful manner to accomplish its mission to protect and promote the health of all San Franciscans.

# Goal I:

## **San Franciscans Have Access To The Health Services They Need, While The Department Emphasizes Services To Its Target Populations.**

The Department responds to the needs of the whole City through population-based public health services. These services promote healthy lifestyles, control the spread of disease and provide environmental health protection. At the same time, the Department offers a range of health services that, in order to be effective, must be targeted to the populations and neighborhoods most in need.

### **The following groups are the Department's main target populations:**

- Uninsured (working and non-working), indigent and under-insured
- low-income and impoverished
- homeless

### **Other target populations include:**

- Children (infants, toddlers, school-age, disabled, foster) and youth; low-income families with children
- Frail elderly
- Incarcerated
- Low-income racial and ethnic minority persons
- Mentally ill
- Multiply diagnosed
- People with chronic disease, and disabilities
- Persons at risk of STDs including HIV/AIDS
- Substance abusers
- Immigrants, including the undocumented, newcomers and monolingual
- Workers in unsafe, unregulated environments



### **The following neighborhoods are the Department's priority service areas:**

- Bayview-Hunters Point
- Chinatown
- Mission
- Outer Mission
- Potrero Hill
- South of Market
- Tenderloin
- Visitation Valley

## **STRATEGY**

### **Focus Population-Based Public Health Services On The Entire Community And Personal Health Care Services On Target Populations.**

#### **Population-Based Services**

##### **Hoping for the best, preparing for the worst**

San Francisco, like every major city in the nation, must have the ability to react quickly and effectively to significant threats to public health and safety. The Emergency Medical Services (EMS) Section Disaster Team has reached several milestones in the past year that will help to ensure that San Francisco is prepared in the event of disaster. After nearly a year of research, planning and consulting with EMS System stakeholders, the EMS Section released the Level 1 Multicasualty Incident Policy for public comment in March 2001. A final version is expected by the end of 2001, along with an implementation process for EMS providers and a Quality Improvement plan. Further, as part of the national Metropolitan Medical Response System (MMRS), the EMS Section is now focused on the health and medical response to threats of bioterrorism. Disaster specialists assembled a multidisciplinary task force to integrate this aspect of the MMRS plan into standard operating procedures for Police, Fire and Health Departments. EMS Section staff is working with other Department staff to develop a surveillance system, which will monitor indicators (e.g., diversion rates, incidence of respiratory complaints at 9-1-1) of potential bioterrorist incidents.

##### **Dealing with the realities of rolling blackouts**

Fiscal year 2000-2001 brought concerns of frequent power shortages and rolling blackouts to all Californians. Thankfully fears and forecasts of multiple blackouts over the summer of 2001 never materialized, but, the issue of power supply problems in California have not disappeared. Since June of 2000, when the California's Independent System Operator first declared a Stage 3 Power Emergency, the Emergency Medical Services (EMS) Section established an emergency information hotline for Department employees to access the most up-to-date information in the event of a Stage 3 Alert and/or rotating power outages. In addition, the EMS Section implemented a duty officer response plan, compiled a list of health care facilities in San Francisco, and advised on a prevention message for release to the general public about what they can do to avoid serious health issues during power outages. EMS continues to assist in efforts to minimize disruption in the City due to power emergencies.

### **Making polluters pay**

While the handling and disposal of hazardous materials and wastes are well regulated, some individuals and businesses still ignore safe practices and illegally dispose of waste. Disregard for environmental regulations can result in public exposure to hazardous chemicals or bio-medical waste and chemical releases into the air, soil and ground water. In fiscal year 2000-01, the Environmental Health Section (EHS) responded to a number of hazardous waste situations, including a clothing manufacturer who carelessly handled hazardous chemicals and did not properly train employees, and a building owner who illegally disposed of thousands of pounds of medical waste. Working with the City Attorney's Office, EHS has ensured the clean up of these properties, taken action to ensure monetary fines, and revoked professional licenses. These actions send a clear message to potential violators and protect environmental quality.

### **Personal Health Care Services**

#### **Providing a home for LGBTQQ youth**

The Ark House opened its doors in February 2001 as a Transitional Housing Program for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) young adults. The program serves LGBTQQ young adults, ages 18 to 23, who reside in San Francisco and are either currently homeless or at risk of becoming homeless. Included in the program are services related to medical care, substance abuse prevention, mental health counseling, vocational training, and more. This new program is the result of a two year collaboration with Supervisor Mark Leno's Office, community members, the Department, and the Ark of Refuge (the Department's contract agency to develop and operate the program).

