



**SAN FRANCISCO**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Annual Report**  
**Fiscal Year 2003-2004**



# **OUR MISSION:**

## **THE MISSION OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH IS TO PROTECT AND PROMOTE THE HEALTH OF ALL SAN FRANCISCANS**

The San Francisco Department of Public Health shall:

- Assess and research the health of the community
- Develop and enforce health policy
- Prevent disease and injury
- Educate the public and train health care providers
- Provide quality, comprehensive, culturally-proficient health services
- Ensure equal access to all.



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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH – 415-554-2500

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## MESSAGE FROM THE DIRECTOR

I am pleased to present the Annual Report for the City and County of San Francisco Department of Public Health for fiscal year (FY) 2003-04. This was a year of change for both San Francisco and the Department. Some of these changes brought significant challenges and difficult choices to the Department's staff and to residents of San Francisco, but through it all there was also a sense of renewal and hope for the future. This Annual Report shows that the Department accomplished much in FY 2003-04, never losing sight of its mission to protect and promote the health of all San Franciscans.



In November 2003, San Franciscans elected a new mayor who took office the following January. He brought with him strong convictions and clear priorities, and he acted swiftly to implement his vision. Most significantly for the Department, Mayor Newsom made the eradication of chronic homelessness one of his top priorities. After taking office, Mayor Newsom convened the Homeless 10-Year Plan Council, a true collaboration of City employees, advocates and other stakeholders, which created for San Francisco a plan to end chronic homelessness. In addition, the Mayor rallied assistance from outside the City, including Phil Mangano, Executive Director of the Bush Administration's Interagency Council on Homelessness, who showed great support throughout this process.

In June 2004, the Mayor was presented with the Council's plan, entitled "*Changing Direction-The 10-Year Plan to End Chronic Homelessness*." The plan's central strategy is a housing first model, which emphasizes immediate placement of the individual in permanent housing, with access to those on-site services necessary to stabilize individuals and keep them housed. Consistent with this approach, in October 2003, the Department's Housing and Urban Health (HUH) section opened the Empress Hotel, a 90-unit single room occupancy (SRO) hotel that offers housing to people directly from the streets. Using this supportive housing model, widely recognized as the best way to end chronic homelessness in San Francisco, HUH's Direct Access to Housing program now provides nearly 500 units of supportive housing and is planning for even more.

The greatest challenge facing the Department during this past fiscal year and continuing very much into the present day is financial. San Francisco opened FY 2004-05 with a budget deficit of \$320 million. As the Department represents 20 percent of the City's discretionary General Fund, we bore a large part of the deficit. Specifically, the Department reduced its General Fund by \$22.2 million and eliminated 165 positions. Because of the Department's commitment to direct services, the cuts were taken primarily in the administrative area (\$18.5 million and 130 full time positions).

Sadly this did not end the FY 2004-05 budget process. The FY 2004-05 budget was built on the assumption that the voters would pass Propositions J (sales tax) and Proposition K (business tax). Both propositions failed, resulting in a \$97 million deficit for the City. As I write this, we are processing an additional \$15 million of cuts.

These cuts have harmed our services, our clients and our staff. The cuts are counter to our mission: to protect and promote the health of all San Franciscans. However, we recognize that the City's financial crisis is real and dire, and that it is our job to determine the least harmful cuts. We have done this with the input of the Health Commission to the best of our ability.

Spurred by the financial crisis, we have developed better models of providing cost-effective care. For example, in FY 2003-04 the Department successfully developed a way to better care for homeless alcohol-dependent persons, while also reducing unnecessary ambulance and Emergency Room (ER) usage. The McMillan Stabilization Pilot Project began in July 2003 offering a medically supported sobering center. In its first year, there were nearly 5,000 admissions and over 2,000 unduplicated clients. The pilot succeeded in diverting patients from unnecessary ER and ambulance usage to a safe, more effective, and less costly level of care. The 24-hour, 7 day a week project provides 20 beds of medically supported sobering services, intensive case management, transportation, and linkages to detox, housing, and other services.

We have also found ways to make our existing services more efficient. For example, the Community Health Network provided 325,389 primary care visits to City residents in FY 2003-04, 1,837 more visits than the previous year. In this same time, the Community Behavioral Health Services section saw 24,405 clients for mental health services, an increase of 1,518 clients from the year before. Housing and Urban Health's units for the homeless have also increased, from 1,730 in FY 2002-03 to 1,814 in FY 2003-04.

I am fortunate to be a local health director in a City that so strongly supports public health and health care services and to work in a department with such a committed and knowledgeable staff. Our ability to meet the health needs of our community is dependent upon the caliber of our workforce. This report shows the many accomplishments of the Department's staff and our many collaborators. 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 made San Francisco a leader in health care and health care access. I look forward to our continued work together to improve the health status of all San Franciscans.

***Mitchell H. Katz, MD***

**November 2004**

# THE STRATEGIC PLAN: 2004 UPDATE

## *The Strategic Planning Process*

The goal of strategic planning is to better position the Department to fulfill its mission and vision statements. More specifically, the Department pursues strategic planning to prioritize health concerns for a period of three to five years. In December 2000, the Health Commission adopted the Department’s Strategic Plan, *Leading the Way to a Healthier Community*. After three years of implementation, in November 2003, the Health Commission asked Department staff to evaluate the effectiveness of the plan and to update it to reflect current realities and projected needs. As a result, Department staff began an eleven-month process to revise the Strategic Plan.

### Initiative Guidelines

In keeping with its mission to protect and promote the health of all San Franciscans, the Department followed specific guidelines in updating its Strategic Plan. These consist of planning goals, key assumptions, issues to be considered, guiding principles and process guidelines developed by the Department. Each set of guidelines is described below.

### **Strategic Planning Goals**

Department staff worked from the initial belief that the four goals of the Strategic Plan would remain the same as or similar to the goals of the 2000 plan. This assumption was supported by feedback received in the community meetings, e-mail survey, and staff meetings described below, as people believe that these goals continue to serve the Department and its constituents well. Only Goal 1 was modified slightly to make it clearer and increase its impact; it originally read: “San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.” The concept of “target populations” continues to exist in the plan itself in objectives and strategies. The Goals for the 2004 Strategic Plan include:

Goal 1: San Franciscans have access to the health services they need.

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.

## **Key Assumptions in Strategic Planning Initiative**

Several key assumptions were made in the Strategic Plan revision. They include:

- Mission and vision statements will remain the same — The strategic planning initiative is not designed to change the mission or vision statements adopted by the San Francisco Health Commission. The Department’s mission statement as adopted by the Commission (Resolution No. 30–98) is to “protect and promote the health of all San Franciscans.”

The Department’s vision statement as adopted by the Commission (Resolution No. 30-98) is that San Francisco will be a leader in health. The staff and volunteers for the Department will do everything in their power to help all San Franciscans achieve the best possible state of health. We are committed to making this a city where:

- Everyone lives in a healthy neighborhood.
- Everyone has equal access to needed, quality care.
- Services are client-focused and culturally competent.
- We are partners with clients and communities, and their needs determine resource allocation.
- We recognize the special contributions of every person working in the system.
- All providers collaborate as part of a unified citywide health and human services system.
- All providers emphasize primary prevention and wellness.
- We insure the very best use of public funds, and all services are cost effective.
- We are creative, innovative and continually strive for excellence.
- We stand for teamwork, collaboration, integrity and accountability.
- Clients and communities value our services and trust us.

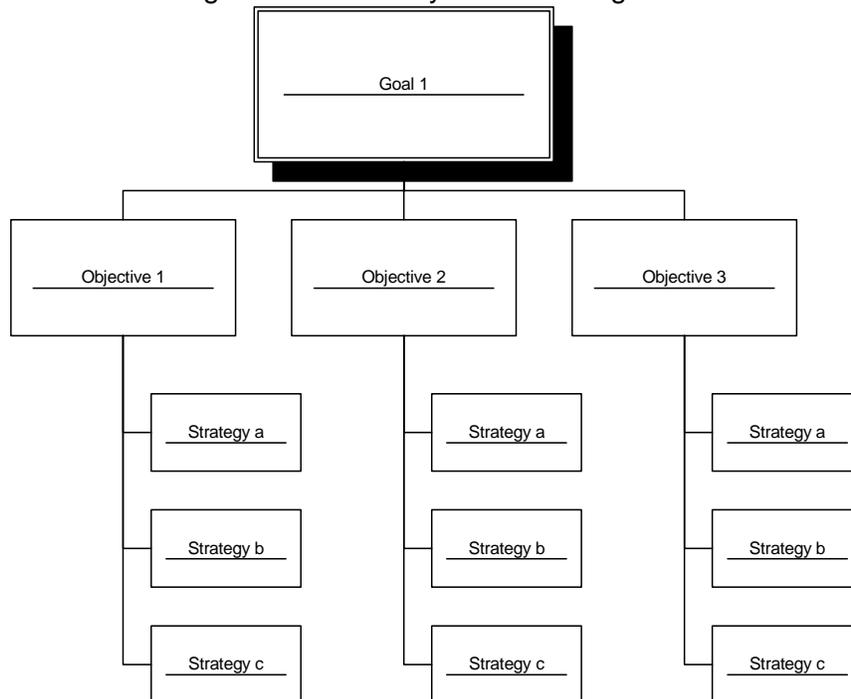
The mission and vision statements approved by the San Francisco Health Commission are fundamental tenets of the strategic planning process.

- The Department will maintain two roles — The Department will continue its two roles within health because each role supports the other. The Department will continue its role at overseeing population health activities that are fundamental to the entire community. In addition, the Department will continue to be a provider of health care to individuals who seek services at our community-based clinics and hospitals. The recommendations from this strategic planning initiative assume that the Department will continue both its population health and personal health care provider roles. No changes in governance will result from the strategic planning effort.
- There will be no significant changes in federal and State regulations and statutes — The Department is required to follow governmental provisions to receive either funding or licensure. On a regular basis, new regulations and procedures may affect the design and implementation of Department programs. This strategic planning initiative assumes that this situation will not change significantly. In addition, no changes in the City and County’s Administrative Code and/or Health Code are anticipated.
- The Strategic Plan will be consistent with Health Commission policies and resolutions — Over the past three years, the Health Commission has adopted a

number of resolutions that are relevant to the strategic planning initiative. Any strategic planning recommendations will be consistent with the following programmatic issues:

- Strengthening prevention in areas of asthma, breast and cervical cancer, immunizations, lead poisoning, domestic violence, youth suicide and a special prevention emphasis on the African-American community
  - Promoting substance abuse treatment on demand
  - Increasing funding for HIV/AIDS care
  - Creating alternatives to inpatient care
  - Advancing universal health care coverage
  - Expanding community-based long-term care and continuing skilled nursing facility care
  - Developing housing services for the homeless and marginally housed
  - Increasing access to mental health
- The Strategic Plan comprises goals, objectives and strategies — Like the original plan, the revised Strategic Plan consists of four goals, listed above. Under each goal is a series of objectives, each with specific strategies, which articulate the approach or recommendation that the Department should pursue. Goals are long-range, broad statements that affect the Department’s ability to meet its mission. Objectives represent the approach or direction that the Department should pursue in order to achieve its goals. Because they are not operational, objectives are stated in broad, conceptual terms. Strategies state the activity to be pursued to achieve the objective and therefore further the Department’s goals. By their nature, strategies are specific. The Plan is predicated on the notion that successful implementation of the policy directions articulated in the objectives will enable the Department to fulfill its goals, and therefore its mission. The plan is graphically represented in Diagram 1.

Diagram 1: Hierarchy of the Strategic Plan



## ***Key Issues the Department Faces***

In revising the Strategic Plan, the Department had to recognize a number of key issues, both external and internal, that it faces. Those issues include:

### *The People We Serve*

- Who are the populations to be served by the Department’s population health activities?
- Who are the populations to be served by the Department’s personal health care services?

### *The Services We Offer*

- What guidelines should be used to develop and prioritize services?

### *What are the Priority Services for Funding?*

- Are there services that could be regionalized or shared with other communities?
- What is the appropriate configuration and level of services to meet community need (with respect to population health activities and personal health care services)?
- How can we strengthen prevention activities?
- How do we work to integrate physical health, mental health, substance abuse and social services?

### *The Delivery System We Support*

- Should the Department focus principally on serving those with no choice of providers (e.g., the indigent and uninsured) or also be a provider for people who have a choice of providers and choose the Department? If so, under what circumstances and for what other populations?
- What are the strategic issues facing the Community Health Network in 2004?

### *Operational Advancements We Endorse*

- How can the Department use data and evaluation to guide program planning and priority setting?
- How can outcomes-based evaluation be integrated better into Department operations?
- Should consistent eligibility criteria be developed for personal health care and population health services?
- How can the Department increase collaborations to engage the community and other entities in improving community health?
- How can benchmarks be used more fully within the Department?
- What improvements can be made in the contract development, monitoring and payment process?
- How can the Department use the benefits of E-commerce applications to improve systems?
- What improvements can be made to address staff recruitment, retention, training and management issues?

### *Financing Health Services*

- What are potential strategies to enhance revenues and reduce expenditures?

- Does caring for the insured financially allow the Department to cover a portion of the costs of the uninsured?
- How can the Department better blend funding to achieve service integration?
- How can the Department fund needed infrastructure and ensure adequate capitalization?

### **Guiding Principles**

A number of implicit principles guide the Department’s daily activities. In order to be effective in developing a Strategic Plan, Department staff felt it important to make these guiding principles explicit. They include:

- Ensure that the Department develops a clear strategy for fulfilling its mission and vision statements and clearly articulates its role in the delivery of services to San Franciscans.
- Take a broad view of health given that there are many social determinants that impact the community’s health – e.g., income, education, and housing.
- Continue to support the Department’s roles in overseeing the public’s health and delivering health care services.
- Use health data (quantitative and qualitative), community needs, health mandates and program evaluation to guide the development of the Department’s services.
- Ensure that health services are comprehensive (including a continuum of care) and integrated to effectively address the health problems of communities and individuals.
- Emphasize the expansion of primary prevention activities to reduce preventable illness and injury.
- Emphasize improving service integration at the following levels:
  1. Population Health and Prevention and Community Health Network services,
  2. Department services with community resources and providers,
  3. Department services with the services of other City departments for the same populations, and
  4. Program contracting functions to improve contracting efficiency for the contractor and Department.
- Emphasize blending revenues where possible to support service integration.
- Recommend strategies for the Department’s legislative advocacy to improve San Francisco’s health status and the Department’s ability to address health issues.
- Develop a strategic vision for the Department that recognizes current fiscal realities but is not driven by them.

### **Process Guidelines**

The process guidelines that Department staff used in revising the Strategic Plan include:

- The strategic planning initiative and process is open to staff, the public and consumers of health services in San Francisco. Their input will be considered before the Department finalizes analyses and recommendations.
- The strategic planning initiative and process is culturally competent and address the linguistic and cultural diversity of San Francisco.
- The Department will develop consensus recommendations and be respectful of staff and public input. In those cases where consensus cannot be reached, minority opinions will be included.
- The strategic planning initiative will complete its work within the timeframe established by the Health Commission.

## Timeline

The Department estimated that the evaluation and updating of the strategic plan would take approximately eleven months to complete culminating in a final report for Commission modification and approval by October 2004. Department staff has been able to work within that timeframe. Details related to the timeline are contained in the chart below.

