



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 2nd 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.

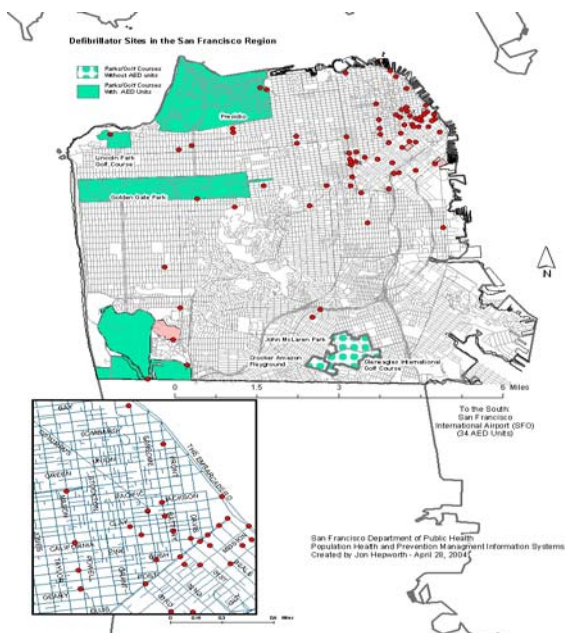
Members of the Youth Task Force presented at the National Juvenile Defenders Conference in Baltimore, Maryland on October 2003. They shared their experience as consumers in the juvenile justice and other child serving systems. Their presentation received a standing ovation from the conference participants.

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.