#### **Dental services for the homeless**

In the summer of 2000, the Department's Dental Services program received a "Healthcare for the Homeless" grant to build a dental clinic at the Tom Waddell Health Center. With approximately 9,000 homeless clients, Tom Waddell is a trusted place for this marginalized population and the availability of comprehensive services at this clinic is essential. On June 20, 2001, the Tom Waddell Health Center opened the doors to its new Dental Clinic to serve homeless and HIV positive clients.

***"I find the services at the [Tom Waddell]***

***Clinic to be very good. I found it to be clean, with well lighted waiting areas. It is too bad more sick people in San Francisco don't use the Clinic for health care."***

- Client of Tom Waddell Clinic, Homeless Services Unit

**Educating San Francisco’s Russian community about the effects of tobacco use**

The former Soviet Union has one of the world’s highest smoking rates and a male life expectancy of 57 years. A community assessment of San Francisco’s sizeable recent Russian immigrant population, conducted by the Newcomers Health Program, identified the need for a smoking-related intervention. As a result, the Department partnered with Bay Area Community Resources to create the SUNSET Russian Tobacco Education Project. This three-year program marks the first time a comprehensive tobacco education program has been funded in this community. Since the program began in July 2000, focus groups and key informational interviews have been held in the community, a media campaign appeared in the Russian language press and 99 merchants and medical providers were given information on tobacco laws and the health effects of smoking.

**STRATEGY**

**Clarify the target neighborhoods that the Department should consider as priorities for services.**

**Culturally relevant health programs for residents of Chinatown**

Interactions between Chinese patients and non-Chinese health care workers may be affected by important differences in values and goals and in the perception of the nature and meaning of illness. Acknowledging and negotiating these differences can lead to considerable

improvement in communication and in the quality of care. The Chinatown Public Health Center has been on the forefront of effective healthcare work in this community for many years, and celebrated 30 years in operation in 2001. Their programs are carefully considered and take into account the specific needs of the Chinatown residents. The Health Center developed and implemented an educational and case management project for Primary Care clients focusing on clients’ management of diabetes. The arthritis project for adults serves hundreds of persons each year and incorporates T'ai Chi, diet and information on use of both herbal and Western medicines.



T'ai Chi exercises at Chinatown Public Health Center

### **Creating neighborhood food security**

Youth ENVISION, a collaboration between the Department's Environmental Health Section, the San Francisco League for Urban Gardeners, and Literacy for Environmental Justice, is an ongoing partnership that utilizes participatory action research to identify and forward strategies for improving access to nutritious food in the Bayview-Hunters Point neighborhoods. The community action model is applied to the issue of food security using youth advocates and community trainees. The project provides job training in public health nutrition, community needs assessment, public communication skills, and food security to community trainees and youth interns. Early successes in these efforts have included the commitment of some corner store owners to stock a minimum amount of fresh food, an agreement by the City's transit authority to provide new shuttle routes directly from the community to food sources, and the creation of a neighborhood produce stand.



**Growing healthy food in Bayview-Hunters Point.**

## **STRATEGY**

**Expand health care coverage to San Francisco's uninsured to improve health status and access to care.**

### **Making health insurance available for more San Francisco workers**

Under the City's new Health Care Accountability Ordinance, contractors that provide services to the City and County of San Francisco and lessees of City and County property will offer health care insurance to their employees. By providing more workers with health care insurance, San Francisco's Health Care Accountability Ordinance will expand access to appropriate health services, increase opportunities for early intervention, and improve the overall health status of our community. The Health Commission established minimum standards for health plan benefits to be offered by City and County contractors and lessees. The ordinance was implemented in July 2001. It is estimated that 16,050 workers will benefit from the Health Care Accountability Ordinance.



***“Every child, whether documented or not, deserves health care. We are declaring, once and for all, that San Francisco is the City that cares for kids.”***

- Mayor Willie Brown, speaking about Universal Health Coverage for children.

**Making universal health coverage for San Francisco’s children a reality**

On January 30, 2001, the Health Commission unanimously approved a resolution to extend health insurance to an estimated 5,000 uninsured children and youth in San Francisco. This new program, Healthy Kids, is designed for San Francisco residents age 18 and younger in families with incomes under 300 percent of the federal poverty level (approximately \$44,000 for a family of three), regardless of immigration status. This new program will provide eligible children and youth with comprehensive medical, dental, and vision insurance. When enrollment begins in January 2002, San Francisco will be one step closer to its goal of providing universal health insurance to all San Franciscans.