Task	2003		2004					
	Nov	Dec	Jan - Apr	May - Jul	Aug	Sept	Oct	Nov
Report to Health Commission	■							
Develop Planning Process		■						
Gather Quantitative Information			■					
Conduct Community, Staff and Industry Expert Forums			■					
Develop Draft for Director’s Review				■				
Director Reviews, Modifies, and Approves					■			
Report Goes to JCCs for Review and Discussion						■		
Finalize Report for Commission Approval							■	
New Strategic Plan Ready for Implementation								■

## Community and Staff Input

Revising the Strategic Plan required gathering and interpreting input from community and staff. To engage with these groups, between March and May 2004, the Department hosted 18 community and three staff Town Hall meetings (dates and locations listed below) and conducted an e-mail survey of 623 of the City’s non-profit providers in the survey and the community meetings, the Department presented an overview of the existing Strategic Plan, and requested ideas and input from the community in order to update the Plan for the next five years. Department staff organized and advertised the meetings to maximize attendance for San Francisco’s numerous cultures and ethnic populations. The outcomes show success in hearing from the wide variety of people who live and work in the City.

## Community Meetings and E-Mail Survey

In planning community and staff meetings for the 2004 update of the Strategic Plan, Department staff first turned to feedback on outreach from the 2000 planning initiative. Specific suggestions for improvement included incorporating community leaders and existing groups into the outreach process. Department efforts to work with the community to gather input on the initiative included working through:

- Each of the 11 Supervisors’ offices.
- The Mayor’s Office and the Office of Neighborhood Services.
- Hundreds of community groups, which were identified through City Hall, residents, and the San Francisco Public Library.

Advertising for the initiative included e-mail and direct mail to residents and groups identified by previous participation in strategic planning meetings or City Hall Offices, and calendar announcements to the Chronicle, SF Independent, The Examiner, all local ethnic and neighborhood media, and postings on electronic bulletin boards such as [www.craigsl.com](http://www.craigsl.com). Department staff was informed of all meetings through posted flyers, and announcements in the Director’s e-mail news alert, *Fast Facts from Dr. Katz* and voice mail. Additionally, the Department’s website prominently featured information about the initiative, and e-mail surveys were sent to more than 600 community groups (and then forwarded by them to thousands of residents).

Through these efforts, the Department was able to engage with San Francisco’s residents in ways most convenient to them. For example, the Department was able to participate in the popular Town Hall meetings of Supervisor Maxwell and Supervisor Peskin, as well as the April meeting of the West Twin Peaks Council, a group of English as a Second Language (ESL) classes for Chinese immigrants in Visitacion Valley, the monthly meeting of NICOS Chinese Health Coalition, a meeting of Pilipino service providers organized by the Mayor’s Office of Neighborhood Services, and the Community Advisory Committee of St. Francis Memorial Hospital. Any group or organization that requested a meeting was accommodated. Also, residents unable to attend meetings, such as members of the Mission Community Council and the Tenderloin Neighborhood Development Corporation, were able to participate in the initiative through online and e-mail technology.

**Results**

The Department received input from 433 San Franciscans, including 412 in face-to-face interactions through community and staff Town Hall meetings, and 21 in web-based responses through the Department’s e-mail survey. All comments and concerns were recorded, posted on-line through the Department’s Strategic Planning website, and incorporated into a master document used to update the Strategic Plan. Below is a listing of the dates and locations of each of the community and staff Town Hall meetings.

*Community Town Hall Meetings*

<b>Date</b>	<b>Location</b>
3/24	Park Branch Library
3/30	Excelsior Playground
4/3	San Francisco General Hospital
4/5	Sunset Recreation Center
4/7	Presidio Branch Library
4/8	Visitacion Valley Community Center
4/9	NICOS Chinese Health Coalition/Chinese Hospital
4/12	Harvey Milk Civil Rights Academy
4/15	Department of Public Health, 101 Grove St., Room 300
4/17	Richmond Recreation Center
4/19	Southeast College

4/22	Francisco Middle School
4/26	Forest Hill Clubhouse
4/27	Visitacion Valley Family Support Center
4/27	Visitacion Valley Community Center – ESL Classes
4/29	St. Mary’s Recreation Center
5/5	South of Market Recreation Center – Pilipino Service Providers
5/21	St. Francis Memorial Hospital Community Advisory Committee

*Staff Town Hall Meetings*

<b>Date</b>	<b>Location</b>
4/6	San Francisco General Hospital, Room 2A6
4/13	Laguna Honda Hospital, Simon Auditorium
4/15	101 Grove St., Room 300

## *Next Steps*

Department staff has synthesized the input from the community and staff meetings, and is working to draft the revised objectives and strategies that, along with the four goals, comprise the Strategic Plan. The new Strategic Plan will be presented to the Health Commission in October 2004 for review and approval. The Department expects to begin implementation of the revised Plan in January 2005.

# THE PUBLIC HEALTH COMMUNITY

## *Clients and Services*

The Department of Public Health provides an essential safety net for health care services in San Francisco. A complete spectrum of health services is provided to protect and promote the health of all San Franciscans. Though all residents are impacted by the Department’s public health services (such as environmental health), there are direct services provided to a specific number of residents. These personal health care services are absolutely essential to the lives of the residents who have come to rely on the continuum of care (from primary care to long term care) offered by the Department.

### **The Community Health Network’s Services**

Established as the division of the Department that encompasses all personal health care services, the Community Health Network (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, diverse populations. The CHN encompasses a wide array of services across a continuum of care. Major service components include primary care (provided at sites throughout the City), specialty care, home care, long-term care (through Laguna Honda Hospital), emergency care, and acute care (through San Francisco General Hospital).

### ***San Francisco General Hospital and Primary Care Clinics***

The data provided in this section include services provided at the Department’s Primary Care Clinics and at San Francisco General Hospital (SFGH). The clinics provide care to communities throughout the City through a network of 20 community- and hospital-based primary and specialty care clinics. These clinics are an essential piece of the Department’s full range of health care services, offering preventive care and management for chronic conditions.



Patients are seen regardless of insurance status and ability to pay, making them an essential piece of the local health care safety net. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and rehabilitation services for adults and children. It is the largest acute inpatient and rehabilitation hospital for psychiatric patients in the City. Additionally, it is the only acute hospital in San Francisco that provides twenty-four hour psychiatric emergency services and operates the only Level I Trauma Center for 1.5 million residents of San Francisco and northern San Mateo County.

In FY 2003-04, the CHN provided health care services to 115,992 unduplicated clients. Throughout the system, the top diagnoses in order were:

- |   |  |   |
|---|--|---|
| <p><b>Emergency Department</b></p> <ul style="list-style-type: none"> <li>• Alcohol Abuse</li> <li>• Abdominal Pain</li> <li>• Hypertension</li> <li>• Chest Pain</li> <li>• Acute Upper Respiratory Infection</li> </ul> | <p><b>Acute Inpatient Care</b></p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Psychosis</li> <li>• Normal delivery</li> <li>• HIV disease</li> <li>• Congestive Heart Failure</li> </ul> | <p><b>Primary Care Clinics</b></p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Diabetes</li> <li>• HIV disease</li> <li>• Hyperlipidemia</li> <li>• Lumbago</li> </ul> |
|---|--|---|

<b>CHN Provided the Following Services</b>	
<b>In FY 2002-03</b>	<b>In FY 2003-04</b>
<ul style="list-style-type: none"> <li>• 323,552 Primary Care Visits</li> <li>• 195,521 Specialty Visits</li> <li>• 9,377 Dental Visits</li> <li>• 11,112 Urgent Visits</li> <li>• 63,310 Emergency Visits</li> <li>• 56,486 Medical Emergencies                             <ul style="list-style-type: none"> <li>◦ 15.1% Admitted</li> </ul> </li> <li>• 6,824 Psych Emergencies                             <ul style="list-style-type: none"> <li>◦ 35.9% Admitted</li> </ul> </li> <li>• 3,300 Patients Requiring Level 1 Trauma Center Services</li> <li>• 100,695 Acute Inpatient Days</li> <li>• 21,110 Home Health Care Visits</li> <li>• 10,016 SFGH Skilled Nursing Days</li> <li>• 43,232 MHRF Skilled Nursing Days</li> </ul>	<ul style="list-style-type: none"> <li>• 325,389 Primary Care Visits</li> <li>• 161,816 Specialty Visits</li> <li>• 8,299 Dental Visits</li> <li>• 11,142 Urgent Visits</li> <li>• 60,013 Emergency Visits</li> <li>• 52,914 Medical Emergencies                             <ul style="list-style-type: none"> <li>◦ 15.6% Admitted</li> </ul> </li> <li>• 7,099 Psych Emergencies                             <ul style="list-style-type: none"> <li>◦ 36.4% Admitted</li> </ul> </li> <li>• 2,871 Patients Requiring Level 1 Trauma Center Services</li> <li>• 104,727 Acute Inpatient Days</li> <li>• 21,870 Home Health Care Visits</li> <li>• 10,125 SFGH Skilled Nursing Days</li> <li>• 30,791 MHRF Skilled Nursing Days</li> </ul>

**Laguna Honda Hospital’s Services**



*Residents of Laguna Honda Hospital.*

Laguna Honda Hospital (LHH) is an eleven hundred-bed long-term health center located in the Twin Peaks area of San Francisco. LHH has cared for San Francisco’s residents since 1866. The mission of LHH is to provide high quality, culturally competent, rehabilitative and long term care services to the diverse populations of San Francisco. A full range of medical, nursing and social services are offered to the residents of LHH.

**LHH Provided the Following Services**

- | <u>In FY 2002-03</u>  | <u>In FY 2003-04</u>  |
|---|---|
| <ul style="list-style-type: none"> <li>• 378,412 Skilled Nursing Facility (SNF) Days</li> <li>• 1,385 Acute Days</li> <li>• Served 1,707 Residents</li> <li>• Average Daily Census = 1,041.8</li> <li>• Average Length of Stay in LHH Acute Units = 9.5 Days</li> <li>• Average Length of Stay in LHH SNF Units = 408.9 Days</li> </ul> | <ul style="list-style-type: none"> <li>• 378,445 Skilled Nursing Facility (SNF) Days</li> <li>• 1,621 Acute Days</li> <li>• Served 1,671 Residents</li> <li>• Average Daily Census = 1,038</li> <li>• Average Length of Stay in LHH Acute Units = 10.3</li> <li>• Average Length of Stay in LHH SNF Units = 348.2 Days</li> </ul> |

**Community Behavioral Health System’s Services**

In FY 2003-04, the Department reorganized the individual systems of mental health and substance abuse care into an integrated system of “Community Behavioral Health Services” (CBHS). This newly formed unit is defined as an integrated, inter-disciplinary system of care that approaches individuals, families, and communities as a whole and addresses the interactions between psychological, biological and socio-cultural and environmental factors. The vision for this integrated system is “*Any Door, the Right Door,*” a system that can respond quickly and appropriately to clients’ behavioral health needs no matter which entry point brings them in.

At this early stage in the integration, data from substance abuse and mental health services have not been combined, and thus will be reported separately.

**Substance Abuse Services**

- Client’s Main Drug of Choice**
- Heroin (33%)
  - Alcohol (24%)
  - Cocaine (23%)
  - Methamphetamine (11%)
  - Marijuana (8%)
  - PCP/Hallucinogen/Hypnotic (1%)
  - Other (1%)

The Department’s substance abuse providers are led by two principles, which are used in the development and management of a wide variety of community programs. The first is harm reduction, a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use to managed use to abstinence. The second is treatment on demand, which aims to reduce the harm associated with alcohol and drugs by creating enough services to meet the demand.

A total of 11,725 clients unduplicated by most recent episode, received direct treatment services in FY 2003-04. Of these, 95 percent were substance abusers and 5 percent were co-dependents or parents, children, or spouses of substance abusers. For clients with substance abuse problems (11,183), heroin was the most commonly reported drug of choice by clients receiving direct treatment services. Methamphetamine use has shown a steady rise with 8 percent reporting it as their drug of choice in 2000, and 11 percent reporting the same in FY 2003-04.

Direct substance abuse treatment services include:

- Intensive Outpatient Services,
- Outpatient Services,
- Residential Services,
- Family Residential Services,
- Family Residential Off-site Treatment Services,
- Residential Off-Site Treatment Services,
- Residential Medical Detoxification Services,
- Residential Social Detoxification Services,
- Methadone Detoxification Services,
- Methadone Maintenance Services, and
- Day Treatment.

### **Community Mental Health Services**

Community Mental Health Services offers a full range of outpatient mental health services, including assessment, medication monitoring, and individual, couple and family therapy. These services are provided in many different locations, including Primary Care Clinics, in-home, at school, in supportive housing sites, and more. In FY 2003-04, mental health services were provided to 24,405 children, youth and adults. This section of the Department has seen a steady increase of clients over the years. In fact, there has been a 19.5 percent increase of clients served since FY 2000-01. The table below shows the numbers of clients served since FY 2000-01.

<b>Fiscal Year</b>	<b>Clients Served</b>
2000-01	20,422
2001-02	21,535
2002-03	22,887
2003-04	24,405

***Most Common Mental Health Diagnoses***

- Other Psychoses (23%)
- Mood Disorders – Other (20%)
- Schizophrenic Disorders (11%)
- Paranoid Disorders (9%)
- Adjustment Disorders (8%)
- Child/Adolescent Disorders (8%)
- Personality Disorders (7%)
- Anxiety Disorders (4%)
- Mood Disorders – Bipolar (4%)
- Substance Abuse Disorders (3%)
- Organic Mental Disorders (2%)

## Housing and Urban Health’s Services

Housing and Urban Health (HUH) is the division within the Department responsible for creating housing options for homeless and disabled residents. The Department, through its many services, is deeply involved in caring for persons who are living in poverty, many of whom lack adequate housing. HUH’s main goal is to provide community-based housing combined with innovative health care services for people who have been living on the streets, in shelters, and/or rotating through our institutional settings.

HUH’s Direct Access to Housing program has become a major emphasis for HUH and a cornerstone of the Department’s overall strategy to stabilize and house San Francisco’s chronically homeless population. Direct Access to Housing includes the leasing of Single Room Occupancy (SROs) hotels for the purpose of housing people directly from the streets, shelter, acute hospital or other institutional settings. Much of the success of the program is due to infusion of flexible on-site medical, psychiatric, and substance abuse services that strive to maintain residential stability and prevent recidivism back to homelessness.

The number of beds provided through HUH programs has been steadily increasing over the years, as shown below:

<b>FY 2001-02</b>	<b>FY 2002-03</b>	<b>FY 2003-04</b>
1,453 Beds	1,730 Beds	1,814 Beds

The 1,814 beds offered in FY 2003-04 represent a variety of different programs to help homeless individuals move into more stable, healthy lives. The following lists the various categories of programs:

- **Permanent/Long Term Programs (873 beds):** These housing programs are designed to assist clients in stabilizing and maintaining their health and quality of life, usually with case management and other services on-site to assist with these goals.
- **Subsidies Programs (562 beds):** These rental assistance/subsidy programs are designed to assist clients in stabilizing and maintaining their health and quality of life and are often linked to case management and other services to assist these goals. Most subsidies are long-term.
- **Emergency Programs (252 beds):** These allow for an emergency hotel stay, intended to assist clients with an immediate housing and/or health crisis, subsequently helping them stabilize. Often, the services are administered by outside intensive case management teams.
- **Transitional Programs (127 beds):** These short-term residential and transitional housing programs are designed to stabilize an individual and to support transition to a long-term sustainable housing situation. All programs include on-site services, often substance abuse and mental health services.