## STRATEGY

### Ensure that the Community Health Network continues its vital role in the delivery of health care

#### **The Bay Area's trauma center**

The Trauma Center at San Francisco General Hospital has a special role in the Bay Area's health care system. The Trauma Center is the only designated trauma center for nearly two million people living in the City and County of San Francisco and northern San Mateo County.

In order to improve continuity of care for their patients, the Trauma Center added three Nurse Practitioners (NPs) in fiscal year 2000-01 to provide acute care seven days a week to inpatients who are injured and patients who are treated in the outpatient trauma clinic. The NPs see injured patients when they first come into the Emergency Department, admit them into the hospital if necessary, and then see them on a daily basis throughout the entire course of their hospitalization or treatment. These NPs provide complete care management for patients who, because of their complex injuries, must see a large number of specialists and health care providers.

***"I do not have insurance and I am so appreciative of the wonderful treatment I've received at San Francisco General Hospital."***

- Comment from the 2000 SFGH Patient Satisfaction Survey

#### **Facilitating a continuum of care for mental health patients**

The Mental Health Rehabilitation Facility (MHRF), part of San Francisco General Hospital Medical Center, provides comprehensive biopsychosocial rehabilitation and recovery services to high-risk, severe and persistently mentally ill and dually-diagnosed residents of San Francisco. The MHRF empowers clients in developing the requisite skills for successful and healthy community living and provides a vast array of psychosocial-educational, vocational and adaptive living skills to accomplish this goal. Physical health promotion is also an active part of MHRF programs. In addition to on-site primary care, each client is connected with a primary care provider upon discharge from the program assuring continuity of care and promotion of wellness. Additionally, the MHRF has developed agreements with community-

In FY 2000-2001, 269 individuals received inpatient treatment at the MHRF.

- 41% had a length of stay less than 6 months;
- 24% stayed between 6 mos. and 1 year;
- 21% stayed between 1-2 years; and
- 14% stayed more than 2 years.

based service providers to advance a seamless continuum of care for its high-risk consumers of mental health services.

## **STRATEGY**

**Ensure that contract agencies are viable partners with the Department in providing health services.**

### **Support for community partners applying for grants**

The Department and its community partners rely on grant funding to support programs and research work. In order to improve and expand services, the Population Health & Prevention Planning Office coordinated grant development events for the Department staff and contractors. The first event, a Grant Development Workshop, held in June 2001, provided an overview of the trends in funding for health related activities. The workshop also included information on identifying appropriate funding sources through an online database program. As a follow-up to the training, health funders from the California Wellness Foundation, Kaiser Family Foundation, and the San Francisco Foundation presented at the Department, as part of the Foundation Center's "Meet the Grantmakers" program. At this presentation, funders discussed their funding priorities and answered questions about proposal development.

## **STRATEGY**

**Improve integration of services (physical, prevention, behavioral, social and environmental) for target, vulnerable and at-risk populations who need multiple services.**

### **Supportive housing for homeless populations with special needs**

Supportive housing sites are tailored to special populations with a wide array of service

needs. The Department's Office of Housing and Urban Health spent a good portion of 2000-01 planning and developing Broderick House, a new supportive housing site to be added to the growing list of supportive housing facilities that opened over the past two years (the Pacific Bay, the Windsor and the LeNain). The 34-bed Broderick Street residential care facility, which will provide long-term care for clients who have been difficult to place due to medical complications and/or behavioral issues. Broderick House and the other supportive housing facilities offer comprehensive care and a community-based alternative to inpatient care.



**Broderick House - the Department's newest supportive living establishment.**

### **A “One-Stop Shop” for seniors**

For 29 years, North of Market Senior Services (NMSS) has provided a range of health and social services to low-income, frail, elderly residents of the Tenderloin and South of Market neighborhoods. In fiscal year 2000-01, NMSS embarked on an exciting project to “round out” its services. The clinic expanded to become a “one-stop shop” for health and social services. There are three main programs located at NMSS: a social day care program; the Department of Aging and Adult Services' Senior Central #4; and the Senior Sobriety drop-in center. In addition, there are 14 residential units just next door and plans for additional housing. Through these efforts, the continuum of community-based services will be more accessible to the increasing number of very frail, multiply-diagnosed seniors.

### **Improving access and coordination of services**

Health at Home (HAH) uses a multidisciplinary staff that includes registered nurses, rehabilitation therapists, medical social workers and home health aides, to deliver a range of services to approximately 715 San Franciscans who require in-home support and care. Responding to changes in their patient population seen during 2000-01, HAH restructured portions of its service delivery system. A 19 percent increase in HIV-infected clients, many with medical and mental complexities, necessitated the development of an HIV service-delivery team. Similarly, an increase in the number of pediatric patients at San Francisco General Hospital caused HAH to expand care provided to children from birth to 21 years of age.

**STRATEGY**

**Use data and evaluation more routinely and uniformly to guide program planning and priority setting**

Highlights of major priority areas for TOD programs include:

- African-American Outpatient Services
- Substance Abuse Services for Samoans
- Hepatitis C Education Services
- Substance Abuse Treatment for Spanish Speaking Offenders in Jail Settings
- Dual Diagnosed Treatment for Asian Women at Mental Health Service Sites.

**Addressing the substance abuse treatment needs of San Francisco’s communities**

The purpose of “treatment on demand” (TOD) is to reduce delays in gaining access to substance abuse care by providing appropriate and timely treatment services to those in need. To accomplish this, the Department’s Community Substance Abuse Services section, in partnership with the TOD Planning Council, began an ongoing community planning process to identify gaps in the treatment system. In 2000-01, the TOD Council reviewed both qualitative and

quantitative data, considered input from community forums in Visitacion Valley, the Mission District, and San Francisco County Jails, and used feedback from two youth focus groups at Log Cabin Ranch and Youth Guidance Center to identify 12 priorities for substance abuse funding that will guide the Council’s activities in the upcoming year.

**Evaluating HIV prevention case management**

In fiscal year 2000-01, the Epidemiology and Evaluation Section of the Department’s AIDS Office completed an evaluation of HIV Prevention Case Management (PCM). PCM applies the methods of traditional case management in helping both HIV-positive and negative persons decrease their HIV risk behaviors. The PCM project evaluated 1,081 clients from 14 community-based agencies, 30 percent of whom were HIV positive, 56 percent of whom were HIV negative and 14 percent had not previously been tested. Typical services clients received were counseling and emotional support, skills building, HIV/AIDS prevention education, and referrals to substance abuse counseling, health care and mental health services. As a result of the PCM project, the Department’s AIDS Office established a new set of guidelines and standards for the delivery of PCM to ensure consistent and quality PCM services in San Francisco.

## Goal 2:

### Disease And Injury Are Prevented

The prevention of disease and injury is a primary responsibility of the Department and a core component of its mission statement. Health data indicate that on an annual basis, over half of the deaths in San Francisco are premature and preventable. Many of the deaths in San Francisco are attributed to seven well-known risk factors: tobacco use, poor diet and not enough exercise, excessive or ill-timed alcohol consumption, environmental toxins, guns, unsafe sex, and illegal drugs (primarily heroin). The Department's prevention efforts target these areas.

***“We are pleased to have clubs join us in the fight against the spread of STDs. Club owners are beginning to recognize their role in being responsible around health issues that will protect their patrons and, inevitably, make for a healthier and safer city.”***

- Jeff Klausner, MD, Director, STD Control

## STRATEGY

### Strengthen primary prevention activities of the Department

#### Expanding Viral Hepatitis prevention efforts

With the emergence of chronic Hepatitis C infection as an important public health problem both nationally and locally, the Department's Community Health Epidemiology (CHE) section developed several strategies to combat this disease in San Francisco. In addition to establishing a comprehensive surveillance system to track and monitor the incidence of Hepatitis C in San Francisco, CHE created the Viral Hepatitis Prevention Program to expand primary prevention efforts to control and prevent viral hepatitis. This program integrates hepatitis counseling, testing, and referral into existing HIV and STD counseling and testing services and distributes educational materials for clients and providers about preventing infection from multiple pathogens, with an emphasis on hepatitis A, B, and C.

**Preventing the spread of Sexually Transmitted Disease**

The Department's Sexually Transmitted Disease (STD) Program has implemented several strategies to reduce the incidence of STDs in San Francisco. In response to an increase in STDs among men who have sex with men, the STD Program has been working closely with the sex clubs, adult bookstores and bars where individuals with STDs have reported meeting their partners. The bookstores and sex clubs have signed a STD Pledge indicating that they will do everything in their power to maintain a safe sex environment for their patrons. To help them keep maintain this pledge, STD Program staff maintain regular contact with venue managers to provide assistance where needed and to ensure that the establishments are complying with safer sex guidelines. In addition, in April 2001, STD screenings were conducted at six San Francisco high schools and over 500 students were tested for chlamydia.