## Jail Health Services

Jail Health Services (JHS) provides a comprehensive and integrated system of medical, psychiatric and substance abuse care to the inmates in the San Francisco County Jail system. JHS is accredited by the California Medical Association's Institute for Medical Quality. JHS provides health and related services consistent with community standards as detailed by the California Medical Association's Standards for Health Services in Adult Detention Facilities as well as mandates from the courts and other criminal justice agencies.

The provision of health services to inmates presents unique challenges to JHS staff. This challenge is met by delivering quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, when in the community. It is a population with a high prevalence of acute and chronic medical, mental health, substance abuse and social problems. JHS pursues an aggressive program of health promotion and disease prevention and works to stabilize these problems while individuals are incarcerated. JHS' discharge-planning program facilitates the transition of patients back to the community when they are released by developing links between patients and existing community-based health and human services, enabling individuals to engage in the appropriate systems after release from jail. This results in improved health and well being for patients, their families and the community.

### ***JHS Provided the Following Services in FY 2003-04***

- 36,298 Patients Triage
- 67,425 Registered Nurse Evaluations/Treatments Performed
- 5,820 Patients Seen by a Physician or Nurse Practitioner
- 7,660 Patients Screened for Tuberculosis
- 2,931 Patients Screened for Gonorrhea
- 3,053 Patients Screened for Chlamydia
- 5,212 Patients Seen by a Dentist
- 5,458 Mental Health Evaluations Performed
- 29,040 Mental Health Follow-up Visits Performed
- 1,510 HIV Risk Assessments/Tests Provided
- 8,376 Encounters Provided to 1,404 HIV+ Patients

## Health Commission

As the governing and policy-making body of the Department of Public Health, the San Francisco Health Commission is mandated by City Charter to manage and control the City hospitals, and 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 below are the Health Commissioners and the Joint Conference Committees on which they serve.

### Health Commission Members

- Edward A. Chow, MD, President

- Chair, Joint Conference Committee, Community Health Network

Commissioner Chow is a practicing Internist, and is the Medical Director of the Chinese Community Health Plan.

- Roma P. Guy, MSW

- Member, Budget Committee

- Chair, Joint Conference Committee, Population Health & Prevention

Commissioner Guy is the Director of the Bay Area Homelessness Program and Lecturer in the Department of Health Education at San Francisco State University.

- James M. Illig

- Member, Joint Conference Committee, Laguna Honda Hospital

- Member, Joint Conference Committee, Population Health & Prevention

- Member, IHSS Public Authority

Commissioner Illig is the Director for Government Relations for Project Open Hand and is the president of the St. Mary's Medical Center Board of Directors.

- Lee Ann Monfredini, Vice President

- Chair, Joint Conference Committee, San Francisco General Hospital

Commissioner Monfredini is a self-employed real estate agent at Ritchie Hallanan Real Estate LTD.

- Michael L. Penn, Jr, MD, PhD

- Member, Budget Committee

- Member, Joint Conference Committee, Community Health Network

Commissioner Penn is a Product Manager in BioOncology Marketing at Genentech, Inc. in South San Francisco. He is also the co-founder of Brothers Building Diversity in the Sciences, a non-profit organization founded that encourages under-represented minority students to pursue biomedical science careers.

- David J. Sanchez, Jr., Ph.D.

- Chair, Budget Committee

- Member, Joint Conference Committee, Community Health Network

- Member, SFGH Foundation

Commissioner Sanchez is the 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
  - Chair, Joint Conference Committee, Laguna Honda Hospital
  - Member, Joint Conference Committee, San Francisco General Hospital
  - Member, SF Health Authority

Commissioner Umekubo has a private practice in Internal Medicine in Japantown. He is the former Chief of Medical Staff at St. Mary's Hospital and the Medical Director of the San Francisco Community Convalescent Hospital.



*The San Francisco Health Commission.  
 Back row from left: Michele Olson (Health Commission Secretary); David J. Sanchez, Jr., PhD; James M. Illig; John I. Umekubo, MD; Mitchell Katz (Department Director).  
 Front row from left: Roma P. Guy, MSW; Edward A. Chow, MD; Lee Ann Monfredini.  
 Not pictured: Michael L. Penn, Jr., MD, PhD*

## Resolutions Passed in FY 2003-04

The following lists the resolutions and policies passed by the Health Commission in FY 2003-04.

- Supporting State Efforts to Increase Access to Health Care Coverage for the Uninsured; Resolution No. 14-03.
- Opposing Proposition 54; Resolution No. 15-03.
- Supporting Increased Autonomy and Fiscal Authority for the Health Commission and Department of Public Health, Supporting the Concept of Stable, Predictable and Adequate Funding for Health Services, and Urging Modifications and Enhancements to the Proposed Health Department Charter Amendment; Resolution No. 16-03.
- Supporting that San Francisco General Hospital Medical Center Meets Senate Bill 1953 Safety Standards by 2013, Encouraging Efforts to Identify Alternative Funding Sources, Supporting Further Discussion with UCSF on Co-Location and Encouraging Improved Community Outreach Strategies; Resolution No. 17-03.
- Supporting San Francisco's Charity Care Ordinance and Urging Full Compliance With its Provisions; Resolution No. 18-03.
- Accepting the Recommendations of the Mental Health Rehabilitation Facility (MHRF) Blue Ribbon Committee and Authorizing that the Changes in MHRF Staffing be Submitted for the Department of Public Health 2004-05 Budget and that Changes in the MHRF License be Pursued; Resolution No. 01-04.
- Acknowledging February 2004 as "Children's Dental Health Month" and Honoring the Agencies and Individuals Who Have Made a Difference With Children's Dental Health in San Francisco; Resolution No. 02-04.
- Resolution Opposing Reductions in San Francisco's Ryan White Care Act Title I Award; Resolution No. 03-04.
- Approving the Submission of the Department of Public Health's Base Budget for Fiscal Year 2004-05, and Urging the Mayor and the Board of Supervisors to Develop Strategies for Avoiding Serious Cuts to the County's Health Safety Net Services; Resolution No. 04-04.
- Honoring Public Health Week, April 5-11, 2004; Resolution No. 05-04.
- Accepting the San Francisco General Hospital (SFGH) Rebuild Steering Committee Recommendations With Regard to Bed Count and Maintenance of Psychiatry Wards in Current Building, and Directing the Department to Further Study the Hospital Rebuild Options, Including Collocation With the University of California at San Francisco (UCSF); Resolution No. 06-04.

- Approving the Guidelines and Identifying the Diversion Programs Mandated by 'Proposition M – Aggressive Solicitation Ban' Passed by Voters in November 2003; Resolution 07-04.
- Urging the San Francisco Board of Supervisors to Authorize the Department of Public Health to Explore Joining the State Department of General Services Pharmaceutical Purchasing Program to Ascertain the Potential Cost Benefits of Participation; Resolution 08-04.
- Regarding the Fiscal Year 2004-05 Contingency Budget, and Urging the Mayor and the Board of Supervisors to Work Together to Minimize Reductions to Health Services; Resolution 09-04.

## The Department's Staff

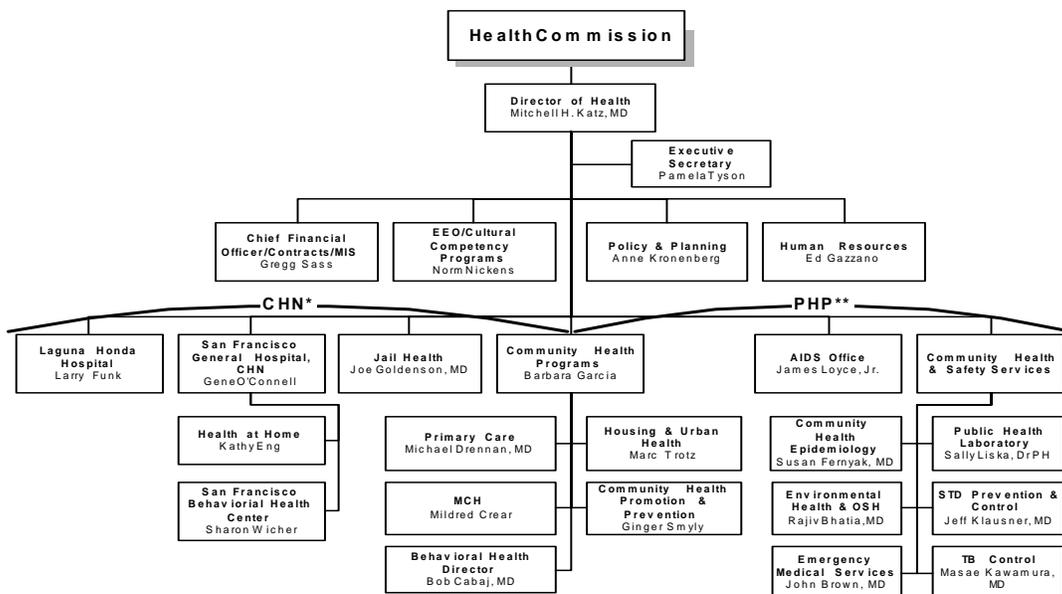
Achieving the Department's mission to protect and promote the health of all San Franciscans would not happen without the dedication of the Department's staff. The nearly 6,000 individuals employed throughout the Department work in countless ways, performing the core activities of the Department, and utilizing their energy, experience and talents to fulfill the Department's mission and goals.



Laguna Honda Hospital staff at a special event for residents.

## The Organizational Chart

The Department, with its broad mandate, consistently works toward a structure that allows for the most efficient and responsive programming. For instance, most recently, two units (Mental Health and Substance Abuse) were merged into one (Community Behavioral Health Services). This allows the Department to track and best provide services to individuals with concurrent mental health and substance abuse diagnoses. This Organizational Chart reflects the structure of the Department and the individuals working in key positions in FY 2003-04.

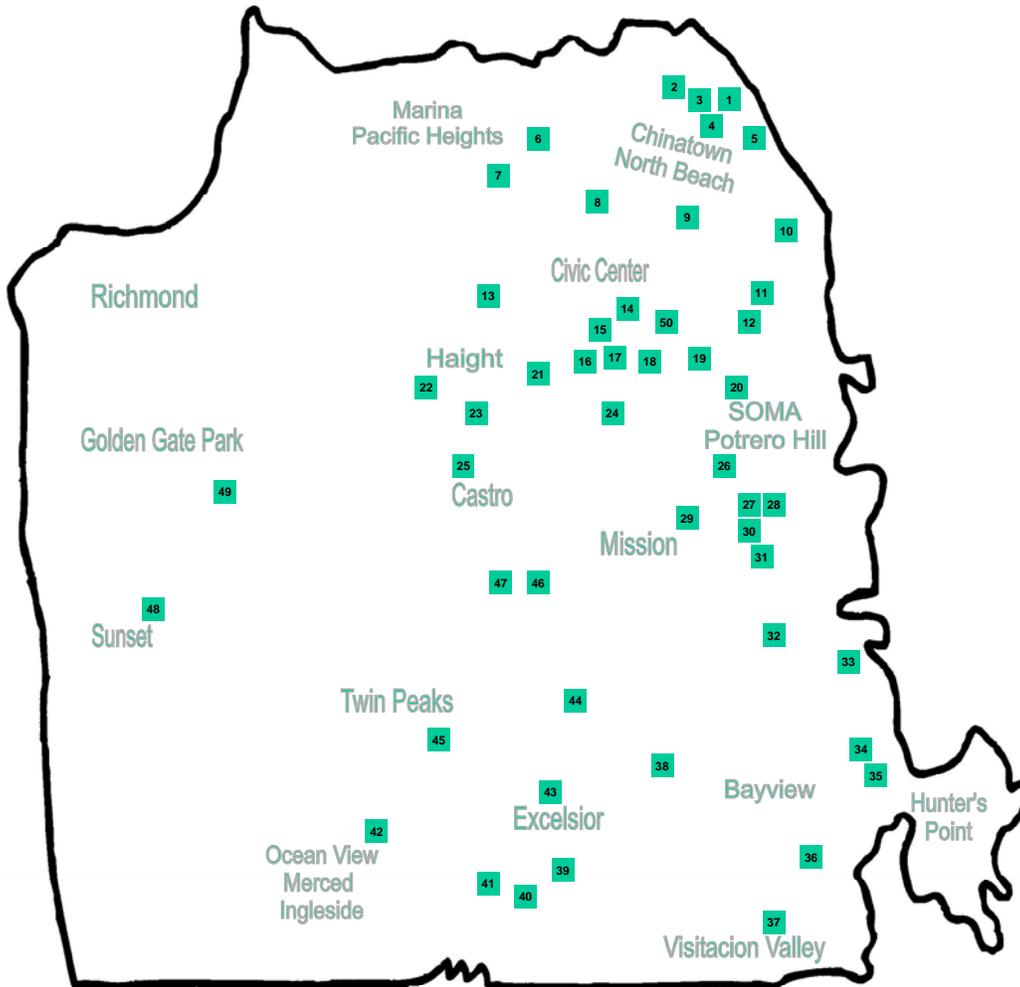


\*CHN = Community Health Network, the integrated health service delivery system of the Health Department

\*\*PHP = Population Health and Prevention

## The Department's Health Services Sites

It is a goal of the Department to offer primary care and other health services at sites located throughout the City. The map below shows where the City-operated sites were located in FY 2003-04.



**\* Affiliated Providers**

- |   |  |   |
|---|--|---|
| 1. Chinatown / North Beach Mental Health Services   | 16. Environmental Health Services  | 34. Family Mosaic Project Children System of Care       |
| 2. Chinatown Public Health Center / Newcomers Program   | 17. Health Education & Health Promotion  | 35. Children's System of Care Intensive Care Management |
| 3. Chinatown Child Development Center   | 18. Public Conservatorship   | 36. Southeast Health Center                             |
| 4. Chinatown Child Development Center Child Care Mental Health Consultation                       | 19. City Clinic  | 37. Southeast Child & Family Therapy Center             |
| 5. Northeast Medical Services *   | 20. Mission Mental Health Services   | 38. Silver Avenue Family Health Center                  |
| 6. Center for Special Problems – Trauma Resolution  | 21. HIV Services   | 39. Southeast Child & Family Therapy Center 2           |
| 7. Maxine Hall Health Center  | 22. Cole Street Youth Clinic *   | 40. Health At Home                                      |
| 8. Larkin Street Youth Clinic *   | 23. Lyon-Martin Women's Health Services *                                      | 41. Balboa Teen Health Center                           |
| 9. Curry Senior Service Center *  | 24. Native American Health Center  | 42. OMI Family Center                                   |
| 10. Jail Health Services  | 25. Castro Mission Health Center   | 43. Excelsior Group *                                   |
| 11. South of Market Health Center *   | 26. Mission Neighborhood Health Center   | 44. Southeast Mission Geriatric Services                |
| 12. South of Market Mental Health Services  | 27. AB 3632 Unit / Children's Mental Health                                    | 45. Team II Adult Outpatient Services                   |
| 13. Haight-Ashbury Free Medical Clinic *  | 28. Mission Family Center  | 46. Special Programs for Youth                          |
| 14. Health Officer / Public Health Lab / Tom Waddell Health Center / Immunization / Vital Records | 29. Alternatives Program / Mission ACT / Mission Mental Health Services Team I | 47. Laguna Honda Hospital & Rehabilitation Center       |
| 15. Central City Older Adult Unit   | 30. San Francisco General Hospital   | 48. Sunset Mental Health Services                       |
|   | 31. Child & Adolescent Sexual Abuse Resource Center (CASARC)                   | 49. Ocean Park Health Center                            |
|   | 32. Potrero Hill Health Center   | 50. Housing & Urban Health Clinic                       |
|   | 33. Comprehensive Child Crisis Service / Foster Care Mental Health Program     |   |

## The Workforce’s Linguistic Capability

In a City with great cultural and linguistic diversity, having a workforce that reflects this diversity is essential. The Department is committed to developing and maintaining health services that are culturally competent, consumer-guided and community-based. An important part of achieving this goal is to see that staff are equipped to communicate with clients. Many staff members speak more than one language, though it may not be required for their particular position. For positions that require bilingual personnel, however, the Department ensures appropriate linguistic capability during the hiring process. Individuals holding positions that require bilingual capacity take a language proficiency test administered by the Department’s Office of Equal Opportunity and Cultural Competency (EOCC). There are 950 staff members certified in a language other than English (an increase of 27 individuals since last year).