**Encouraging kinder, gentler City drivers**

One of the Department's most visible primary prevention campaigns in 2000-01 was the STOP Red Light Running Campaign. This effort was undertaken to promote safe and responsible behavior on the streets to prevent traffic-related injuries and fatalities. As part of this campaign, commuters were reminded of the \$271 fine for running a red light in San Francisco. The STOP Red Light Running Campaign partnered with the Senior Action Network to kick off the City's new Pedestrian Safety Poster Campaign. Billboards, street signs, promotional items, and a new web site, all announcing the same message: "Stop at the red. You'll only kill a few seconds." were released. With an additional focus on community-based interventions, the STOP Red Light Running Campaign assembled community organizations, government agencies, health practitioners and other relevant professions to empower a community-wide network to support driving behaviors that are respectful, sensitive, and inclusive of all drivers toward the prevention of any driving violation.



### Preventing Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of an infant in the first year of life. The American Academy of Pediatrics recommends placing babies to sleep on their backs, as this allows the greatest protection against SIDS and is the preferred sleep position. In October 2000, in recognition of SIDS Awareness month, the Department's Office of Maternal and Child Health sponsored a "BACK TO SLEEP" SIDS prevention campaign. As part of the campaign, infant shirts with the "BACK TO SLEEP" logo were given to every new mom in the nursery of all the delivery hospitals in San Francisco. The campaign also included a media event and other giveaways that highlighted the critical message that infants should be put to sleep on their backs.



## STRATEGY

### Address social and economic determinants of health

#### Increasing employment for mental health service recipients

Because the Department's Community Mental Health Services (CMHS) section often hears from its consumers that employment is one of the keys to recovery, CMHS established a Vocational Liaison Committee to expand employment opportunities for CMHS clients. The Committee conducted a vocational survey and found that including vocational services into the continuum of community care was a successful strategy helping community programs serve as an alternative to institutional care. In conjunction with the Vocational Survey, the CMHS Office of Cultural Competence and Consumer Relations created a Peer Internship Program, which sponsored 15 mental health consumers to receive six months of on-the-job training at mental health programs. Three graduates were offered full-time employment as a result of their experience.

The CMHS Vocational Survey for adults showed that

- 2,372 consumers participated in on-site vocational activity in FY 00-01, a 55% increase from the previous year.
- 307 individuals were paid for their on-site work, a 74% increase over the previous year.
- 1,464 consumers got paid employment off-site, a 23% increase from the previous year.
- 243 staff members attended vocational training, an 84% increase over the previous year.
- 77 peer counselors were employed by programs in FY 00-01.

### **A RoadMap for preventing violence**

In February 2001, the Violence Prevention Network, staffed by the Department's Community Health Education Section, released the RoadMap for Preventing Violence. With a focus on alcohol, firearms and the devastating experience of young children who witness acts of violence, the RoadMap is designed to assist community groups and others reduce the impact of these risk factors and work toward creating safer, more peaceful neighborhoods. Using solid data and a public health planning approach, the RoadMap helps communities identify problem areas, offers strategies for addressing them, and, in many cases, suggests other partners with whom communities can collaborate. Each community has the opportunity to make the process fit its particular needs.

### **A second chance for ex-gang members**

In fiscal year 2000-01, the Castro-Mission Health Center, in collaboration with San Francisco General Hospital and Central American Resource Center, assumed administration of the Second Chance Laser Tattoo Removal Clinic Management Program. Visible gang-oriented tattoos on the faces, necks and hands of former gang members present a significant barrier to their rehabilitation. The distinctive marks can make it impossible to find a job, and can even pose a threat to their lives from rival gangs. The Second Chance Clinic offers youth an option to remove the visible signs of gang affiliation to help them move forward and make significant life changes.

## Goal 3:

### **Services, Programs And Facilities Are Cost-Effective And Resources Are Maximized.**

Ensuring that individuals have access to the most appropriate health care services is not only good health policy, but also good fiscal policy. When individuals have access to critical health services, such as primary and preventive care, and early intervention services, they can receive timely treatment and avoid complications that can result from delays in care. Further, ensuring that patients receive care in the least restrictive and most appropriate settings avoids costly institutional care and ensures that patients remain integral members of their community. Thus, many of the programs that support the strategies for Goal 3 also support strategies for Goal 1.



### **STRATEGY**

**Continue to adopt a financial strategy that enhances revenue and reduces expenditures by avoiding costly institutional care to ensure that the overall public health system operates cost-effectively.**

#### **Ensuring appropriate levels of care for persons with mental illness**

Increasing case management capacity and assuring that case managers have access to community resources to help their clients remain out of emergency and hospital services is a key strategy for decreasing institutional care and assuring that patients can access appropriate levels of care. An evaluation of three adult intensive case management programs (based on an assertive community treatment model) serving 400 mental health clients confirmed that this sort of intensive case management reduces institutional and emergency services utiliza-



**Sharing coffee at Laguna Honda Hospital and Rehabilitation Center.**

tion and costs. CMHS provided case management to more than 2,000 clients in fiscal year 2000-01 through a variety of initiatives, including those that target services to homeless mentally ill and children and youth with mental illness.

### **Realizing the goal of short-term care**

Laguna Honda Hospital and Rehabilitation Center delivers long-term care services to San Franciscans with a wide range of needs so complex and demanding that they cannot be met by caregivers at home or in the community. The patient population is changing, however: patients are younger; the range of diagnoses are wider; and disabilities resulting from these diagnoses are more varied.

The community at large is also changing: medical advances are positively impacting the severity of disabilities and the community infrastructure is more accommodating to those with disabilities. Consequently, for individuals with long-term disabilities, the need for long-term care is decreasing as the need for short-term care and community-based support services is increasing. In response, Laguna Honda created the Community Reintegration Program to provide services to residents who demonstrate the potential for discharge within 90 days of their admission date. Utilizing rehabilitation interventions, either through formal therapy or through functional maintenance activities, and effective discharge planning, the program moves patients through the rehabilitation process, maintaining their level of maximal independence, explores and utilizes community resources, and addresses any psychological issues regarding discharge, thereby maximizing their “readiness” for community re-entry.

## STRATEGY

### Improve recruitment, retention and training of Department staff.

#### Addressing the nursing shortage

Localities across the United States are experiencing a severe nursing workforce shortage. Unfortunately, San Francisco is not an exception. In order to enable the Department to respond to these significant challenges, San Francisco General Hospital has convened a Nursing Retention and Recruitment Committee. The Committee will bring together nursing staff from all areas of the hospital to identify key retention issues at SFGH and to develop a retention plan that will guide the hospital in addressing nursing workforce issues over the next several years. The Committee's mission is to promote the retention and recruitment of nursing staff through activities and programs that enhance organizational communication, promote professional development and job satisfaction, and encourage participation in nursing organizational decision making.

Registered Nurses Chris Rusev and Lee McGrath at Tom Waddell Health Center.



**Innovative approaches to linguistically competent health care**

The challenge of providing timely interpreter access to limited English proficient (LEP) populations continues to overwhelm health care institutions throughout California. The challenge of timely interpreter access is not only a financial and logistical struggle, but also one whose barriers can jeopardize access to proper medical care. The Videoconferencing Medical Interpretation Project, a pilot demonstration project funded through Health Access by the California Telehealth and Telemedicine Center, began clinical trials at San Francisco General Hospital in January 2001. This very exciting pilot project uses videoconferencing technology to provide LEP patients and their providers with a real-time medical interpreter in another location. This interpreter can see both the patient and his/her provider, hear the words, assess body language and provide professional medical interpretation. The program has been very well-received by providers and patients alike who have welcomed it as an effective tool and appreciated the reduced wait times.



**Videoconferencing at San Francisco General Hospital**

***“I feel more focused on the patient and provider and the session seems to be more productive and satisfying.”***

- Christine Luu, Interpreter at San Francisco General Hospital

## STRATEGY

### Design an e-government strategy and presence for the Department.

#### A virtual world for Department staff

The Department's Intranet is an excellent source of information and services for staff. In fiscal year 2000-01, the Department's Management Information Systems helped to improve the efficiency and flow of information by adding 500 pages of new resources to the Intranet, including:

- **Online Staff Directory.** Paper directories have become obsolete for many staff members who can now quickly and easily locate the contact information for their Department colleagues online.
- **Legislative Tracking System.** This allows Department staff to identify State bills related to topics of interest, and to track their status over time.
- **Medical Cannabis ID Card System and Staff Training Tutorial.** This creates a system for staff to track the Medical Cannabis ID cards.
- **HR2000.** This application was designed for Human Resources and automates most of their daily tasks. All DPH managers have access to the system, but have various levels of access depending on the security level they are approved for.

## **Goal 4:**

### **Partnerships With Communities Are Created And Sustained To Assess, Develop, Implement And Advocate For Health Funding, Policies, Programs And Services.**

The Department's relationships with the community are critical to its ability to fulfill its mission. Communities, health advocates, and other providers and consumers assist the Department in improving the development and delivery of health services in San Francisco by providing vital services, information in assessing needs, outreach to target populations, evaluations of program effectiveness, and advocacy for improved health policy and resources. The Department is committed to sustaining these relationships and expanding them as needed to improve the health of San Franciscans.