This list shows the linguistic capability of the Department’s Staff (as certified by the EOCC):

<u>Language</u>	<u>Number of Employees</u>
• Spanish	524
• Chinese	308
• Tagalog	57
• Vietnamese	25
• Russian	18
• Cambodian	8
• Hindi	2
• Korean	2
• Afrikaans	1
• Danish	1
• French	1
• Italian	1
• Japanese	1
• Laotian	1

## Employee Recognition Awards

While all of the Department's employees show great dedication and talent on a daily basis, some individuals display outstanding performance in day-to-day operations or develop innovative ideas or suggestions resulting in timesavings, workflow or general safety improvement. Supervisors or fellow workers submit nominations for the Employee Recognition Program and, each month, the Health Commission selects the individuals and teams best suited to win the award. The following lists the individuals and teams that were recognized in FY 2003-04.

### July 2003

Team Awardees – *Developed and conducted a domestic violence training for social workers.*

- Dana Horton, MSW; San Francisco General Hospital, Medical Social Services; and
- Greg Merrill, LCSW; San Francisco General Hospital, Trauma Recovery Center

### August 2003

Individual Awardee – *Outstanding performance on the job.*

- Lowell Sabisaje, MHRW; San Francisco General Hospital, Mental Health Rehabilitation Facility

“He always gives an outstanding performance when he is working. Patients express their appreciation and gratitude toward him for his assistance and support.”  
-Excerpt from Lowell Sabisaje's nomination.

### September 2003

Team Awardees (#1) – *Planned and implemented the June 17<sup>th</sup> San Francisco Health Emergency Practice Exercise.*

- Judith Klain; Community Health Network, Planning;
- Amy Pine; Community Health Epidemiology and Disease Control, Immunization Programs Manager; and
- Anne Stangby; San Francisco General Hospital, Disaster Planning, EMS Specialist.

Team Awardees (#2) – *Split duties as Acting Health Commission Secretary while maintaining current job responsibilities.*

- Frances Culp; Policy and Planning, Health Program Planner; and
- Jim Soos; Policy and Planning, Senior Health Program Planner.

### October 2003

Individual Awardee (#1) – *Identified a patient safety issue at San Francisco General Hospital, also a potential patient safety issue at hospitals nationwide.*

- Julie Russell, R.Ph.; San Francisco General Hospital, Pharmacy Quality Improvement, Medication Use and Safety Officer.

Individual Awardee (#2) – *Dedicated to the Department and the community for 50 years.*

- Sam Ammons, LPT; Mission Mental Health, Psych Tech.

**November 2003**

Individual Awardee – *Created a parent support group at Southeast Health Center.*

- Dorlee Chavez, RN; Southeast Health Center

“Everyday she tirelessly gives of herself to ensure that every patient receives maximum attention and care.”  
 -Excerpt from Dorlee Chavez’s nomination.

Team Awardees – *Led the development and implementation of the McMillan Stabilization Pilot Project.*

- Barry Zevin, MD; Tom Waddell Health Center,
- Jorge Solis; Community Behavioral Health Services, McMillan Stabilization Project Coordinator; and
- Wylie Liu; Community Behavioral Health Services, Community Programs Health Analyst.

**December 2003**

Individual Awardee (#1) - *Coordinated the interdisciplinary team (IDT) conferences at Laguna Honda Hospital.*

- Ghodsi Davary, RN; Laguna Honda Hospital, Nurse Manager.

“Ms. Davary is the role model and bears the gold standard, for she is able to organize the meetings, garner energies to focus on resident care planning, ensure communication and information flow and, most importantly, advocate for the residents.”  
 -Excerpt from Ghodsi Davary’s nomination.

Individual Awardee (#2) – *Helped Laguna Honda Hospital achieve inspection reports which state that “the hospital is cleaner than ever.”*

- Maxwell Chikere; Laguna Honda Hospital, Housekeeping Department, General Service Manager.

Team Awardees - *Laguna Honda Hospital’s Department of Quality Management staff made major achievements, including successfully reducing use of physical restraints.*

- Frank Dunn;
- Regina Gomez, RN;
- John Hollingsworth, PhD;
- Lenora Jacob, RN, MSN;
- Jose Lopez;
- Serge Teplitsky, RN; and
- Madonna Valencia, RN.

**January 2004**

Individual Awardee – *In 20 years with the Department, developed expertise in many areas, including water quality and food safety.*

- Lorraine Anderson; Environmental Health Section.



January 2004 Individual Employee Recognition Winner: Lorraine Anderson

Team Awardees – *Emergency Evacuation Floor Team Leaders volunteers, trained to respond to alarms at 101 Grove.*

- Pam Axelson;
- Norma Baldeviso;
- Ishmael Bihl;
- Richard Bitanga;
- Robin Buckley;
- Jeffrey Burton;
- Tamara Davidson;
- Karen Heckman;
- Robert Longhitano;
- Carlos Quintanillo; and
- Earnest Wong.



January 2004 Team Employee Recognition Award Winners, from Left: Robert Longhitano, Jeffrey Burton & Ishmael Bihl.

## **April 2004**

Individual Awardee – *Instrumental in the integration of Adult Mental Health treatment services at SFGH.*

- Sharon McCole Wicher, RN, MS; San Francisco General Hospital, Behavioral Health Division, Director of Nursing for Psychiatry.

Team Awardees – *The Community Health Education Team developed the Community Action Model, and broadened to apply to pedestrian safety, violence prevention, intimate partner violence prevention and traffic safety.*

- Christina Goette Carpenter, MPH;
- Alyonik Hrushow, MPH;
- Susanna Hennessey-Lavery, MPH;
- Michael Radetsky, MPH; and
- Mele Smith, MPH.

## **The Department's Partners**

The Department cannot alone provide the depth and breadth of the services on which San Franciscans have come to rely. The Department's partners – individual residents, community groups and contractors – enable the Department to provide a wide range of culturally-competent, client-focused, quality services.

### **Advisory Groups**

The Department has always heavily relied on its Advisory Groups. The following lists the Advisory Groups that worked with the Department in FY 2003-04:

#### *Community Programs*

- Citywide School Health Advisory Committee
- Women and Girls' Health Advisory Committee

*Mental Health*

- AB2034 Consumer Advisory Board
- Children’s Mental Health Systems of Care Council
- Youth Advisory Task Force
- Mental Health Board
- Community Behavioral Health System Committee for Culturally Competent Systems of Care
- Wellness and Recovery Forum

*Substance Abuse*

- Treatment on Demand Planning Council and Subcommittees
- Perinatal Substance Abuse Coordinating Council
- San Francisco Practice Improvement Collaborative

*Community Health Epidemiology*

- San Francisco Immunization Coalition

*Emergency Medical Services*

- EMS Operations Advisory Committee
- EMS Clinical Advisory Committee
- EMS Research Committee
- Trauma Medical Advisory Committee
- Trauma System Advisory Committee
- Disaster Registry Program Task Force
- Disaster – Emergency Operations Committee

*Environmental Health*

- Bayview/Hunters Point Health and Environmental Task Force
- Lead Hazard Reduction Citizen’s Advisory Committee
- Lead Poisoning Prevention Citizen’s Advisory Committee
- Potrero Power Plant Task Force
- Asthma Task Force

*Maternal and Child Health*

- Black Infant Health Task Force
- San Francisco Breastfeeding Promotion Coalition
- San Francisco Maternal, Child, and Adolescent Health Advisory Board
- Pediatric Advisory Committee

*Community Health Promotion and Prevention*

- Community and Home Injury Prevention Project for Seniors Community Council
- Newcomers Health Program Advisory Council
- San Francisco Pedestrian Safety Task Force
- San Francisco Tobacco Free Coalition
- San Francisco Violence Prevention Network

*HIV/AIDS*

- African American Regional AIDS Collaborative (AARAC)

- HIV Health Services Planning Council – Ryan White CARE Council
- HIV Prevention Messages/Circuit Party Study Community Advisory Board
- HIV Prevention Planning Council
- HIV Prevention and Vaccine Trials Community Advisory Board
- Prevention for HIV Positives Community Advisory Board
- Rave/Club Drug Task Force

*Laguna Honda Hospital*

- Laguna Honda Hospital Replacement Project Community Advisory Group

*Primary Care*

- Breast Cancer Town Hall Advisory Group
- Castro-Mission Health Centers Community Advisory Board
- Chinatown Public Health Center Community Advisory Board
- City-Wide 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

*STD Control*

- Sexually Transmitted Disease (STD) Prevention Community Action Coalition
- Community STD Partners Group
- STD Youth Community Action Coalition/Advisory Committee



*A community event for the Newcomers program, sponsored by the Department.*

## **The Department's Contractors**

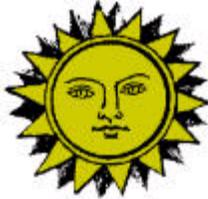
The commitment and participation of community-based organizations (CBO) is central to the Department's success. These organizations expand and enhance the Department's capacity to provide services to the public. The following lists the CBOs and other agencies the Department contracted with in FY 2003-04.

- Aguilas, Inc.
- AIDS Emergency Fund
- AIDS Legal Referral Panel of the San Francisco Bay Area
- American Lung Association of San Francisco & San Mateo Counties
- Alta Bates-Summit Medical Center
- American College of Traditional Chinese Medicine
- Ark of Refuge, Inc.
- Asian & Pacific Islander Wellness Center
- Asian American Recovery Services, Inc.
- Asian Women's Shelter
- Aspira Foster & Family Services
- Baker Places, Inc.
- Bay Area Communication Access
- Bay Area Community Resources
- Bayview-Hunters Point Adult Day Health Center
- Bayview-Hunters Point Foundation for Community Improvement
- Bayview-Hunters Point Health Education Resource Center
- Big Brothers/Big Sisters of San Francisco & the Peninsula
- Black Coalition on AIDS
- Booker T. Washington Community Services Center
- Boys & Girls Club of San Francisco
- Community Vocational Enterprises, Inc.
- Caduceus Outreach Services
- California Acupuncture Resources, Inc.
- California Mental Health Directors Association
- Catholic Charities of San Francisco
- Catholic Youth Organization – Archdiocese of San Francisco
- Center for Human Development
- Center on Juvenile & Criminal Justice
- Centerforce, Inc.
- Central City Hospitality House
- Children's Council of San Francisco
- Chinatown Community Development Center
- Community Awareness & Treatment Services, Inc.
- Compass Community Services
- Compasspoint Nonprofit Services
- Conard House, Inc.
- Continuum HIV Day Services
- Curry Senior Center
- Delores Street Community Center
- Edgewood Center for Children & Families
- Eldergivers
- Episcopal Community Services of San Francisco, Inc.
- Familiesfirst, Inc.
- Family Service Agency of San Francisco
- Family Support Services of the Bay Area

- Fort Help
- Fred Finch Youth Center
- Friendship House Association of American Indians, Inc.
- Glide Foundation
- Haight Ashbury Free Clinic, Inc.
- Hamilton Family Center
- Harm Reduction Coalition
- Health Initiatives for Youth
- High Gear Achievers
- Homeless Children's Network
- Homeless Prenatal Program
- Horizons Unlimited of San Francisco
- Huckleberry Youth Programs, Inc.
- Hyde Street Community Services, Inc.
- Immune Enhancement Project
- Industrial Emergency Council
- Institute for Community Health Outreach
- Instituto Familiar de la Raza, Inc.
- International Institute of San Francisco
- Iris Center: Women's Counseling & Recovery Services
- Japanese Community Youth Council
- Jelani House, Inc.
- Jewish Family & Children's Services
- La Raza Centro Legal, Inc.
- Larkin Street Youth Center
- Latino Commission
- Lavender Youth Recreation & Information Center
- Learning Services for Children, Inc.
- Lutheran Social Services of Northern California
- Lyon-Martin Women's Health Services
- Maitri AIDS Hospice
- Mercy Services Corporation
- Milhous Children's Services, Inc.
- Mission Council on Alcohol Abuse
- Mission Housing Development Corporation
- Mission Neighborhood Health Center
- Mobilization Against AIDS International, Inc.
- Morrisania West, Inc.
- Mount Zion Health Fund
- Mt. St. Joseph – St. Elizabeth
- National Council on Alcoholism
- New College of California
- New Leaf Services for Our Community
- NICOS Chinese Health Coalition
- Ohlhoff Recovery Programs
- Occupational Therapy Training Program – Special Services for Groups
- Positive Directions Equals Change, Inc.
- Positive Resource Center
- Potrero Hill Neighborhood House
- Progress Foundation
- Project Open Hand
- Quan Yin Healing Arts Center
- Rebuilding Together San Francisco

- Recreation Center for the Handicapped, Inc.
- Richmond Area Multi-Services, Inc.
- Rose Resnick Lighthouse for the Blind/Visually Impaired
- Sage Project, Inc.
- Saint Francis Memorial Hospital
- Samuel Merritt College
- San Francisco AIDS Foundation
- San Francisco Bar Association of San Francisco
- San Francisco Community Clinic Consortium
- San Francisco Food Bank
- San Francisco Hearing & Speech Center
- San Francisco League of Urban Gardeners
- San Francisco Mental Health Education Funds
- San Francisco Network Ministries Housing Corporation
- San Francisco Study Center, Inc.
- San Francisco Suicide Prevention
- Self Help for the Elderly
- Seneca Center
- Shanti Project
- South of Market Health Center
- St. James Infirmary
- St. Luke's Hospital
- St. Mary's Hospital Medical Center
- St. Vincent De Paul Society of San Francisco
- Stop AIDS Project, Inc.
- Sunny Hills Children's Services
- Support for Families of Children with Disabilities
- Survivors International
- Swords to Plowshares
- Tenderloin AIDS Resource Center
- Tenderloin Housing Clinic, Inc.
- Tenderloin Neighborhood Development Corporation
- The San Francisco Foundation Community Initiative Funds
- Tides Center
- University of the Pacific School of Dentistry
- University of California, San Francisco
- Urban Indian Health Board
- Victor Treatment Centers, Inc.
- Villa Santa Maria, Inc.
- Volunteer Center of San Francisco
- Walden House, Inc.
- West Bay Pilipino Multi-Service Corporation
- Westcoast Children's Center
- Westside Community Mental Health Center
- YMCA of San Francisco
- Youth Leadership Institute

# THE YEAR IN REVIEW



## SUMMER 2003

The City's fiscal year begins on July 1. By this time, much of the Department's efforts to plan and prioritize for the coming year have been done, as this work goes hand-in-hand with budgeting. However, the Department is constantly striving for new and better ways to provide essential public health services to the City's residents. For example, the McMillan Stabilization Program pilot began in July 2003 as a way to help the City better handle inebriated individuals. This section of Chapter Four highlights the months of July, August and September, reviewing some of the ongoing work of the Department as well as special accomplishments.