### **STRATEGY**

#### **Increase local, state and federal advocacy efforts under the direction of the Mayor's Office.**

##### **Advocating for a healthier San Francisco**

The Office of Policy and Planning (OP&P) advocates at the State and Federal levels for policy and funding to enhance the ability of San Francisco to provide appropriate health services to its residents. In fiscal year 2000-01, OP&P worked closely with Congresswoman Nancy Pelosi at the federal level to successfully secure \$1.105 million for HIV treatment services for women and persons of color at San Francisco General Hospital and \$1.105 million for the City's Treatment on Demand initiative. At the State level, OP&P worked closely with colleagues throughout the State to secure an additional \$25 million in funding for California's underfunded trauma centers, including the San Francisco General Hospital Trauma Center. OP&P regularly monitors State legislation and regulations and works closely with the Mayor's Office of Legislative Affairs to advise the City on the positions and/or action on health-related bills.

## STRATEGY

### Explore opportunities to partner with other providers and the community on common health issues.

#### **Implementing the Substance Abuse and Crime Prevention Act**

In January 2001, the Department began planning for implementation of Proposition 36, which was passed by California voters in November 2000 and requires probation and drug treatment, in lieu of incarceration, for conviction of nonviolent controlled substance violations. The Department, designated as the local lead agency by the Board of Supervisors, partnered with the District Attorney to co-chair a three-month committee planning process to develop the County Implementation Plan for San Francisco. Over 250 people participated in the development of the plan, including many members of the public. In June, Proposition 36 advocates issued "report cards," grading 11 counties--representing 75 percent of the state's population--on the quality of their final plans. San Francisco was the only jurisdiction to receive an "A."

#### **Introducing Occupational Health and Safety Training to Day Laborers**

Each day hundreds of men are hired to perform high-risk tasks yet are rarely provided the required protections. In 2000, the Environmental Health Section (EHS) initiated a collaboration between the Labor Occupational Health Program, California Occupational Safety and Health Agency, and the San Francisco Day Laborer Program to build a health and safety program for day laborers. This collaborative provides health and safety training and resources in a community building model for these marginalized workers. Through these efforts, EHS hopes to reduce the vulnerability of day laborers to high risk occupational injury and illness, to reduce hazardous exposures to the general public, and to further empower these workers to address their other health and social needs

***“I thought—now I am dead. It was 550 degrees hot that tar. It hurt so much. In the moment I was lost.”***

- San Francisco day laborer

#### **Searching for an effective vaccine**

In June 2000, the HIV Research Section of the Department's AIDS Office was designated as a HIV Vaccine Trials Unit, adding San Francisco to a new global network designed to test preventive HIV vaccines. Other HIV Vaccine Trials Units are situated in 10 U.S. cities, as well as

in cities in Brazil, China, Haiti, India, Peru, South Africa, Thailand and Trinidad. The San Francisco Unit has been put in charge of planning for National Institute of Health's first Phase III HIV vaccine trial, which is designed to take one or more experimental HIV vaccines that are shown to be safe and to produce immune responses in hundreds of volunteers, into a large trial with thousands of volunteers. It is only large trials such as these that can determine whether or not the vaccine can substantially protect HIV uninfected individuals. The

San Francisco group is working closely with investigators and communities at existing HIV vaccine trial sites, as well as helping to prepare new sites in Argentina, the Dominican Republic, Honduras, and Puerto Rico.



A section of the AIDS quilt displayed at the Department's AIDS office.

**Ensuring safe environments for families in Single Room Occupancy hotels**

The Hotel Inspection Program Unit of the Environmental Health Section (EHS) broadened its role by participating in the Families in Single Room Occupancy (SRO) Hotel Work Group, a sub-committee of the San Francisco Board of Supervisor's SRO Task Force. Among the charges assigned to the Workgroup was to ensure clean and safe living conditions for SRO residents, and to recommend legislative policy and program changes that will help families with children move from SROs into stable housing. As a result of the Department's involvement, EHS extended its services to include the routine inspection of all identified SROs used by families with children. Inspections will ensure that the hotels are maintained in safe, habitable and healthy conditions. EHS also expanded its inspection program to cover all emergency shelters, drop-in centers, drug treatment centers and transitional housing to ensure that they are maintained in safe and sanitary conditions at all times.