These pages highlight a number of important programs and events from the summer of 2003, including:

- The successful McMillan Stabilization Program, which stabilizes inebriated individuals, providing good care and keeping them from the City's emergency rooms;
- The revised outpatient prescription benefits for indigent patients, which saved the Department \$2.9 million;
- The new peer support programs offered through Community Behavioral Health Services; and more.

### Planning for Flu Season - The Flu Forum

The Department is responsible for many challenging activities around planning for flu season and each year must reserve the proper amount of vaccine before the demand is known (and before budgets are finalized); and develop a reasonable timeline to offer flu shot clinics to the public.

Conducted each summer, the Flu Forum gives stakeholders an opportunity to collaborate. At this meeting, participants discuss where and when they will provide flu shots for the public during flu season, the amount they will charge, the special projects they are working on and their policies regarding specific populations (such as infants or high risk adults). The Flu Forum also serves as a venue for setting up vaccine redistribution systems with local partners in case vaccine needs to be moved around the City. The Department also uses the Flu Forum to collect comprehensive information from partners and then posts on the Department's website all of the flu clinics for everyone involved. Well attended and highly communicative, it is a remarkable collaborative effort.

## Outpatient Prescription Benefits for Indigent Patients

A major revision of the outpatient prescription benefit service for indigent Community Health Network (CHN) patients was accomplished this year. Beginning July 1, 2003, eligible indigent patients received CHN prescription benefit services from either the San Francisco General Hospital Outpatient Pharmacy, or the community retail pharmacy affiliated with their primary care clinic. The Department of Pharmaceutical Services developed, implemented, operated and monitored compliance and quality for a complex arrangement that allows for dispensing of deeply discounted drugs by the contracted retail pharmacies. The plan change resulted in two new partners for the CHN, AG Pharmacy and Rite Aid Corporation and in a cost-avoidance for pharmaceuticals of \$2.9 million.

## A Successful Pilot – The McMillan Stabilization Project

The McMillan Stabilization Pilot Project is a medically supported sobering center for homeless alcohol-dependent persons located at the McMillan Drop-in Center. It was implemented in July 2003 and had nearly 5,000 admissions during its first year, serving over 2,000 unduplicated clients. Designed to divert patients from unnecessary Emergency Room (ER) and ambulance usage to a safe, more effective, and less costly level of care, the 24 hour, 7 day a week project provides transportation, 20 beds of medically-supported sobering services, intensive case management and linkages to detox, housing, and other services.

McMillan's "high ambulance user" clients averaged 12 visits during the year, as compared to non-high users' two visits per year. The 57 "high ambulance users" were served a total of 690 times - encounters that, without the Stabilization Project, would have otherwise resulted in an ambulance pick-up and emergency room drop-off. Transports to the larger McMillan Drop-in Center have increased by 50 percent since the pilot project began. (Clinicians report that a majority of clients' health status improves (64%) or is maintained (34%) during the McMillan Stabilization stay. During the next fiscal year, the Department will formally evaluate the program and strive to increase the number of referrals to the Stabilization Project from San Francisco General Hospital ER staff and ambulance drivers.

## Office Based Opiate Addiction Treatment Program (OBOAT)

A pilot program for office-based treatment of opiate addicted patients was approved in San Francisco as part of a larger Harm Reduction initiative. Under this program, people who are addicted to heroin can obtain methadone or buprenorphine treatment outside of a clinic setting through their individual physician. San Francisco General Hospital's (SFGH) Outpatient Pharmacy is the dispensing pharmacy for patients enrolled in the program and maintained on methadone. The Community Behavioral Health Services (CBHS) pharmacy at 1380 Howard Street is the dispensing pharmacy for patients maintained on buprenorphine. Pharmacists selected to participate in the program were required to attend a training program sponsored by the California Society of Addiction Medicine, and taught how to use a web-based computer program designed specifically for the OBOAT pilot. The first patient was enrolled into the program in July 2003, and the SFGH and CBHS OBOAT pharmacists are currently observing self-administered dosing, and dispensing medication to over fifty (50) patients enrolled in the program.

## African-American Alternatives Program

In July 2003, Community Behavioral Health Services (CBHS) began a program to develop alternatives to Institutions for Mental Disease (IMDs, i.e., locked psychiatric facilities) for African-American men. In an IMD study conducted in 2002 by the Quality Management section of CBHS, it was found that African-American men were disproportionately represented in IMDs, had longer lengths of stay, and returned at a higher rate to institutional care after discharge. The new program provides resources to develop an intensive case management team with resources for housing, vocational and wrap-around services. The program uses a culturally competent approach to working with clients in order to improve the rate of successful return to the community. The program will serve at least 40 clients within a two-year period.

## Working with Youth to Prevent Arson

Comprehensive Child Crisis Services (CCCS) and Community Behavioral Health Services partnered with other City departments, including the San Francisco Fire Department, the San Francisco Unified School District, and the Department of Human Services on the Firesetters Prevention, Education, and Treatment Project. The purpose of the program is to provide early identification and treatment for juvenile firesetters in San Francisco. CCCS conducts a behavioral health assessment and makes appropriate referrals to services.

Training also is provided under the project to school personnel, group home providers and others about the importance of reporting firesetting incidents to ensure that children and youth receive the services they need. From July 1, 2003 through June 30, 2004, 24 children and youth were referred under the Firesetters Project. Of these, 20 were males and four were females. Ages ranged from age 7 to age 16, with the majority of fires being set by youth age 13 and over. Of the 24 referred, eight were referred to CCCS for further services, which included individual therapy.

## Improving Staff Retention

In August 2003, San Francisco General Hospital (SFGH) established a task force to address the issue of staff retention. From the start, members of the task force recognized of the significance of the relationship between the employee and the employee's supervisor and workplace conditions impacting retention. The role that the immediate supervisor plays in retention was acknowledged as primary to the goal of improving retention.

After reviewing SFGH vacancy and attrition rates and a University of California, San Francisco (SFGH campus) 2001 satisfaction survey, brainstorming sessions yielded a variety of possibilities. Leadership skills, mentoring, and training and education for all employees were identified as areas of significant need. Recommendations from the Task Force include:

- Revamp the orientation for new managers.
- Develop a buddy system for new managers to help them navigate the SFGH systems.
- Design a mentorship program.
- Develop and implement a management development program.
- Provide education on retention practices to utilize with employees.
- Develop best practices on retention to be held at the Management Forum.

Although not all of the task force recommendations have been implemented yet, staff retention has already improved and the nursing vacancy rate decreased from 14 percent to 6 percent.

## Rebuilding Laguna Honda Hospital

On November 5, 2003, Laguna Honda Hospital (LHH) celebrated a groundbreaking to initiate the formal reconstruction project. LHH must be rebuilt to comply with federal licensing and reimbursement standards and to ensure that the facility meets seismic safety standards. Various dignitaries, community activists and friends of LHH attended the groundbreaking ceremony. At the groundbreaking ceremony, LHH had a milestone in celebrating the demolition of the bridge, which was the main artery connecting Clarendon Hall and the Main Building. To date LHH has:

- Completed the design phase of the new hospital and prepared the basic utility systems;
- Selected the interior design for the new hospital; and
- Constructed two new boilers, one for Clarendon Hall and one for the Main Building, which allows for the destruction of those buildings.



*Pictured here at the LHH Replacement Project Groundbreaking are (from left):*

- Former Volunteers Inc. President Pat Devlin
- LHH Executive Administrator Larry Funk
- Director of the Department Mitchell Katz, MD
- LHH Foundation President Louise Renne
- Former Mayor Willie Brown
- Former District 7 Supervisor Tony Hall
- LHH Foundation Board Director Anthony Wagner



*LHH residents and staff enjoying the Vegas Casino Party and the Candlelight Dinner.*

## Activities at Laguna Honda Hospital

Laguna Honda Hospital's interdisciplinary Dementia Program has been sponsoring events for the eight dementia resident units. One of these events was the Candlelight Dinner held on August 21, 2003. The Candlelight Dinner was a joint effort of Activities, Nursing, Nutrition, Social Services and the Medical staff. It was a great success. Over 85 dinner guests and family members attended the dinner held in Simon Auditorium.

Another event sponsored by Laguna Honda's interdisciplinary Dementia Program was the Vegas Casino party held on November 18, 2003. In addition to staff from Nursing, Nutrition, Social Services and the Medical staff, student nurses volunteered and assisted at the party, and approximately 150 residents attended to play the games.

## Training Providers on Lactation Issues

In August 2003, The San Francisco Women, Infants and Children Supplemental Nutrition Program (WIC) Program provided a five day breastfeeding course for health professionals who work in the WIC program and hospitals with maternity units. This course provided invaluable breastfeeding information to 58 health care providers and health workers. The WIC Program provided 36 scholarships for health workers, dietitians and nurses from over 15 agencies in California, mainly from the Bay Area, but also extending to areas such Mariposa County, Butte County and Humboldt County. In the evaluations participants expressed enthusiasm and many mentioned how much more knowledgeable they now are about breastfeeding.

## Offering Peer Support

Community Behavioral Health Services (CBHS) placed peer support interns and funded peer activities at four outpatient mental health clinics and one consumer-run self-help center in 2003-04. The peers, consumers of mental health and substance abuse services, are part of efforts to implement Wellness and Recovery Centers at Chinatown Northbeach Mental Health Services, Sunset Mental Health Services, Hyde Street Recovery Center, and Bayview Intensive Case Management Program. Spiritmenders (a program of the San Francisco Client Network) is completely consumer-run and makes up the fifth program. Each outpatient Recovery Center program designed their own peer component activities; taking into consideration cultural differences in the clients served and program location.

The CBHS Peer Support Internship Program, which provided the peer interns to these Recovery Centers, is a paid training opportunity for mental health and substance abuse clients interested in learning how to be a support to other clients, and in developing skills that could lead to gainful employment. The peer support interns perform a variety of duties under supervision, which may include peer case management, socialization, education, skills development, and advocacy. In FY 2003-04, there were 11 peer interns placed at different behavioral health service sites. As an indication of the success of this training program, eight peer support interns have been subsequently hired in full-time or part-time positions at various CBHS program sites since August 2003.



## Fall 2003

This section highlights the work the Department's various sections did in October, November and December 2003. The election in November brought political change, including a new Governor for California, Arnold Schwarzenegger, and a new Mayor for San Francisco, Gavin Newsom. The Department continues to work closely with its partners in local government to see that the health needs of San Franciscans are understood and prioritized. Mayor Newsom made the needs of homeless San Franciscans a significant priority of his administration. This has infused the Department with new resources and vision to combat this significant public health crisis.

These pages highlight a number of important programs and events from the fall of 2003, including:

- The new supportive housing units, including the 90-unit Empress Hotel, and 100 other units throughout the City for homeless seniors;
- The Blue Ribbon Committee which was established to determine optimal programmatic design for the Mental Health Rehabilitation Facility;
- The Gun Violence Prevention, Response, Aftercare and Recovery Work Group, created in response to the escalation of gun violence; and more.

### A Secure House for Sexually Exploited Girls

In August 2002, San Francisco's Board of Supervisors established the *End the Exploitation of Youth Task Force* whose goal was to create a responsive social services system and reduce the number of youth (ages 12 to 17) who are victims of sexual violence. Sexually exploited youth face many difficulties including physical and mental health problems, substance abuse and addiction, lack of access to needed support services, poor school performance and the very real threat of violence. The proposal to design a Secure House for sexually exploited girls was proposed by this group.

In the fall of 2003, two expert providers (Edgewood Center for Children and Families and the SAGE Project) were awarded the Secure House project contract as a partnership. The goals of the project are (1) to provide a safe residential and treatment program so girls may escape from the violence and terror of exploitation, and (2) to provide access to intensive services, both on-site and in the community, in order to stabilize victims as they transition from the street economy. The project serves exploited girls ages 12 to 17 through the provision of developmentally and culturally appropriate around-the-clock behavioral health and supportive services.

## Establishing the San Francisco Behavioral Health Center

In September 2003, the Mayor of San Francisco established a Blue Ribbon Committee to determine the optimal programmatic design of the Department's Mental Health Rehabilitation Facility (MHRF) given the available services and unmet needs of persons with mental illness in San Francisco. Four months later and after much consideration, the Committee recommended the conversion of the MHRF from a 147 bed Skilled Nursing Facility (SNF) to a hybrid model, which adds a mental health rehabilitation center, a residential care facility and a residential treatment facility that offers day treatment to the skilled nursing already available. Offering these multiple levels of care within one facility meets the clinical needs of complex psychiatric and medical patients, provides treatment and housing options for patients needing less restrictive care, and offers a continuum of care with easier transitions for patients to progress or return from one level of care to the next.

In June 2004, San Francisco General Hospital (SFGH) was awarded licensure for the Mental Health Rehabilitation Center (MHRC) by the California Department of Mental Health. In addition, the name of the MHRF Building was changed to San Francisco Behavioral Health Center (SFBHC), to better reflect the range of services provided. Currently, the Third Floor of the SFBHC operates as the 47 licensed bed Mental Health Rehabilitation Center. The 2<sup>nd</sup> Floor of the SFBHC continues to operate as a SNF while SFGH staff pursue additional licenses for the Adult Residential Facility and the Residential Treatment Facility (both licenses are issued from Community Care Licensing through California's Department of Social Services).

## More Housing for the Homeless



In October 2003, Housing and Urban Health (HUH) was awarded a \$4.5 million Chronic Homeless Initiative Grant (the largest in the country) through the Department of Health and Human Services and Housing and Urban Development. This grant resulted in the opening of the Empress Hotel, a 90-unit single room occupancy (SRO) hotel that offers housing to people directly from the streets. Much of the success of these SRO programs is due to the on-site medical, psychiatric, and substance abuse services that help maintain residential stability and prevent recidivism back to homelessness. Using this SRO model, HUH's Direct Access to Housing program now provides nearly 500 units of supportive housing.

Additionally, through a Board of Supervisors add-back, HUH received funding to provide 100 units of supportive housing for homeless seniors living on the street and in shelters. Through a partnership with Tenderloin Neighborhood Development Corporation (TNDC), HUH is funding support services and rental subsidies that will allow 100 homeless seniors to secure permanent housing in two of TNDC's affordable housing developments.

## Laguna Honda Foundation

The Laguna Honda Foundation was incorporated in October 2003 to support health care, including research and education, at Laguna Honda Hospital. The Foundation will raise the funding for furniture, fixtures and equipment for the new Laguna Honda Hospital. In FY 2003-04, all fundraising efforts were focused on establishing the Foundation, providing operational funding, and preparing for a major campaign.

## The Partner Disclosure Assistance Program (PDAP)

The AIDS Office created a community-based program to encourage HIV positive individuals to disclose their HIV status and encourage their partners to access testing and services or treatment as indicated. The Partner Disclosure Assistance Program (PDAP) provides on-site (and at home) counseling and HIV testing. Three staff members were trained to conduct testing and certified to provide “rapid testing” services at community sites.

## The Youth Task Force

The Youth Task Force is a group of young people under the age of 18 who have been consumers in one of the City’s child-serving systems (Behavioral Health, Juvenile Justice, Child Welfare, Special Education). They meet regularly and provide ongoing feedback to the various systems regarding their experiences and ways to improve services to young people. The Task Force is managed through a contract with Legal Service for Children, and is part of the Children’s System-of-Care Initiative under Community Behavioral Health Services.

“I cannot tell you how I appreciated very much the presentation that you and your team put on at the Conference. My heart was touched in ways that will have an everlasting impact on how I continue to represent young people.”

*-A participant at the National Juvenile Defenders Conference in Baltimore.*

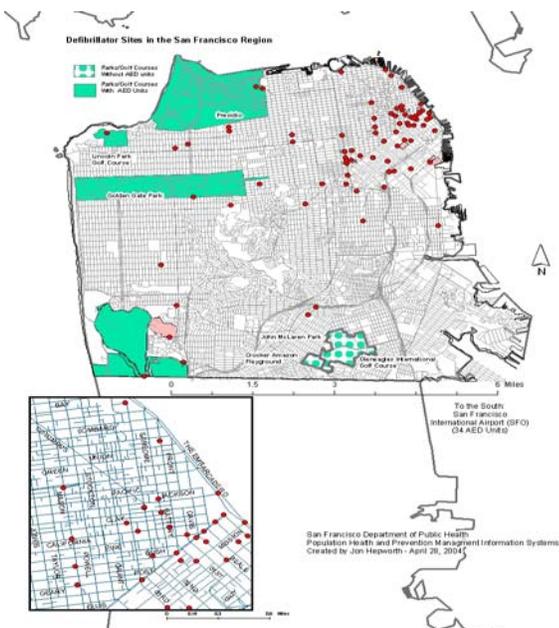
Members of the Youth Task Force presented at the National Juvenile Defenders Conference in Baltimore, Maryland on October 2003. They shared their experience as consumers in the juvenile justice and other child serving systems. Their presentation received a standing ovation from the conference participants.

Other accomplishments of the Youth Task Force include:

- Received an award from Honoring Emancipated Youth, a local foster youth advocacy organization, for the Task Force’s advocacy to improve foster care.
- Recognized nationally for achievement in communications at the 2003 Excellence in Community Communications and Outreach Recognition Program, winning a gold medal for their CD of songs entitled “*Free Flow on the Down Low*,” which were written, performed, and produced by San Francisco youth.
- Completed a documentary that was written, filmed, and produced by its members. The documentary is being screened at a variety of community meetings and public agencies to educate audiences about the challenges youth face and to recruit additional youth to the Youth Task Force.

## Improved Tuberculosis Testing

In November, 2003, the Public Health Laboratory initiated Quantiferon Testing. This sensitive and accurate blood test can be used in lieu of the Tuberculosis (TB) Skin Test to screen patients for TB infection. The TB Skin Test requires two client visits to determine infection and patients often fail to come back for the second visit. Quantiferon Testing will increase the Department's ability to diagnose and treat TB infection by eliminating the need for two visits. Testing is currently being done for San Francisco General Hospital and Community Health Network sites. The Department hopes to expand this service to Jail Medical Services.



## Public Access Defibrillation

Over thirty new Public Access Defibrillation (PAD) sites were established in 2003, bringing the total to more than one hundred Citywide. These programs provide immediately accessible automated external defibrillators (AED) to members of the public who are appropriately trained to help individuals experience sudden cardiac arrest. PAD sites are now located at the venues shown on the adjacent map. The Department continues to advocate for additional placements in public transit locations (such as MUNI and BART vehicles) and support the American Heart Association's Operation Heartbeat to expand CPR and AED training to San Francisco schools.

## Language Proficiency Testing

In keeping with the Department's commitment to develop and maintain services that are culturally competent, Laguna Honda Hospital (LHH) initiated a language proficient-testing program in fall 2003. In collaboration with the Department's Equal Employment Opportunity, Affirmative Action and Cultural Competency Office and LHH Human Resource Services, and the Nursing Division, 35 LHH employees have successfully passed a language proficiency exam and are now designated as bilingual staff. The utilization of bilingual staff increased by 176 percent. The languages include Spanish, Mandarin, Cantonese and Tagalog. In Spring 2004, LHH designated bilingual staff attended a two-hour training on how to provide bilingual services.

## Addressing Gun Violence

In fall, in response to the escalation in gun violence, predominantly in the Bayview-Hunter's Point community, the Department created the Gun Violence Prevention, Response, Aftercare and Recovery Work Group. Community Behavioral Health Services (CBHS) staff, including the Children's System of Care (CSOC), participate in monthly work group meetings to plan and implement better coordinated services to support children, youth, and families who are victims of and/or affected by gun violence.

Accomplishments of the work group include:

- Developed a draft Gun Violence Incident Protocol under which the Department will be notified by the San Francisco Police Department when gun violence incidents occur in order to dispatch appropriate behavioral health crisis, community support, and treatment services to the scene.
- Provided 46 debriefings in the community through Comprehensive Child Crisis Services in response to critical incidents involving gun violence.
- Hosted a series of community outreach meetings to educate families about the impacts of Post Traumatic Stress Disorder and the availability of behavioral health services.
- Recruited and hired a Community Outreach Worker under CSOC to work with the community in providing support to victims of gun violence.
- Created a monthly Aftercare and Recovery Support Group for families, hosted by the CSOC Family Involvement Team.
- Participated in training for a joint collaborative initiative between SFPD and CBHS. The project, called Community Liaison and Officers' Unification Team, is being developed to respond to high-profile incidents in the community in order to facilitate communication between SFPD and the community, and to provide support to the community in the wake of police activity related to the high-profile incidents. The goal is to reduce the potential for negative interactions between the community and SFPD, while improving overall relations between the two entities.

## Immunizing City Residents at 101 Grove

The Adult Immunization and Travel Clinic evolved from a clinic that initially offered only Hepatitis A and B and Tetanus/ Diphtheria vaccines to a full service travel clinic. The clinic provides service to an average of 30 people each day and has been in operation for five years. It is one of the very best preventive resources for international travelers in San Francisco and the greater Bay Area, offering clients prescriptions for various immunizations required for travel, including antimalarial medications needed for malaria endemic areas. The Clinic provides the best vaccine prices and the best service available, due to its dedicated and professional staff.

In December 2003, the Clinic provided influenza vaccine to adults and children who were unable to find the vaccine elsewhere. The Clinic vaccinated almost 3,000 people against the flu during the two weeks of December when there was heightened concern about the number and severity of flu cases nationally. During these two overwhelming weeks of long work hours and large crowds the Clinic was assisted by a number of excellent staff throughout the Department.

## Coordinating EMS Information - LEMSIS

As part of the health care system, it is critical that the Emergency Medical Services (EMS) system have a method of collecting, analyzing and sharing information. For the last two decades, system level data collection and analysis were mostly limited to ad hoc efforts involving disparate data from provider billing databases, computer aided dispatch files and hard copies of pre-hospital patient care reports. This lack of automated databases hinders monitoring and improving the quality of care, developing data-driven policies, allocating resources, and conducting benchmarking studies with other jurisdictions.

The Local Emergency Medical Services Information System (LEMSIS) Steering Group was formed in December of 2003 and serves as a central repository of local and regional EMS system information as it relates to quality improvement activities and development of the information system needs. The technical plan for the first phase of LEMSIS implementation was completed this year. With implementation of the new EMS and Emergency Operations Section policies in 2004, all ambulance providers, Emergency Departments and the Trauma Center at San Francisco General Hospital submit electronic information for LEMSIS. It is now possible for the first time to modernize pre-hospital data collection, analysis, and reporting in San Francisco.

## Restorative Nursing Programs

During FY 2003-04, Laguna Honda Hospital initiated the use of a new model for restorative nursing care. The long-term goal of this effort was to improve resident function in activities of daily living and/or to prevent loss of these activities. Using the new restorative care model, the restorative team tracked a number of positive clinical outcomes, including increased numbers of residents participating in restorative programs and improved functional level of those residents.

On one exemplary unit, every one of the 26 residents is now participating in restorative nursing programs in areas such as exercise, walking and continence retraining. This unit has seen a number of remarkable clinical improvements in residents' ability and independence. As a result, the number of discharges from this unit increased. In the past six months, the unit discharged seven residents home, as compared to two discharges home in the prior six-month period. Due to the progression of chronic illnesses and susceptibility of the residents to acute illness, the functional improvements do not always result in discharge. However, the benefit of improved independence to the residents' overall physical and emotional well-being cannot be overestimated.



*LHH residents at a special event.*



## WINTER 2004

This section focuses on the events and accomplishments that happened within the Department in the months of January, February and March 2004. While the Department begins to consider the budget for the following year during this time, it also continues to serve the community and meet its needs, which are in some cases increased. For example, San Francisco General Hospital and Laguna Honda Hospital tend to experience a seasonal increase in patients in the winter months.

These pages highlight a number of important programs and events from the winter of 2004:

- The needs assessment for Bayview-Hunters Point residents of African descent living with HIV/AIDS to help better organize health and social services offered in this neighborhood;
- The renovation of San Francisco General Hospital's Cardiac Catheter Laboratory to better serve patients;
- The project allowing individuals with food stamps access food at local Farmer's Markets; and more.

### Community Needs Assessment for Bayview-Hunters Point

HIV Health Services (HHS) conducted a community needs assessment to implement the Planning Council's directive to allocate funds to address health disparities for persons living with HIV/AIDS and who are of African descent living in Bayview-Hunters Point (BVHP). In January and February, facilitators held two meetings (one with direct service providers and the other with agency administrators) and one consumer focus group. Eighteen providers and community representatives from interested organizations participated in the planning process to identify barriers, successful practices and suggest improvements for services and systems of comprehensive health and social care.

Epidemiological research revealed that in contrast to the profile of HIV/AIDS epidemic in most other San Francisco communities, the BVHP service recipient is more likely to have higher mortality rates; as well as to be female or homeless. Another key difference from the local community is that in the BVHP area, the HIV/AIDS epidemic more often affects family units and children (under 24 years old) rather than single or partnered adults. The written assessment highlighted the unique needs of an inclusive, integrated continuum of HIV/AIDS services targeting individuals of diverse socio-economic status, with multiple medical diagnoses and possible involvement with criminal justice and substance abuse/addiction and mental health systems. This report will be used to guide HHS's efforts to develop an integrated service model that will provide health and social services to residents of the Bayview-Hunters Point and the South East corridor.



Department Deputy Director Barbara Garcia speaks at the press conference.

## Raising Awareness while Curbing DUI

The Department joined forces with the San Francisco Police Department to address drinking and driving, a significant part of the high rate of injury crashes in San Francisco. Three press releases and a joint press conference helped to get out the word that San Francisco was a good place to have fun, but not to drink and drive. Police stepped up enforcement around winter holidays and the Department helped to get out the message that our communities will not tolerate driving under the influence.

## Improving Patient Flow

In February 2004 the Department initiated a project with a goal to improve the patient flow from San Francisco General Hospital (SFGH) and Laguna Honda Hospital (LHH), significantly reducing staff time spent on transfers and the number of days spent by patients at SFGH awaiting transfer at a “lower level of care.” A group of individuals from SFGH, LHH and central administration representing a variety of disciplines began meeting on a regular basis, both in the large group and in numerous subgroups to work together toward this common goal.

Removing barriers that impede patient flow allows patients to be cared for at the proper level of care, and allows the public health care system to free beds at the acute care hospital thereby reducing crowding in the Emergency Room. This cooperative effort had a real impact. In 2004 (January through May), 78 percent of LHH’s patients were admitted to LHH from SFGH, 13 percent were admitted from other facilities and 9 percent from home. In this same time period in 2003 (January through May), 54 percent of LHH’s admissions came from SFGH, 34 percent from other facilities and 12 percent from home.

## Revitalizing Nutrition Education

The San Francisco Women, Infants and Children Supplemental Nutrition Program (WIC) was chosen by the California State WIC program to participate in a special nutrition education project. In March 2004, the WIC staff participated in a two-day training called *Finding the Teacher Within*. The purpose of the training was to improve nutrition education by using “learner-centered” approaches that encourage the WIC participants to actively participate in the learning process. The focus is on providing education that appeals to participants, is relevant to their needs, and engages them in a meaningful way. Using these “learner-centered” principles and practices, the San Francisco WIC program is providing innovative and dynamic methods of nutrition education and obesity prevention.

## Renovating SFGH's Cardiac Catheter Laboratory

The Cardiac Catheterization Lab at San Francisco General Hospital (SFGH) was completely remodeled from the concrete up, and in March 2004, the new all-digital imaging suite was licensed for patient care. The project reconfigured the lab from a wet-film darkroom based equipment suite to the General Electric Innova system, which utilizes a flat-plate detector to provide superior diagnostic imaging with radically less x-ray exposure strength than the older vacuum tube detector. The new equipment provides higher resolution images with various options for image processing that enhance the ability of the clinician to handle complex cases. The remodel of the suite also provided for a larger control room, and a dedicated case review workstation area.



## Gaining Access to Farmers Markets

Nationwide, the Food Stamp Program replaced paper coupons with Electronic Benefits Transfer (EBT) technology to reduce both stigma and fraud associated with paper food stamps. Food Stamp recipients now receive benefits on a debit card, which is used much like a bank debit card using point of sale (POS) devices. After San Francisco began its use of EBT in March of 2003, the Department's community food research team (comprising Environmental Health Section and San Francisco Food Systems staff) discovered that the new technology did not allow beneficiaries to use their benefits at local farmer's markets. Farmer's markets had not traditionally utilized POS devices.



*An organic foods vendor at the Heart of the City farmer's market.*

The Department's Environmental Health Section, SF Food Systems and the Department of Human Services partnered to support model programs at farmer's markets for food stamp recipients. San Francisco became a pilot county for a California Department of Health Services' California Nutrition Network Statewide program called *California Farmers' Market Food Stamp Outreach and EBT Conversion*. The Department and SF Food Systems provided technical assistance to farmer's markets, and developed marketing materials for food stamp recipients to promote use of EBT. As a result of these efforts, EBT is now accepted at the Heart of the City, Ferry Plaza, Fillmore and Kaiser farmer's markets, with programs at additional markets being planned.

## Preparing for Air Medical Access

In March 2003, the Health Commission reviewed the findings of the “*San Francisco General Hospital Air Medical Access Needs Assessment and Feasibility Study*” and adopted a resolution directing San Francisco General Hospital to continue planning for air medical access. In March 2004, an Environmental Impact Report contract was negotiated, approved and certified. A community outreach plan was developed and currently in progress. Meanwhile, federal funding has been secured for the design and permitting of the helipad.

## New Methadone Van Services

The Department initiated mobile methadone treatment in March 2003 with two large vans (Recreational Vehicle size) each with a private dispensing area, wheelchair access, and facilities for urine testing. The vans provide methadone dosing and counseling services to clients who are enrolled at the San Francisco General Hospital Opiate Treatment Outpatient Program. Crisis counseling can be accommodated on board the van, while scheduled counseling appointments are seen in nearby facilities. At full capacity, the van pilot program will dispense 150 methadone doses daily.

The vans serve clients in two locations each weekday, parking in secure lots in the Mission and Bayview-Hunters Point (BVHP) neighborhoods for two-hour dispensing periods. The expansion of services into BVHP was made possible through a unique partnership with a local church and a community outreach organization to provide facilities for van parking and counseling. Van services have been given positive ratings by clients who view the program as extremely efficient and convenient, with skilled and supportive staff. By bringing treatment closer to clients' homes, compliance, retention and treatment success are expected to improve.

## Meeting the Needs of Long Term Care Patients

Laguna Honda Hospital (LHH) continues to meet the challenge of an ever-changing population with new social and medical needs. The following changes occurred at LHH in FY 2003-04.