**Preparing HIV infected individuals for life after jail**

The prevalence of HIV infection among prisoners in the jail is much higher than in the gen-

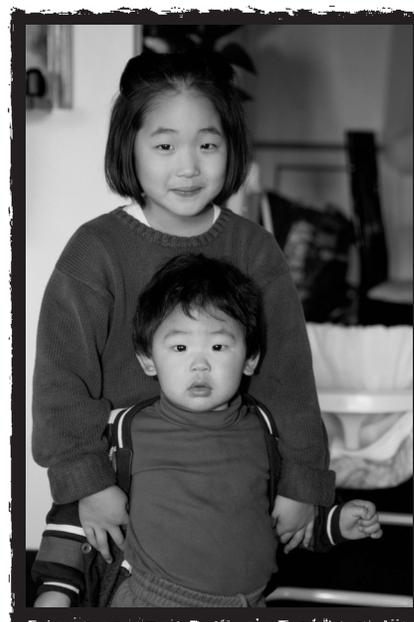
eral population. Jail Health Services uses the period of incarceration as an opportunity to provide HIV education, risk assessment and healthcare to San Francisco's high risk populations. However, upon release, clients are often lost to care and to follow-up services. This year, Jail Health Services' Forensic AIDS Project, in collaboration with Continuum, a community-based organization that provides HIV support and with the AIDS Office, implemented Homebase Project/HOPE study, to assess the effectiveness of interventions to enhance post-release medical and social service utilization, increase medication adherence, reduce health risk behaviors and to reduce recidivism. A randomly selected group of HIV positive prisoners exiting the San Francisco county jails are receiving intensive pre-and-post-release case management services, post-release transitional housing, health education, money management, medication management, HIV prevention information, and substance abuse referrals and related services in a supportive community-based environment.

### **Training for the City's police force**

Reflecting a true Citywide collaboration that includes the Coalition on Homelessness, the Mental Health Board, the Board of Supervisors, Jail Health Services, Mobile Crisis, the Police Department and the Department of Public Health, San Francisco is piloting the Police Crisis Intervention Project (PCIP). The model is based on very successful programs in Memphis, Tennessee and San Jose, California. The goal of the training is to enable law enforcement personnel to deal more effectively with the mentally ill. The course provides training in recognizing signs and symptoms of mental illness, information about available community resources, and specific crisis intervention and de-escalation techniques.

### **Working together to reduce family violence**

Family violence affects the health and safety of many community members. Communities often mobilize around the issue of community violence without recognizing the many connections to family violence. In the Western Addition, Maxine Hall Health Center and the Family Violence Prevention have partnered to form the Community Health Outreach and Resources for Unity, Safety and Strength (CHORUSS) project. The project has partnered with members and leaders in housing, faith based organizations and health care settings. The program has educated residents about safe ways to intervene in family violence, started support groups in churches and facilitated a number of community dialogues. CHORUSS has also formed partnerships



with Mt Zion and the LINC (Living in Nonviolent Communities) project to provide training to Mt Zion and Kaiser clinics. CHORUSS is also working with the San Francisco jail system to create violence screening programs.

## **STRATEGY**

### **Continue and expand assessment of community health needs (i.e., risks to health and safety).**

#### **Assessing the needs of Bayview-Hunters Point residents**

In April 2001, the Bayview Hunters Point Health & Environmental Assessment Task Force, a partnership between the Bayview Hunters-Point community, the Department of Public Health, and the University of California, San Francisco, released the results of its 1999 Community Survey. This collaborative effort was guided by the principles of participatory action research and responded to the need for residents affected by unfair and unequal environmental and health burdens to document the conditions in their own terms. Based on the survey, residents generally rated their health lower with 17% rating their health fair or poor compared to 10% nationally. Crime, violence and addiction were noted as the most significant community concerns by over 40% of respondents and public services for environmental clean-up was rated as poor by almost 50%. The survey's findings are currently informing strategy and actions both among community organizations and city agencies

#### **Understanding behavior to encourage safer sex habits**

Within the HIV Prevention Research Section, highlights of the year included the successful completion of enrollment of 736 high-risk men who have sex with men into project EXPLORE, a behavioral trial measuring the effect of intensive versus standard HIV testing and counseling on HIV infection rates. Phase I of the NEW CHOICES study was also successfully completed, enrolling 554 MSM, 28% of whom were African American and 27% Latino. Preliminary results from this study demonstrate that in San Francisco, high-risk behavior is common across race/ethnicity and age groups, that meeting sex partners on the Internet is associated with very high-risk behavior. Results from NEW CHOICES were presented at the national HIV Prevention Conference in Atlanta in August 2001; the section also had papers published in the American Journal of Public Health and JAIDS.