- Prepared to accept residents whose care needs include use of complex medical equipment, such as peripherally inserted central catheters for long-term antibiotic administration, positive airway pressure for obstructive sleep apnea, and wound vacs for chronic open wounds.
- Trained nurses to help them care for new residents.
- Reorganized units to better serve these individuals.
- Created a substance abuse program with one-on-one counseling and group programs to help address the social aspect of their care.

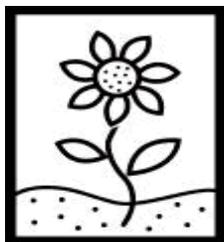
In addition, LHH has taken the lead in establishing state of the art dental care for long-term care residents. University of the Pacific Dental School has now established a clinic at LHH. The clinic will have three faculty members with residents and students help care and screen all our residents. There will also be a special focus on geriatric dentistry to help residents maintain the highest quality of life with improved nutrition.

## Ten Year Plan to Abolish Chronic Homelessness

In March 2004, Mayor Newsom announced the formation of a 33-member Council designed to write a Ten Year Plan to end homelessness in San Francisco. Headed by former Board of Supervisors President Angela Alioto, the Council was charged with writing San Francisco's Ten Year Plan by the end of June 2004. The Department was well represented in this effort.

The Ten Year Plan is intended to re-energize and re-commit the community's effort toward the goal of ending homelessness. San Francisco's plan, as well as other plans nationally, draws upon the expertise of government, business, service providers, philanthropy, and homeless people to develop and implement a strategy to end homelessness. An important shift in the focus of these plans includes: 1) an emphasis on proven strategies that remove people from homelessness rather than manage or ameliorate their condition on the street; and 2) a special focus on a subset of the population known as "chronically homeless" because of the dire health conditions of this population and the expensive over-utilization of emergency services that erodes a community's ability to provide safety net services.

San Francisco's plan, "*The San Francisco Plan to Abolish Chronic Homelessness*," released in late June 2004, places a heavy emphasis on this "housing first" approach, which emphasizes immediate placement into permanent supportive housing and providing the necessary services on-site to stabilize individuals and keep them housed. The recommended goal of the Ten Year Council is to create 3,000 units of new, permanent supportive housing by 2010. The Department's Direct Access to Housing program is expected to play a large part under this plan.



## SPRING 2004

In the last quarter of the fiscal year (April, May and June), the Department focuses on finalizing its budget and preparing for changes in the next year, while also continuing on in the daily activities of public health. In 2004, this quarter brought a new public health issue to San Francisco, West Nile Virus. While no San Francisco residents have been impacted by this disease to date, it is always important to communicate regularly and clearly with the public and to prepare properly for the ability to diagnose and track any cases that may arise.

These pages highlight a number of important programs and events from the spring of 2004, including:

- The first Emergency Medical Technician (EMT) training program in the Bayview-Hunters Point community;
- The Grand Opening Ceremony of the Avon Foundation Comprehensive Breast Center to serve patients at San Francisco General Hospital;
- The development of ways to reduce the use of restraints and prevent falls at Laguna Honda Hospital; and more.

### The Transgender Care Update

The AIDS Office's HIV Health Services unit presented primary care providers with a Transgender Cultural Competency Training Plan, aimed at improving services to the HIV positive transgender community, particularly transgender individuals of color. The California Department of Health Services partnered with the AIDS Education Training Center to implement an innovative and comprehensive program, with the goal of enhancing transgender patient access to, and retention in, a continuum of care. The capacity building plan incorporates two annual all-day provider training sessions along with individual on-site trainings at agencies and clinics.

The *Transgender Care Update: Spotlight on Cultural Competence* conference was held at the Laurel Heights Conference Center on April 30, 2004. One hundred and forty people attended the event. In addition, four on-site trainings were held at diverse organizations, including the Tom Waddell Health Clinic and Tenderloin AIDS Resource Center. The second provider training session and eight on-site trainings are being planned for 2005.

### Partnering to Improve Patient Care

San Francisco General Hospital (SFGH) established an important partnership with Catholic Healthcare West to improve patient care. In the month of April, SFGH began referring patients from its Urgent Care Clinic/Patient Referral, who are in need of primary care and who do not have a regular source of care, to the Sister Mary Phillipa Clinic at St. Mary's Hospital. The goal of this effort is to increase primary care services to our patients, and to reduce the wait time for new patient primary care appointments at SFGH and the community based health centers.

## Peer-Based STD Outreach

In April 2004, the Sexually Transmitted Disease Prevention Program (STD Program) completed a review of STD trends in the City, which revealed decreases in both chlamydia incidence (by 15%) and gonorrhea incidence (by 46%) among African-American adolescents in the City. Much of this success can be attributed to the Youth United Through Health Education (YUTHE) Program and the Jail STD Screening Program.

The YUTHE Program is a peer-based program that provides STD outreach to high-risk African American youth in the Bayview and Sunnysdale neighborhoods, which have the highest gonorrhea and chlamydia rates among African American youth. During the past year, the YUTHE Program screened a total of 420 high-risk youth for chlamydia and 12 asymptomatic infections were identified, for a positivity rate of 2.9 percent. Another 415 African American youth were screened for gonorrhea and one asymptomatic infection was identified, for a positivity rate of 0.2 percent.

The Jail STD Program is a collaboration between Jail Medical Services and the STD Program, both of whom assign staff to screen inmates for STDs. STD screening is also performed on adolescents incarcerated in the Youth Guidance Center (YGC), the City's youth detention facility. During the past year, a total of 7,587 individuals incarcerated in both the County jails and Youth Guidance Center inmates were screened for chlamydia and 408 asymptomatic infections were identified, for a positivity rate of 5.4 percent. An additional 6,010 inmates were screened for gonorrhea and 89 asymptomatic infections were identified, for a positivity rate of 1.5 percent.

Dear City Clinic:

I wanted to take a few moments to let your agency and its staff know how very grateful I am that you exist to help people like myself, who would have nowhere else to go for confidential testing and information. What amazes me isn't just that you exist, but that you treat everyone with dignity, compassion and understanding. It could have been so easy for your office to be a faceless, cold bureaucracy, treating those who come to you with contempt and heartless irritation. Instead, your hearts really go out to people and their troubles and challenges...

*-A letter from a City Clinic Patient*

## Rebuilding San Francisco General Hospital

Planning for the rebuilding of San Francisco General Hospital (SFGH) continued in 2004. SFGH must be rebuilt by 2013 to comply with State seismic safety standards. A financial cap of \$550 million was established for the general obligation bond issue size that might be placed before the voters in a future election. In April 2004, the Health Commission was presented with three rebuild options: 1) rebuild an acute care tower at the Potrero campus; 2) build a stand-alone hospital in the Mission Bay area; and 3) retrofit the existing hospital building while also building a new seismically compliant critical care wing.

Additionally, new overtures were made by University of California, San Francisco to revive the concept of co-located hospital facilities at Mission Bay, involving a specialty UC hospital rather than the full service facility initially envisioned. After considerable debate, the Rebuild Steering committee recommended to the Health Commission that additional time was required before a decision could be made on any of the options. The Health Commission accepted this

recommendation. The Department and UCSF are continuing to discuss co-located hospitals at Mission Bay.

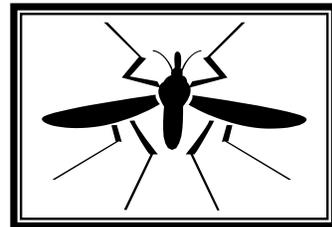
## The Bioterrorism & Infectious Disease Emergencies Unit

In April 2004, the Community Health Epidemiology and Disease Control (CHEDC) Section created the Bioterrorism and Infectious Disease Emergencies Unit (BIDEU) to improve the Department's planning and preparedness activities for infectious disease emergencies. The new unit includes physician specialists, a pharmacist, an epidemiologist, a bioterrorism coordinator, and an administrative assistant who all focus on bioterrorism and infectious disease emergency preparedness.

CHEDC works closely with Emergency Medical Services, the Mayor's Office of Emergency Services, and other partner agencies such as San Francisco Police, Fire, and Sheriff's offices. In addition, the BIDEU is participating in regional bay area planning for bioterrorism response. BIDEU also has a program to improve outreach and education to San Francisco clinicians regarding recognition, reporting, and response to potential outbreaks, bioterrorism events, or other infectious disease emergencies.

## Fighting the bite: Preparing for West Nile Virus

In 2004, the Department launched a coordinated effort (along with a number of City Departments including the Public Utilities Commission, the Department of the Environment, etc.) to prevent adverse outcomes due to West Nile virus (WNV). Developed by the Environmental Health Section (EHS), the *2004 West Nile Virus and Mosquito Control Plan* describes City activities for public education, the use of personal protection, complaint response, and surveillance of mosquito activity, reduction of breeding sites and the safe use of necessary biocides or insecticides.



EHS certified vector control specialists give advice on the control of pests and the use of pesticides and enforce Health Code requirements for property owners. Mosquito complaints are prioritized for response. Inspectors report mosquito breeding problem areas on public property to the EHS West Nile Virus Mosquito Control Team who ensures prompt action by the responsible agency. Inspectors conduct joint inspections with other City agencies in order to ensure that multiple sources of mosquito breeding are addressed.

In addition, the Department's Public Health Laboratory took steps to provide testing to hospitalized patients. The blood test can detect early antibodies to the virus and results are available within six hours. Although no treatment is currently available, correct diagnosis can assist in patient management as well as tracking the virus in California. Of all the specimens tested in San Francisco to date (20 in 2004) none were positive.

## EMT Training Program

Working closely with Emergency Medical Services and the Emergency Operations Section, the City College of San Francisco started an Emergency Medical Technician (EMT) training program in the Bayview-Hunter's Point (BVHP) community. This program drew heavily upon student from the Bayview-Hunters Point area, and graduated its first class of 25 students in May 2004. The class was recognized by the Health Commission at their May 2004 meeting.



*Graduates of EMS' Emergency Medical Technician training.*

## Bay Area Regional Registry for Immunizations

In May 2004, San Francisco became an official member of the Bay Area Regional Registry – a confidential, computerized information system covering a multi-jurisdictional area, designed to catalog and provide immediate access to a patient's immunization history. Protection against vaccine-preventable disease is a fundamental component of public health and healthier communities. An immunization registry is the best possible strategy for assuring timely and appropriate coverage. Within San Francisco, this web-based immunization registry is being implemented in private physician offices and community health centers.

## The Avon Comprehensive Breast Center



The Grand Opening Ceremony for the Avon Foundation Comprehensive Breast Center was held on May 13, 2004. San Francisco General Hospital (SFGH) mammography patients are now being seen at the Center. The latest addition to the SFGH campus, the Center allows for the provision of an additional 5,000 annual mammograms and expansion into new service areas of stereotatic core biopsies and vacuum assisted large core ultrasound breast biopsies. The crown jewel of the new Center is the incorporation of state-of-the-art digital mammography machines, giving San Francisco women access to excellent services.

The 4,500 square foot modular building, designed by Tsang Architecture of San Francisco, is child friendly and features as its centerpiece a healing garden designed and donated by landscape designer Topher Delaney. Within the walls of the building, information and services are provided in culturally sensitive manner. Interactive health education is provided in English,

Spanish or Chinese. Trained Patient Navigators are available to assist patients. There is also a new program of genetic counseling and testing for hereditary breast cancer.

## Refugee Awareness Month



*Attendees of the Refugee Awareness Month Celebration in May 2004.*

In recognition of May as Refugee Awareness Month, the Newcomers Health Program of the Community Health Promotion and Prevention Branch co-sponsored a “*Refugee Awareness Month Celebration*” for San Francisco in collaboration with various community-based refugee and immigrant services agencies. The event, which recognized the resiliency of refugees worldwide and their contributions to San Francisco, was very successful with over 110 people, including refugees, asylees, and service providers attending the event. A wide array of entertainment and food from diverse refugee and asylee communities was enjoyed. A proclamation by Mayor Gavin Newsom declared May 27 as Refugee Awareness Day in San Francisco.

The Newcomers Health Program is a clinic-based and community-based health program that has served refugees and immigrants in San Francisco since the late 1970’s with the goal of promoting the health and well-being of refugees and immigrants. In collaboration with Refugee Medical Clinic and through the capability of bilingual staff, most of whom came to the United States as refugees, Newcomers Health Program provided comprehensive health assessments for about 200 newly arriving refugees and asylees from over 15 different countries, as well as medical interpretation for close to 3,300 patient visits from July 2003 through June 2004. Other community-based projects for refugees and asylees include Russian-speaking community tobacco education and healthy living projects, a tuberculosis education and follow-up project, and a community education project for the Chinese and Vietnamese communities during the SARS outbreak.

## Expanded Urgent Care Clinic Hours

The San Francisco General Hospital (SFGH) Urgent Care Center (UCC) opened its doors in 1999 as an after-hours clinic. As of May 2004, the UCC hours were expanded from 38.5 hours to 74 hours a week. Open between 10am and 10pm daily, and 10am and 5pm on weekends, the UCC is one way SFGH strives to meet the needs of its patients.

The clinic is popular with patients and has become a very successful operation. Patients who seek UCC services present with complex medical problems, are mostly uninsured and unaffiliated with a primary care provider, and often need other critical services such as mental health and substance abuse treatment. In addition, currently 50 percent of patients referred to community health centers from the emergency room (ER) do not show up for appointments. By expanding the UCC hours will hopefully add capacity to accommodate more patients referred by the ER and allow for better linkage of unaffiliated clients to needed primary care and psychosocial services.

## Jail Health Services Accreditation

This spring, Jail Health Services (JHS) was awarded accreditation from the California Medical Association's Institute for Medical Quality. JHS provides a comprehensive and integrated system of medical, psychiatric and substance abuse care to the inmates in the San Francisco County Jail system. JHS staff individually triages and medically screens over 50,000 inmates annually.

The provision of health services to inmates presents unique challenges to JHS staff. JHS staff meet this challenge by delivering quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, when in the community. It is a population with a high prevalence of acute and chronic medical, mental health, substance abuse and social problems. JHS pursues an aggressive program of health promotion and disease prevention and works to stabilize these problems while the individuals are incarcerated. JHS' discharge-planning program facilitates the transition of patients back to the community when they are released by developing links between patients and existing community-based health and human services, enabling individuals to engage in the appropriate system(s) after release from jail.

## Improving Safety at LHH

During the spring of FY 03-04, the Laguna Honda Hospital (LHH) Department of Rehabilitation Services performed a cost-benefit analysis of a restraint reduction and falls prevention program. The program intervention entailed eliminating physical restraints or switching from more restrictive to less restrictive restraints. The therapeutic goal was to enhance the residents' quality of life. Complicating the intervention in many cases was the risk of increasing the subject's likelihood of falls when the restraint was eliminated or switched. To minimize this risk, the researchers developed and implemented an innovative evaluation tool for falls risk.

Findings suggest that restraint reduction does not necessarily increase the rate of fall-related fractures in a nursing home population. The researchers found that the average annual cost for this hospital-wide intervention was \$82,277 during the four-year intervention period. The investigators plan to continue this line of inquiry and, in particular, to quantify all direct and indirect costs associated with the intervention. In addition, the study's Principal Investigator will present a poster summarizing the study at the American Academy of Physical Medicine and Rehabilitation's 65th Annual Assembly in October 2004. The abstract will be published in the September issue of the *Archives of Physical Medicine and Rehabilitation*. In addition, the study investigators plan to report their findings in a complete manuscript during the coming fiscal year.

## Community-Based Nutrition Education

The Children's Health and Disability Prevention program (CHDP) Nutrition Special Project is a community-based nutrition education project aimed at preventing nutrition-related chronic diseases, such as Type II Diabetes in youth and childhood obesity in low-income, school-aged San Francisco children, the project's primary goal is to increase consumption of fruits and vegetables with the secondary goals of promoting healthy weight, physical activity and participation in USDA food assistance programs, such as the School Lunch Program and the Food Stamp Program.

The project provides nutrition education through cooking workshops, taste tests of fruits and vegetables, and snack-making activities, as appropriate for the age and cultural background of participants. Nutrition education materials used, include the bilingual “Cook Well-Live Better” curriculum developed by the Mission Latino Family Partnership.

## San Francisco Homeless Outreach Team

The Homeless Outreach Team’s Mission:

*“To provide and advocate for humane services to the disenfranchised and those struggling with homelessness by increasing hope, opportunity and recovery of life in order to achieve a higher level of well being.”*

The Mayor’s new interdepartmental San Francisco Homeless Outreach Team started doing outreach to homeless individuals in the streets of the Tenderloin on May 10, 2004. Each client will have a “Street to Home” plan to assist clients in obtaining permanent housing. The team will also use a “linkage case management” model, where the focus is on linking or re-linking clients with other existing systems of care so that the team members can be free to continue to outreach to new homeless individuals on an ongoing basis.

Based on a “Housing First” model, the Department and the Department of Human Services will reserve shelter, respite, and permanent housing beds for these homeless individuals. Needs for mental health and substance abuse services for the homeless individuals engaged by this outreach and housing first approach are also being taken into account.

## Diabetes Management Program

During the spring of 2004, Community Programs (Prevention) embarked on a partnership with Kaiser Permanente and the Community Clinic Consortium to create a small pilot program for FY 2004-05 that will prevent and better manage diabetes among targeted underserved populations in San Francisco. Based on clinical and population based data on the prevalence of diabetes and/or premature death caused by diabetes, these and other interventions have been started to increase community-based options in peer based education and support and to provide primary prevention activities.

## Homeless Children's Mental Health Initiative

The Homeless Children's Mental Health Initiative provides on-site mental health services targeted for homeless young children, ages 0 to 5, and their families who are living in homeless shelters, domestic violence shelters, or transitional housing programs. Services include assessment, group and individual case consultation, observation, direct intervention, therapeutic services (child and family), socialization groups, parent education and support groups, and referral and training for shelter staff. The Initiative is supported through a grant from First Five San Francisco.

In FY 03-04, the Homeless Children’s Mental Health Initiative provided consultation to 11 shelters, serving 313 children, 158 families, and direct services to 129 children. A qualitative and quantitative evaluation is being conducted and will be completed in the next year.

## Online Syphilis Testing Program

Because more than 40 percent of syphilis cases use the internet on an almost daily basis and report the internet as the venue of choice for meeting sex partners, the Sexually Transmitted Disease Prevention Program (STD Program) began offering online syphilis tests. These tests are advertised on websites most accessed by people at risk for syphilis, allowing them to download a lab slip for the test that they can then take to a designated, conveniently located laboratory for a free test. Two to three days later, these same individuals can access their test results online, and if necessary, print out a copy either to take to their health provider so that treatment can be initiated or to keep with their files as evidence of a negative syphilis test.

The STD Program conducted an analysis of the online syphilis testing program in June 2004. The analysis indicated that during the first year of operation, 642 syphilis test requisitions were downloaded by individuals at high risk for syphilis infection, 240 persons were tested for syphilis and three new syphilis cases were identified.

## Providing Medical Services within Housing Sites

In June of 2004, Housing and Urban Health (HUH) opened its new medical clinic located on the ground floor of the Windsor Hotel. This new clinic is specifically designed to provide behavioral health and medical services to residents of Direct Access to Housing buildings and other housing sites supported by the Department. Also in this year, HUH partnered with the Department of Human Services (DHS) to create a roving health team to provide on-site medical and behavioral health services to the more than 1,000 residents of DHS' Master Lease Single Room Occupancy Housing program.

## SFGH's Trauma Recovery Center Wins National Award

In June 2004, San Francisco General Hospital (SFGH) Department of Psychiatry's Trauma Recovery Center and its new model of care for victims of interpersonal violence was awarded the Community and Patient award by the National Association of Public Hospitals. When a patient who is enrolled in the clinical treatment trials at San Francisco General Hospital Trauma Recovery Center (TRC) fails to show up for a scheduled appointment, this signals the attention of a case manager who visits any location where the trauma victim is known to live, stay or hang out, this may be a homeless encampment, a Single Room Occupancy (SRO) hotel, or the street. The same team of professionals sees to it that victims receive treatment and services that range from trauma-focused psychotherapy, to support from the legal justice system, access to financial entitlements, and the appropriate medical and mental health treatment designed especially for victims of interpersonal violence (i.e., domestic violence, sexual assaults, etc.).

The program has resulted in dramatic improvements in key outcomes for over 500 victims of violent crime in San Francisco over the past two years. The Trauma Recovery Center is a result of a partnership between the Department, the State of California Victim Compensation and Government Claims Board and University of California, San Francisco.

# FINANCIAL INFORMATION

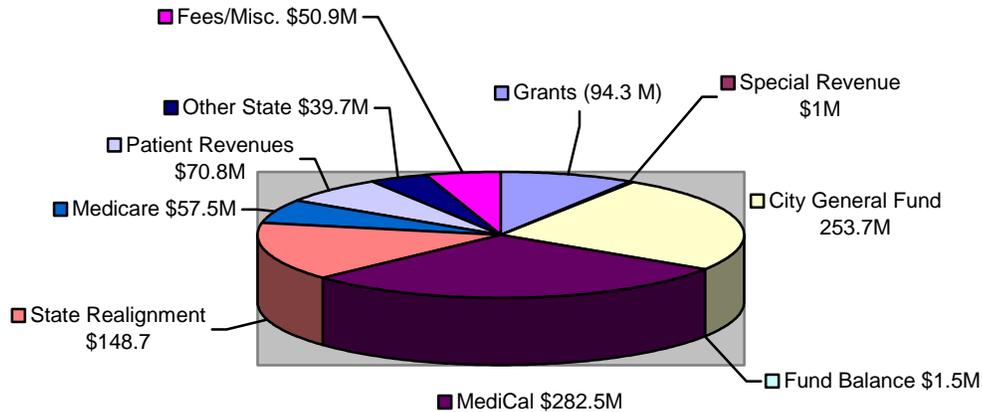
## *The Department's Budget*

For the last several years, the Department has struggled with dwindling funds available from all sources, public and private, and FY 2003-04 was no exception. In fact, for the first time in many years, the Department's overall budget was less than previous years (\$43.5 million reduction from FY 2002-03). Though the Department's services were in demand more than ever, accessing adequate funding was difficult. However, due to the consistent support of the Mayor, the Board of Supervisors and the people of San Francisco, the Department was able to avoid the worst of these cuts by the time the budget for FY 2003-04 was finally approved.

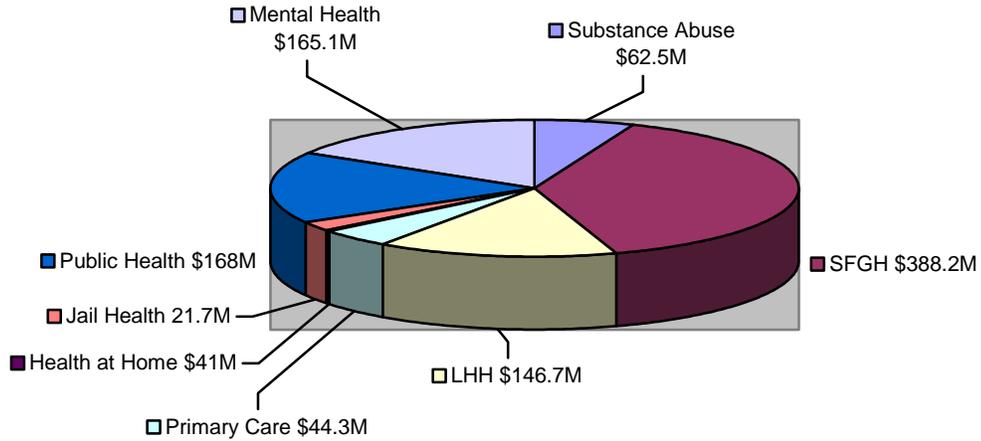
### **FY 2003-04 Budget Revenues & Expenditures**

The following graphs show the Department's revenue and expenditures for FY 2003-04:

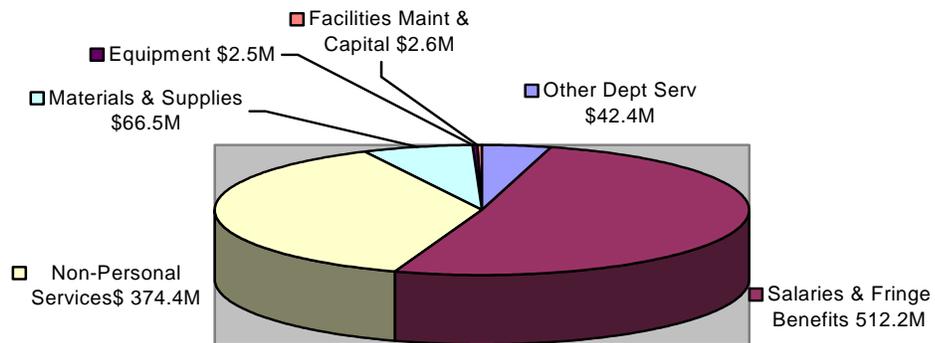
#### ***Revenues by Source (\$1,000,612,084)***



**Expenditures by Division (\$1,000,612,084)**



**Expenditures by Type (\$1,000,612,084)**



## Gifts to the Department

Each year the Department receives gifts from local organizations devoted to supporting the public health activities and medical services on which San Franciscans rely.

### San Francisco Public Health Foundation

The San Francisco Public Health Foundation supports the care and services provided by the Department. They raise funds to augment and expand the Department’s educational programs by funding conferences, training, and publications related to public health issues. The Foundation also sponsors special projects of the Department. The San Francisco Public Health Foundation supported the following programs and activities in FY 2003-04:

• <i>Rattlesnake</i> – HIV Education/Prevention project	\$23,976
• Community Health Education section events	18,348
• Waddell Clinic/Homeless Program	16,179
• Ocean Park Health Center	12,976
• Director’s Office Poster Contest and planning	10,600
• Ads, incentives and outreach materials for STD prevention	9,464
• Maxine Hall Health Center	4,659
• California Children’s Services	2,000
• Chinatown Health Center	1,683
• Homeless Vets Food Program	1,194
• Emergency Medical Services	1,175
• Special Programs for Youth	874
• Southeast Health Center	<u>581</u>
	\$103,709

### San Francisco General Hospital Foundation

The San Francisco General Hospital (SFGH) Foundation was established in 1994 to support programs and projects at SFGH. The mission of the San Francisco General Hospital Foundation is to improve the care and comfort of patients at SFGH. There are over 900 active volunteers in over 65 departments within the hospital. In FY 2003-04, the following programs and services were supported:

• Women Imaging Programs	\$2,929,059
• Bay Area Perinatal AIDS Center (BAPAC)	124,217
• Area Health Education Center (AHEC)	115,732
• Cancer Awareness Resources Education	50,311
• Early Access Clinic CM Pilot Project	47,610
• Child and Adolescent Sexual Abuse Resource Cntr (CASARC)	13,640
• Other Projects	12,165
• Emergency Response Map	3,752
• Reach Out and Read	3,256
• Breast Feeding Support	<u>2,487</u>
	\$3,302,229

## Volunteers of San Francisco General Hospital

The Volunteers of San Francisco General Hospital, established in 1957, have long contributed both human resources and funding to the hospital, and its patients and staff. The mission of the volunteers is to create the opportunity to give back to the community and to enhance the quality of life for patients, volunteers and staff of SFGH and its affiliates.

In FY 2003-04, donations from the Volunteers of San Francisco General Hospital to the hospital and its associates totaled \$166,522, including funding for these projects and services:

### Project Grants

• Centering Pregnancy Program	\$2,175
• Psychiatric Occupational Therapy	1,334
• Teen Prenatal Program	908
• Diversity Training	681
• OB/GYN Patient Education	634
• Heart Failure Program	580
• Support After Neonatal Death	500
• Skilled Nursing Facility	403
• Stop Smoking Program	<u>278</u>
	\$7,493

### Cash Donations

• Misc. services to patients	\$125,967
• Staff Support	20,773
• Emergency Patient Food	5,228
• Children’s Holiday Celebration	2,975
• Patient Clothing	1,807
• Patient Newspapers	1,205
• Emergency Patient Transportation	<u>1,074</u>
	\$159,029

## Laguna Honda Hospital Volunteers, Inc. & LHH Gift Fund

LHH receives cash donations from the Laguna Honda Hospital Volunteers, an organization dedicated to enhancing the quality of life of the patients at LHH. In addition, individuals and organizations contribute to a gift fund. These donations were used to support the following activities in FY 2003-04:

• General activities	\$85,064
• Entertainment	39,240
• Activity therapy	26,548
• Bus trips and other transportation	23,009
• Hospice	18,726
• Ward money	12,449
• Patient lunch out	12,185
• Pet fund	3,247
• AIDS Ward	98
	\$220,566

### *Grants*

The Department depends on grants from government agencies and private foundations. In fact, in 2003-04, the Department received nearly 10 percent of its revenue from grants. Funding from these sources allows the Department to pursue new and innovative pilot programs and to also support long-standing programs on which San Francisco residents have come to rely. The Department greatly appreciates the generosity of all its donors.

## Funding Agencies FY 2003-04

- Asian-American Recovery Services, Inc.
- California Department of Alcohol & Drug Programs
- California Department of Fish & Game
- California Department of Health Services
- California Department of Mental Health
- California Environmental Health Services
- California Family Health Council, Inc.
- California Healthcare for Indigents
- California Office of AIDS
- California Office of Family & Domestic Violence Prevention
- California Office of Traffic Safety
- California State & Local Injury Control
- California Tobacco Control Section
- California Water Resources Control Board
- California Women, Infants & Children Program
- Center for Substance Abuse Treatment
- Centers for Disease Control & Prevention
- Comprehensive Drug Court Implementation
- Corporation for Supportive Housing
- Eli Lilly & Company
- Fred Hutchinson Cancer Research
- Harvard School of Public Health
- Join Together Organization
- March of Dimes
- Mayor's Criminal Justice Council
- National Center for Tuberculosis Prevention
- National Institutes of Health
- Public Health Foundation Enterprises
- Regents of the University of California
- Richard and Rhoda Goldman Fund
- San Francisco Community Clinic Consortium
- San Francisco Health Plan Access Enhancement Fund
- San Francisco Private Industry Council
- San Francisco Unified School District, School Health Programs
- Stanford University
- Tenderloin AIDS Research Center
- The California Endowment
- The San Francisco Foundation
- U.S. Dept. of Health & Human Services
- U.S. Environmental Protection Agency
- U.S. National Institute on Drug Abuse
- U.S. Office of Minority Health
- U.S. Program Support Center
- U.S. Substance Abuse & Mental Health Services Administration
- U.S. Health Resources & Services Administration
- UCSF Center for AIDS Prevention Studies
- University of California, San Francisco
- Universitywide AIDS Research Program
- World Bank